



PbS Learning Institute



PbS Goals, Standards, Outcome Measures,
Expected Practices and Processes
April 2009



EXAMPLE LAYOUT OF THIS DOCUMENT

Each of the seven areas are formatted in the following manner:

Area: (Safety, Security, Order, Health/Mental Health, Justice, Reintegration, Programming)

Goal

1. Performance Standard

<u>Outcome Measures</u>	<u>Expected Practices</u>	<u>Processes</u>
Outcome measures numerically express change in the status of the prevalence of phenomenon, or in the rate or frequency of occurrences that indicate the extent to which performance standards are being met. Outcome measures are objective, consisting of data gathered from standardized forms and tests.	Expected practices are indicators of the level of quality in facility operations, or of the extent to which processes are implemented as intended. Expected practices may be grounded in empirical information about their relationship to desired outcomes (for example, that facilities that screen all youths upon admission for risk of suicide have lower rates of suicidal behavior). In other cases, expected practices may be based on a consensus of professional opinion. The extent to which a facility is engaging in an expected practice is, at some level, a qualitative assessment.	Processes express the presence of a policy that prescribes a practice that is to be followed, or the use of a particular form or test in decision making. Processes are objectively verifiable through observation. They are either present or not present.

Table Legend:

C = Correctional facility

D = Detention facility

N = National Outcome Measure (National outcomes are measures for which PbS provides field averages for both detention and corrections facilities)

L = Local Outcome Measure (Local outcome measures track only an individual facility's scores. PbS introduced local measures as a way to track significant outcomes that are difficult to compare across facilities due to differences in practice or difficulties in creating common definitions.)



Safety Goal

To engage in management practices that promotes the safety and well-being of staff and youths.

Safety Standard:

1. Protect staff and youths from intentional and accidental injuries.

<u>(7) Outcome Measures</u>	<u>(17) Expected Practices</u>	<u>(16) Processes</u>
<p>Sa1: Number of confirmed cases of abuse or neglect over the last six months per 100 days of youth confinement. (L/C/D)</p> <p>Sa2: Injuries to youths per 100 person-days of youth confinement. (L/C/D)</p> <p>Sa3: Injuries to staff per 100 staff-days of employment. (L/C/D)</p> <p>Sa4: Injuries to youths by other youths per 100 person-days of youth confinement. (N/C/D)</p> <p>Sa5: Injuries to youths by staff per 100 person-days of youth confinement. (N/C/D)</p> <p>Sa6: Suicidal behavior with injury by youths per 100 person-days of youth confinement. (N/C/D)</p>	<p>SaEP1: Youths are classified and assigned to housing based on a classification system.</p> <p>SaEP2: Facility administrators and medical authorities use summary data to make the facility safer for youths.</p> <p>SaEP3: Tobacco, alcohol, and controlled substances are not permitted within the facility.</p> <p>SaEP4: Fire exits are unobstructed.</p> <p>SaEP5: All youths participate in regularly scheduled fire drills during their period of confinement.</p> <p>SaEP6: All injury reports are administratively reviewed.</p> <p>SaEP7: Within one hour of presentation for admission, all youths are screened for risk of suicide.</p>	<p>SaP1: A classification system exists that considers youths' size, age, vulnerability to victimization and nature of offense.</p> <p>SaP2: Reports summarizing aggregate data on youth injury rates, suicidal behavior rates, digital body cavity search and restraint rates, numbers and rates of emergency room visits, and environmental risks exist.</p> <p>SaP3: In the last year the facility passed an inspection by an independent, qualified fire safety inspector with jurisdictional authority.</p> <p>SaP4: Fire escape routes are posted in each living unit and common areas of the facility and fire exits are clearly marked.</p> <p>SaP5: An internal medical emergency response system exists that is capable of responding to any emergency within four minutes or less.</p>



<u>Outcome Measures</u>	<u>Expected Practices</u>	<u>Processes</u>
<p>Sa7: Suicidal behavior without injury by youths per 100 person-days of youth confinement. (N/C/D)</p>	<p>SaEP8: Qualified mental health professionals train staff in the suicide prevention plan.</p> <p>SaEP9: All suicidal behavior and/or self-harm requires an incident report.</p> <p>SaEP10: Frequency of youth monitoring should be consistent with assessed youth risk level for harm.</p> <p>SaEP11: Youths who are involved in suicide attempts are assessed by mental health staff in an effective and timely manner.</p> <p>SaEP12: Youths who are involved in suicide attempts are assessed by medical staff in an effective and timely manner.</p> <p>SaEP13: Youth who are involved in suicide attempts remain under constant and continual observation until assessed by mental health and medical staff.</p> <p>SaEP14: Youths filing requests for medical attention are seen promptly by health care personnel or qualified counselor or mental health provider.</p>	<p>SaP6: An external emergency response system exists that can summon assistance by trained or licensed emergency medical technicians.</p> <p>SaP7: Facility has a written suicide prevention plan.</p> <p>SaP8: A training curriculum for suicide assessment should include emergency responder training where staff are taught and can develop skills.</p> <p>SaP9: Facilities should provide for timely and effective access to ligature cutting tools or instruments. These instruments should be securely stored in proximity to where suicide attempts might occur.</p> <p>SaP10: The facility has a process by which all injuries are reported and documented as to screening, assessment and treatment.</p> <p>SaP11: Suicidal threats are identified as a category in facility's incident reports.</p> <p>SaP12: A training curricula for youth care staff exists.</p>



<u>Outcome Measures</u>	<u>Expected Practices</u>	<u>Processes</u>
	<p>SaEP15: All youth care staff are trained in each area of the training curricula.</p> <p>SaEP16: Every use of force is administratively reviewed, investigated and, when indicated, corrective action is taken.</p> <p>SaEP17: Facility administrators and medical authorities use summary data to make the facility safer for staff.</p>	<p>SaP13: A policy regarding the proper use of force procedures exists. The policy should prohibit excessive and unacceptable use of force and outline staff consequences when policy is not followed.</p> <p>SaP14: Staff is trained on the proper use of force procedures.</p> <p>SaP15: A system (preferably by independent agency) exists to investigate cases of abuse and/or neglect. This would also include instances of excessive use of force.</p> <p>SaP16: Reports summarizing aggregate data on staff injury rates, digital body cavity searches, restraint rates, numbers / rates of sick call, emergency room visits, and environmental risks exist.</p>



Safety Standard:

2. Minimize environmental risks and reduce harm in the use of restraints and isolation.

<u>(5) Outcome Measures</u>	<u>(6) Expected Practices</u>	<u>(5) Processes</u>
<p>Sa8: Percent of days during the data collection when population exceeded design capacity by 10% or more. (N/C/D)</p> <p>Sa9: Average ratio of direct care staff to youth for each day during the collection month. (N/C/D)</p> <p>Sa10: Youths injured during the application of physical and/or mechanical restraints per 100 person-days of youth confinement. (N/C/D)</p> <p>Sa11: Assaults on youth per 100 person-days of youth confinement. (N/C/D)</p> <p>Sa12: Assaults on staff per 100 person-days of youth confinement. (N/C/D)</p>	<p>SaEP18: Crowding mitigation procedures are invoked when the population exceeds the design capacity.</p> <p>SaEP19: Law enforcement officials check all weapons in secure lockers before entering the processing or living areas of the facility.</p> <p>SaEP20: Visitors are searched for weapons when entering the facility.</p> <p>SaEP21: Staff is not armed.</p> <p>SaEP22: Staff uses physical and mechanical restraints appropriately as stated in facility policy and procedures.</p> <p>SaEP23: Staff training stresses the use of alternative and de-escalating methods and techniques prior to the use of restraints.</p>	<p>SaP17: Facility has written procedures to mitigate the effects of crowding.</p> <p>SaP18: Facilitate the creation of a stakeholder group – agencies involved in juvenile justice and law enforcement – to address the issue of overcrowding.</p> <p>SaP19: Youth care staff are trained in the safe use of physical and mechanical restraints</p> <p>SaP20: A physical and mechanical restraint policy exists that requires staff to attempt de-escalating and other alternative measures before using restraints whenever possible.</p> <p>SaP21: Staff training certifies staff periodically in the most appropriate and acceptable state/jurisdictional procedures for applying restraints.</p>



Safety Standard:

3. Protect staff and youths from fear.

<u>(2) Outcome Measures</u>	<u>(3) Expected Practices</u>	<u>(3) Processes</u>
<p>Sa13: Percent of interviewed youths who report that they fear for their safety. (N/C/D)</p> <p>Sa14: Percent of staff who report that they fear for their safety. (N/C/D)</p>	<p>SaEP24: Facility administrators regularly monitor the level of fear youth and staff experience through climate surveys, youth forums, formal grievance procedures and information discussion.</p> <p>SaEP25: Facility administration reviews the effectiveness of the facility’s communication structure and participates in the various forums for communication with staff and youths.</p> <p>SaEP26: When the level of fear rises in a facility, facility administrators meet to determine its source and a way to reduce fear.</p>	<p>SaP22: A pro-active, written policy exists requiring a communication structure and related forums for regular open communication with staff and youths.</p> <p>SaP23: The facility maintains a communication structure inclusive of ample forums for staff and youth to express their concerns regarding fear, programs and other conditions.</p> <p>SaP24: Facilities administer Youth Exit Interviews to all youths just prior to their release from the facility.</p>



Order Goal

To establish clear expectations of behavior and an accompanying system of accountability for youths and staff that promote mutual respect, self discipline and order.

Order Standard:

1. Maximize responsible behavior by youths and staff and conformance to facility rules.

<u>(2) Outcome Measures</u>	<u>(7) Expected Practices</u>	<u>(4) Processes</u>
<p>O1: Incidents of youth misconduct leading to use of restraints, use of isolation or staff or youth injury per 100 person-days of youth confinement. (L/C/D)</p> <p>O2: Staff involvement in administrative sanction for conduct related to youth (e.g., suspension, letter of reprimand, demotion, etc.) per 100 staff-days of employment. (L/C/D)</p>	<p>OEP1: Staff and youths know facility rules.</p> <p>OEP2: The behavior management plan is used as a basis for on-going training for staff.</p> <p>OEP3: Staff engages youths in regular meetings to discuss the incentive and rewards program to determine its effectiveness and to make any necessary adjustments and changes.</p> <p>OEP4: Staff and youths receive a copy of the behavior management plan.</p> <p>OEP5: Staff and youths have the behavior management plan explained to them.</p> <p>OEP6: Staff knows the code of conduct.</p> <p>OEP7: Staff does not use profanity, demeaning language or racial/ethnic slurs within the facility.</p>	<p>OP1: Facility rules are noted in the residents' handbook, posted on the walls of all housing units and are readily available to all youth at all times.</p> <p>OP2: Facility has a behavior management system that relies on rewards and incentives. This system specifies how youth can earn early daily and weekly rewards/points and the rewards youths can achieve through positive behavior and program participation.</p> <p>OP3: Staff training program includes adolescent development curriculum that features the value of positive over negative reinforcement in dealing with youths.</p> <p>OP4: Facility has a staff behavior code that covers topics such as appropriate dress, demeanor, and language within the facility.</p>



Order Standard:

2. Minimize the use of restrictive and coercive means of responding to disorder.

<u>(9) Outcome Measures</u>	<u>(10) Expected Practices</u>	<u>(9) Processes</u>
<p>O3: Physical restraint use per 100 person-days of youth confinement. (N/C/D)</p> <p>O4: Mechanical restraint use per 100 person-days of youth confinement (N/C/D)</p> <p>O5: Other restraint use per 100 person-days of youth confinement. (L/C/D)</p> <p>O6: Chemical restraint use per 100 person-days of youth confinement. (L/C/D)</p> <p>O7: Restraint chair or restraint bed use per 100 person-days of youth confinement. (L/C/D)</p>	<p>OEP8: Staff follows a continuum of responses, from least restrictive to more restrictive, to respond to disorder.</p> <p>OEP9: Youth care staff demonstrate competence in de-escalation and other non-physical intervention techniques.</p> <p>OEP10: Youths are not cuffed to walls, beds, fixtures or fences.</p> <p>OEP11: Staff, not youths, respond to youths' disorder, misbehavior or disruption of programming.</p> <p>OEP12: Chemical restraints and restraint chair/bed are used only as a last resort following appropriate protocol.</p> <p>OEP13: Stun-guns are not part of the facility's response continuum.</p>	<p>OP5: Policies govern the use of restraints</p> <p>OP6: Staff training covers safe and appropriate use of restraints.</p> <p>OP7: Staff is trained in the proper use of restraints.</p> <p>OP8: Staff and youth are trained in de-escalation and non-physical intervention techniques.</p> <p>OP9: A system exists to investigate, review, and make recommendations after incidents of disorder.</p>



<u>Outcome Measures</u>	<u>Expected Practices</u>	<u>Processes</u>
<p>O8: Use of isolation and room confinement and segregation/special management unit use per 100 person-days of youth confinement. (N/C/D)</p> <p>O9: Average duration of isolation and room confinement and segregation/special management unit in hours. (N/C/D)</p> <p>O10: Percent of isolation or room confinement and segregation/special management unit cases terminated in four hours or less. (N/C/D)</p> <p>O11: Percent of isolation or room confinement and segregation/special management unit cases terminated in 8 hours or less. (N/C/D)</p>	<p>OEP14: The facility staff must record when youths are held in isolation whether in an individual room or cell or whether it is an isolation/segregation unit or dorm.</p> <p>OEP15: All events and incidents resulting in isolation should be examined to determine if isolation could have been avoided or its use shortened.</p> <p>OEP16: The facility reviews all incidences of isolation routinely for appropriateness, length of isolation and monitoring of youths in isolation.</p> <p>OEP17: Facility and agency administration make frequent spot checks of isolation rooms and units. These checks are conducted in facility during off-hours inclusive of evenings, holidays and weekends.</p>	<p>OP10: Policies govern the use and duration of isolation and room confinement. This policy includes a provision calling for the internal review of each incidence of isolation. Such provision also requires that the oversight agency also conduct regular reviews of isolation inclusive of the monitoring of youths while in isolation.</p> <p>OP11: Staff is trained to follow policies governing the use and duration of isolation and room confinement.</p> <p>OP12: The adolescent development portion of staff training presents the negative repercussions and ineffectiveness of long-term isolation and the rationale for shorter brief isolation periods.</p> <p>OP13: Isolation is used to neutralize out-of-control behavior and redirect it into positive behavior and should not be used as punishment.</p>



Order Standard:

3. Maximize opportunities for participation in activities and programs.

<u>(1) Outcome Measures</u>	<u>(3) Expected Practices</u>	<u>(2) Processes</u>
<p>O12: Average number of idle hours youth spend in their rooms or dorms not including 8 hours for sleeping. (N/C/D)</p>	<p>OEP18: Programs, services, and activities are held on schedule.</p> <p>OEP19: Youths are engaged in meaningful, healthy and age-appropriate activities during waking hours (weekdays and weekends inclusive), with adequate staff supervision.</p> <p>OEP20: Facility and agency managers routinely observe activities particularly during evenings, holidays and weekends and cross-reference observations with the published schedule.</p>	<p>OP14: There is a current and robust schedule of weekly programs, services and activities.</p> <p>OP15: Policy exists requiring that schedule for daily and weekly programs, services and activities be posted in various conspicuous places within the programming, recreational and residential areas; that scheduling changes are reported to the administration; that facility administrators and agency managers regularly monitor and ascertain the completion of scheduled programs and activities.</p>



Security Goal

To protect public safety and to provide a safe environment for youths and staff, an essential condition for learning and treatment to be effective.

Security Standard:

1. Prevent unauthorized exit from the facility and maintain custody of youths admitted to the facility.

<u>(2) Outcome Measures</u>	<u>(4) Expected Practices</u>	<u>(1) Processes</u>
<p>Se1: Completed escapes, walk-aways and AWOLs per 100 person-days of youth confinement. (N/C/D)</p> <p>Se2: Attempted escapes per 100 person-days of youth confinement. (L/C/D)</p>	<p>SeEP1: Staff checks the facility perimeter at least once per shift.</p> <p>SeEP2: Staff is trained to perform perimeter checks.</p> <p>SeEP3: Staff takes a visual head count at least once per shift or with every location change.</p> <p>SeEP4: Staff is trained to conduct visual head counts.</p>	<p>SeP1: Staff training curriculum includes lessons on conducting counts and perimeter checks.</p>



Security Standard:

2. Prevent introduction of contraband into the facility and minimize access to contraband within the facility.

<u>(5) Outcome Measures</u>	<u>(6) Expected Practices</u>	<u>(6) Processes</u>
<p>Se3: Incidents involving contraband (weapons) per 100 person-days of youth confinement. (N/C/D)</p> <p>Se4: Incidents involving contraband (drugs) per 100 person-days of youth confinement. (N/C/D)</p> <p>Se5: Incidents involving contraband (other types) per 100 person-days of youth confinement. (L/C/D)</p> <p>Se6: Incidents involving lost keys per 100 person-days of youth confinement (L/C/D)</p> <p>Se7: Incidents involving lost tools per 100 person-days of youth confinement.</p>	<p>SeEP5: Staff conducts periodic searches for contraband.</p> <p>SeEP6: Residents are informed of the dangers/consequences of having contrabands.</p> <p>SeEP7: Keys are collected at the ends of shifts and are stored in a manner that would make any loss or removal immediately apparent.</p> <p>SeEP8: Staff immediately conducts searches when keys are missing.</p> <p>SeEP9: Tools are stored in a manner that would make any loss or removal immediately apparent.</p> <p>SeEP10: Staff immediately conducts searches when tools are missing.</p>	<p>SeP2: Staff training curriculum includes lessons on the control of contraband.</p> <p>SeP3: Prohibited items and contrabands are noted in the residents’ handbook and posted on the walls of all housing units. Also search and search procedures are outlined.</p> <p>SeP4: Facility policy governs the control of keys.</p> <p>SeP5: Staff training curriculum includes lessons on the control of keys.</p> <p>SeP6: Facility policy governs the control of tools.</p> <p>SeP7: Staff training curriculum includes lessons on the control of tools.</p>



Health & Mental Health Goal

To identify and effectively respond to youths' health, mental health and related behavioral problems throughout the course of confinement through the use of professionally-appropriate diagnostic, treatment and prevention tools.

Health and Mental Health Standard:

1. Identify youths at time of admission who have acute health problems or crisis mental health situations and, following evaluation, ensure delivery of appropriate health or mental health services.

<u>(6) Outcome Measures</u>	<u>(12) Expected Practices</u>	<u>(4) Processes</u>
<p>H1: Percent of youths presented for admission that had a complete intake screening by trained or qualified staff. (N/C/D)</p> <p>H2: Percent of youths presented for admission that had a health intake screening completed by trained or qualified staff in one hour or less. (L/C/D)</p>	<p>HEP1: All youths presented for admission receive a complete health, mental health, and suicide intake screening.</p> <p>HEP2: Staff assigned to do intakes are deemed qualified by state law and policy and/or agency policy. Qualification depends on education, training and/or certification requirements.</p> <p>HEP3: Suicide, mental health and health intake screenings are completed for all youths within one hour of their presentation for admission to the facility.</p> <p>HEP4: Youths whose suicide, mental health and health intake screenings are not done within 1 hour after admission are under constant supervision until the screenings take place. Information to be reviewed should include all youth and family information available, any history of prior admission and recorded direct observation.</p>	<p>HP1: A health and mental health intake screen exists that covers suicide risk, mental health, health and substance abuse as specified by National Commission on Correctional Health Care (NCCCHC).</p> <p>HP2: Facility policy requires all youths to have a suicide prevention, mental health and health, intake screening within one hour of presentation for admission.</p> <p>HP3: Facility policy requires all youths to be under constant supervision until their screenings are completed.</p>



<u>Outcome Measures</u>	<u>Expected Practices</u>	<u>Processes</u>
<p>H3: Percent of youths presented for admission that had a mental health intake screening completed by trained or qualified staff in one hour or less. (N/C/D)</p>	<p>HEP5: All staff assigned to do suicide prevention screenings are trained by qualified mental health professionals.</p> <p>HEP6: Suicide screening instruments used are age-appropriate, normed, and validated such as the Massachusetts Youth Screening Instrument – Second Version (MAYSI-II).</p>	<p>HP4: Training curriculum for staff assigned to do intakes includes training on the items in the suicide prevention screening including recording observations of youth for affect, signs and symptoms.</p> <p>HP5: A process exists whereby all youths presented for admission receive suicide prevention screening within the first hour of arrival at the facility.</p>
<p>H4: Percent of youths presented for admission that had a suicide prevention screening completed by trained or qualified staff in one hour or less. (L/C/D)</p>	<p>HEP7: All staff assigned to do mental health intake screenings are trained by qualified mental health professionals.</p>	<p>HP6: Training curriculum for staff assigned to do intakes includes training on the items in the mental health intake screening.</p> <p>HP7: A process exists whereby all youths presented for admission receive mental health intake screening within the first hour of arrival at the facility.</p>
<p>H5: Percent of youths presented for admission that had an intake screening completed by trained or qualified staff in one hour or less. (N/C/D)</p>	<p>HEP8: All staff is assigned to do health intake screenings are trained by qualified health professionals.</p>	<p>HP8: Training curriculum for staff assigned to do intakes includes training on the items in the health intake screening.</p> <p>HP9: A process exists whereby all youths presented for admission receive health intake screening within the first hour of arrival at the facility.</p>



<u>Outcome Measures</u>	<u>Expected Practices</u>	<u>Processes</u>
<p>H6: Percent of youths presented for admission whose intake screenings were completed by trained or qualified staff before they were assigned to housing units. (N/C/D)</p>	<p>HEP9: All youths receive complete health, mental health, and suicide intake screenings before they are assigned to housing units.</p> <p>HEP10: Youths whose health, mental health, and suicide intake screenings indicate non-acute illnesses, injuries, or other problems receive appropriate treatment, placement, and referral for services or supervision.</p> <p>HEP11: Youths whose health, mental health, and suicide intake screenings indicate intoxication, mental illness, suicidal behavior, or acute injury are referred to proper medical, mental health, or substance abuse facilities.</p> <p>HEP12: Youths referred to a mental health, medical or detoxification facility and who are later admitted to the confinement facility receive a medical clearance before admission to the facility.</p>	<p>HP10: Facility policy requires all youth to have health & mental health screenings before they are assigned to housing units.</p> <p>HP11: Written agreements exist guaranteeing the provision of mental health, medical and detoxification services by outside agencies.</p> <p>HP12: Facility policy instructs staff in obtaining mental health, medical and detoxification services for youth.</p> <p>HP13: A classification system exists that considers youths' size, age, vulnerability to victimization and nature of offense.</p>



Health and Mental Health Standard:

2. Provide mental health and health appraisals for all youths at the facility for more than 48 hours and substance abuse evaluations when screenings or behavior reveals a need.

<u>(2) Outcome Measures</u>	<u>(6) Expected Practices</u>	<u>(6) Processes</u>
<p>H7: Percent of youths presented for admission whose health assessments were completed by trained or qualified staff within 7 days. (N/C)</p>	<p>HEP13: All youths are given a health assessment, within 7 days, or sooner as required by law.</p> <p>HEP14: Trained and qualified staff applies the health assessment and interpret findings.</p>	<p>HP14: A written health assessment for youths exists.</p> <p>HP15: The written health assessment is age-appropriate, and externally normed and validated.</p>
<p>H8: Percent of youths presented for admission whose mental health assessments were completed within 7 days. (N/C)</p>	<p>HEP15: All youths are given a mental health assessment, within 7 days, or sooner as required by law.</p> <p>HEP16: Trained and qualified staff applies the mental health assessment and interpret findings.</p>	<p>HP16: A written mental health assessment for youth exists.</p> <p>HP17: The written mental health assessment is age-appropriate and externally normed and validated.</p>
	<p>HEP17: Youths whose health or mental health intake screening or behavior during the course of confinement reveals a need for a substance abuse assessment are referred for and receive testing.</p> <p>HEP18: Trained and qualified staff applies the substance abuse assessment and interpret findings.</p>	<p>HP18: A written substance abuse assessment for youths exists.</p> <p>HP19: The written substance abuse assessment is age-appropriate and externally normed and validated.</p>



Health and Mental Health Standard:

3. Develop or continue individual treatment plans for each confined youth to respond in an appropriate and timely manner to new and chronic health, mental health, substance abuse or behavioral problems of youth in confinement.

<u>(5) Outcome Measures</u>	<u>(8) Expected Practices</u>	<u>(7) Processes</u>
	<p>HEP19: A treatment plan is created for each youth.</p> <p>HEP20: Mental health, health, substance abuse treatment, youth care staff, and youths sign off on the written treatment plan.</p> <p>HEP21: Written individual treatment plans are based on the results of the mental health, health, substance abuse, educational, vocational and social skills assessments.</p> <p>HEP22: Copies of the treatment plans are distributed to the staff responsible for implementing them.</p>	<p>HP20: Facility policy dictates that individual treatment plans are written within 30 days of the youths' arrival at the facility.</p> <p>HP21: Facility policy dictates that individual treatment plans are created by a team consisting of mental health, health, substance abuse treatment, education, program and youth care staff.</p> <p>HP22: Facility policy dictates that written treatment plans address mental health, health, substance abuse, education, social and vocational skills.</p>
<p>H11: Percent of youths confined for more than 60 days whose records indicate that they received the health treatment prescribed by their individual treatment plans. (N/C)</p> <p>H12: Percent of youths confined for more than 60 days whose records indicate that they received the mental health treatment prescribed by their individual treatment plans. (N/C)</p>	<p>HEP23: Written agreements exist guaranteeing the provision of mental health, medical, and detoxification services by outside providers.</p>	<p>HP23: Memorandums of understanding or contracts exist for the provision of mental health, medical and detoxification services by outside providers.</p>



<u>Outcome Measures</u>	<u>Expected Practices</u>	<u>Processes</u>
H13: Percent of youths confined for more than 60 days whose records indicate that they received the substance abuse treatment prescribed by their individual treatment plans. (N/C)		
H14: Percent of youths confined whose records indicate that their performance on standardized physical fitness assessments increased between admission and release. (N/C)	HEP24: The status of each youth’s individual treatment plan is documented monthly in progress notes written by the staff responsible for implementing the plan.	HP24: Facility policy dictates that monthly progress notes are written by the staff responsible for implementing the individual treatment plan.
H15: Percent of interviewed youths who report receiving at least one hour of large muscle exercise each day on weekdays and two hours each day on weekends. (N/C/D)	HEP25: Each youth’s treatment progress is summarized annually. HEP26: Facility staff aggregate and summarize youths’ mental health, health, substance abuse, education, social skills, vocational skills, and physical fitness needs to improve programming.	HP25: Facility policy dictates that each youth’s treatment progress is summarized annually. HP26: Annual reports aggregating and summarizing youths’ mental health, health, substance abuse, education, social skills, vocational skills, and physical fitness needs are aggregated.



Health and Mental Health Standard:

4. Provide a clean and healthy environment where confined youths are ensured adequate nutrition and exercise.

<u>(1) Outcome Measures</u>	<u>(4) Expected Practices</u>	<u>(6) Processes</u>
H16: Percent of youths whose records indicate they have received a physical fitness assessment. (N/C)	HEP27: Trained and qualified staff applies the physical fitness assessment and interpret findings.	HP27: A written physical fitness assessment for youths exists. HP28: The written physical fitness assessment is age-appropriate and externally normed and validated.
	HEP28: Confined youths get at least one hour of large muscle exercise or recreation program regime each day on weekdays and two hours each day on weekends. Large muscle exercise or recreation program regime includes: running, jogging, basketball, weight lifting, aerobics, etc. Youth must be supervised or guided during these activities.	HP29: Facility policy dictates that youths receive at least one hour of large muscle exercise or recreation program regime each day on the weekdays and two hours each day on the weekends. HP30: A written physical education curriculum and/or recreation program regime exists.
	HEP29: Physical fitness assessments (e.g. the five-part President’s Challenge assessment) re given again prior to release and scores are compared to prior assessment given at admission.	HP31: Facility policy dictates that youths receive the physical fitness assessment prior to release.
	HEP30: health education classes are held as scheduled.	HEP32: A health education curriculum exists that includes lessons on nutrition, sexual behavior, sexually transmitted diseases, smoking, substance abuse, and personal hygiene.



Programming Goal

Provide meaningful opportunities and services for youths to improve their education and vocational competence, to effectively address underlying behavioral problems, and to prepare them for responsible lives in the community.

Programming Standard:

1. Provide an education program that is tailored to each youth’s education level, abilities, problems, and special needs, and improves education performance and vocational skills while confined.

(8) Outcome Measures	(15) Expected Practices	(14) Processes
P1: Percent of youths confined for over six months whose math scores increased between admission and discharge. (N/C)	PEP1: Youths admitted during the assessment period receive math tests to determine grade level within the first school day after their admission to the facility. PEP2: Trained and qualified staff applies the math tests and interpret findings.	PP1: Written math tests that help determine youths’ grade level exists. PP2: The math tests are age-appropriate and externally normed and validated.
P2: Percent of youths confined for over six months whose reading scores increased between admission and discharge. (N/C)	PEP3: Youths receive readings tests to determine grade level within the first school day after their admission to the facility. PEP4: Trained and qualified staff applies the reading tests and interprets findings.	PP3: Written reading tests that help determine youths’ grade level exists. PP4: The readings tests are age-appropriate and externally normed and validated.
P3: Percent of youths whose records indicate they have received a math test at admission.	PEP5: Youths receive a vocational assessment within 30 days after admission. PEP6: Trained and qualified staff applies the vocational assessment and interprets the findings.	PP5: A written vocational assessment for youths exists. PP6: The written vocational assessment is age-appropriate and externally normed and validated.



<u>Outcome Measures</u>	<u>Expected Practices</u>	<u>Processes</u>
<p>P4: Percent of youths whose records indicate that they received a reading test at admission. (N/C/D)</p>	<p>PEP7: Written individual treatment plans are based on the results of the reading and math tests and the education, social skills and vocational skills assessments.</p> <p>PEP8: Education and program staff sign off on the written individual treatment plans and/or the individual education plan (IEP).</p> <p>PEP9: Copies of the individual treatment plans and IEPs are distributed to the staff responsible for implementing them.</p> <p>PEP10: The education program is provided 12 months a year and for the number of hours per day specified by state law.</p> <p>PEP11: The education records of youths confined for more than 14 days contain education records from their most recent school, and those records arrived within 14 days of the youth's admission to the facility.</p> <p>PEP12: The facility uses aggregate and summary education data to develop a plan to improve education programming.</p> <p>PEP13: Youths held in isolation receive education programming and materials.</p>	<p>PP7: Facility policy dictates that written individual treatment plans address education, social skills, and vocational skills.</p> <p>PP8: Case-level data on youths' education status, needs, and performance are aggregated at least annually.</p> <p>PP9: Facility policy dictates that individual education plans (IEPs) are developed for appropriate youth as mandated by federal education regulation.</p> <p>PP10: Facility policy provides for the education of youths held in isolation.</p> <p>PP11: The provision of educational materials for youths held in isolation is stipulated in facility policy.</p> <p>PP12: A record of materials provided to youths held in isolation exists.</p>



<u>Outcome Measures</u>	<u>Expected Practices</u>	<u>Processes</u>
<p>P5: Percent of youths whose records indicate that they received a vocational assessment by qualified staff. (N/C)</p> <p>P6: Percent of youths confined for more than 60 days whose records indicate that they received the vocational skills programming prescribed by their individual treatment plans.</p>	<p>PEP14: Vocational skills classes are held as scheduled.</p>	<p>PP13: An age-appropriate vocational skills curriculum exists.</p>
<p>P7: Percent of youths confined for more than 60 days whose records indicate that they have completed a vocational skills curriculum. (N/C)</p> <p>P8: Percent of youths confined for more than 60 days whose records indicate that they received the educational programming prescribed by their individual treatment plans.</p>	<p>PEP15: Youths are re-assessed in math and reading every six months and at discharge.</p>	<p>PP14: Facility policy dictates that youths are re-assessed in math and reading.</p>



Programming Standard:

2. Address the behavioral problems of confined youths by developing and implementing a level system and associated programming that prepares youths for progressively increased responsibility and freedom in the community and that promotes healthy life choices.

<u>(10) Outcome Measures</u>	<u>(7) Expected Practices</u>	<u>(7) Processes</u>
<p>P9: Percent of non-English speaking youth who have treatment plans written in the appropriate language. (L/C)</p>	<p>PEP16: Trained and qualified staff applies the social skills assessment and interpret the findings.</p>	<p>PP15: A written, age-appropriate social skills assessment for youths exists.</p>
<p>P10: Rate of percent of minority staff to percent of minority youth. (L/C/D)</p> <p>P11: Percent of youths confined for more than 60 days whose records indicate that they received the psychosocial/social skills programming prescribed by their individual treatment plans.</p>	<p>PEP17: Social skills classes are held as scheduled.</p>	<p>PP16: A social skills curriculum that covers anger control, parenting skills, independent living skills, conflict resolution, value clarification, victim awareness, and legal rights exists.</p> <p>PP17: Nondenominational religious services are included in the schedule or weekly programs, services, and activities.</p>
<p>P12: Percent of youths confined for more than 60 days whose individual treatment plans have monthly progress notes. (L/C)</p> <p>P13: Percent of youths confined for more than one year whose records include an annual summary of treatment progress. (L/C)</p> <p>P14: Percent of youths confined for more than 60 days whose records indicate that they have completed the health curriculum. (N/C)</p>	<p>PEP18: System of points and levels is implemented and allows youths to benefit from good behavior (e.g. passes) and to take on increased responsibility.</p> <p>PEP19: System encourages youths to develop independent skills.</p> <p>PEP20: Program links/relates accomplishments within facility to reintegration plan.</p>	<p>PP18: Facility has a level system based on youths' progress and associated risk that increases youths' freedom in the facility as well as their responsibility and accountability.</p> <p>PP19: Level system is tied to an incentive-based behavior management and pass policy, as well as to reintegration plans, furloughs, home visits, and passes.</p>



<u>Outcome Measures</u>	<u>Expected Practices</u>	<u>Processes</u>
<p>P15: Percent of youths confined for more than 60 days whose records indicate that they have completed the psychosocial / social skills curriculum. (N/C)</p> <p>P25: Percent of youths who achieve a higher level by the time of release. (L/C)</p> <p>P26: Percent of youths who say they understand their facility’s level system. (N/C/D)</p> <p>P27: Percent of youths who know that level they are on. (N/C/D)</p>	<p>PEP21: Points and levels systems are explained to all youths soon after arrival.</p> <p>PEP22: Facility program is designed to provide a clear basis to know standing and expectations.</p>	<p>PP20: Pass policy and procedure exists that clearly outlines expectations, criteria, and appropriate sign-offs for community passes.</p> <p>PP21: Resident handbook includes pass policy and procedures.</p>



Programming Standard:

3. To provide a support system to ensure that services are gender-specific, culturally sensitive, language appropriate and tailored to fit the individual needs to the youths.

<u>(2) Outcome Measures</u>	<u>(3) Expected Practices</u>	<u>(2) Processes</u>
<p>P16: Percent of youths whose records indicate they have received a psychosocial / social skills assessment. (N/C)</p> <p>P17: Percent of youths confined for more than 30 days whose records include a written individual treatment plan. (N/C)</p>	<p>PEP23: Gender- and culturally-specific and language appropriate assessments and orientation of services occur at intake.</p> <p>PEP24: Gender- and culturally-specific and language appropriate treatment plans are developed for all youths.</p> <p>PEP25: Administrators should recruit and hire staff that reflects the gender and culturally-specific needs of the population.</p>	<p>PP22: Facility has available foreign language translations of assessment instruments and orientation hand-outs, where appropriate.</p> <p>PP23: Facility policy and hiring processes ensures that recruitment, hiring, and retention of staff reflect the gender and culturally-specific needs to the population.</p>



Programming Standard:

4. To treat youths in the context of his/her family by including parent(s)/guardian(s) in programming and advocating communication, whenever feasible.

<u>(3) Outcome Measures</u>	<u>(7) Expected Practices</u>	<u>(5) Processes</u>
<p>P18: Rate of contact between facility staff and youth family (including phone, email, and/or visit) (L/C/D)</p> <p>P19: Percent of youths who have ever had in-person contact with parents or guardians while in facility. (L/C/D)</p>	<p>PEP26: Staff facilitates in-person contacts between youths and parents/guardians.</p> <p>PEP27: Facility staff assists in transportation and scheduling to accommodate parents/guardians.</p> <p>PEP28: Youths are allowed regular contact with parents or guardians by placing and receiving telephone calls, subject to exceptions for cause.</p>	<p>PP24: The facility maintains an up-to-date directory of parent/guardian addresses and telephone numbers.</p> <p>PP25: Facility has a description of visitation policies and procedures for distribution to youths and parents/guardians.</p> <p>PP26: Facility has a description of policy on phone calls.</p>
<p>P20: Percent of youths who report that policies governing telephone calls are implemented consistently. (L/C/D)</p>	<p>PEP29: Each family is provided an orientation and forum to express concerns and ideas within the first 30 days of a youth's arrival at the facility.</p> <p>PEP30: Staff report regularly on family situation.</p> <p>PEP31: Treatment plans include family information.</p> <p>PEP32: Staff treats parents/guardians appropriately and try to develop good relations.</p>	<p>PP27: Facility articulates a philosophy and mission regarding the importance of family contact.</p> <p>PP28: The importance of family contact is included in training curriculum, facility policies and staff reviews and job descriptions.</p>

*Where available, video conferencing may replace an actual physical visit especially when the parents or guardians live a long distance away.



Programming Standard:

5. Open facility to the community via telephone, visitation and volunteer involvement.

<u>(4) Outcome Measures</u>	<u>(5) Expected Practices</u>	<u>(4) Processes</u>
<p>P21: Percent of youths who report that they have had phone contact with a parent or guardian. (N/C/D)</p>	<p>PEP33: Staff monitor visitation rate and identifies possible barriers to visitation.</p> <p>PEP34: Facility staff assists in transportation and scheduling to accommodate parent’s guardians.</p>	<p>PP29: A visitation plan that documents past levels and rates of visitation, identifies barriers to visitation and defines policies and procedures to reduce barriers in future exists.</p>
<p>P22: Visitation per 100 person-days of youth confinement. (L/C/D)</p>	<p>PEP35: Youths are allowed to make calls as outlined in the phone call policy.</p>	<p>PP30: Policies govern which youths may make telephone calls to whom, how often they may call and under what conditions.</p>
<p>P23: The number of community volunteers providing programming in the facility over the average daily youth population. (L/C/D)</p> <p>P24: The percent of programs that engage community volunteers. (L/C/D)</p>	<p>PEP36: A large number of community volunteers provide programming in the facility.</p> <p>PEP37: Community volunteers provide programming in a large number of areas.</p>	<p>PP31: The facility has a plan to recruit, train and supervise volunteers and identifies a specific staff member as a volunteer coordinator.</p> <p>PP32: A volunteer coordinator is identified.</p>



Justice Goal:

To operate the facility in a manner consistent with principles of fairness and that provide the means of ensuring and protecting each youth's and family's legal rights.

Justice Standard:

1. Ensure that youths, their custodians and other appropriate parties know their legal rights and how to protect them.

<u>(1) Outcome Measures</u>	<u>(2) Expected Practices</u>	<u>(2) Processes</u>
J1: Percent of interviewed youths who report understanding the facility rules and their legal rights. (L/C/D)	<p>JEP1: All youths admitted to the facility during the assessment period are given a written copy of facility rules and their legal rights upon admission.</p> <p>JEP2: Facility rules and youths' legal rights are discussed in English and other languages spoken by confined youths.</p>	<p>JP1: Copies of facility rules and youths' legal rights are given to the youths at admission and are posted in a conspicuous place in each living unit.</p> <p>JP2: Rules are displayed in English and other languages spoken by confined youths.</p>

Justice Standard:

2. Ensure that the number of minority youths in secure facilities is proportionate to the number of minority youths under the agency's jurisdiction.

<u>(1) Outcome Measures</u>	<u>(2) Expected Practices</u>	<u>(2) Processes</u>
J2: Grievances and complaints filed per youth per 100 youth-days of confinement. (L/C/D)	<p>JEP3: If disproportionate minority confinement exists, administrators determine the cause and develop, implement and monitor strategies to address the situation.</p> <p>JEP4: Intake and release processes do not discriminate against ethnicity.</p>	<p>JP3: Youths' demographic information is collected at intake.</p> <p>JP4: Policy mandates monthly review to assess any disproportionate minority confinement.</p>



Justice Standard:

3. Administer the rules and polices for staff and youths fairly and consistently and offer effective means of redress of grievances or violations of rights.

<u>(4) Outcome Measures</u>	<u>(7) Expected Practices</u>	<u>(6) Processes</u>
J3: Grievances and complaints filed per staff per 100 staff-days of employment. (L/C/D)	<p>JEP5: Rules and policies are fairly and consistently applied.</p> <p>JEP6: The facility operates consistently with current applicable federal, state or other legal, regulatory and/or administrative requirements with respect to due process, equal protection, and other related justice issues with respect to youths.</p>	<p>JP5: A written grievance policy exists which provides the elements identified in the American Bar Association (ABA) standards (notice of availability, clear and simple procedure, prompt investigation, complaints are filed to an impartial panel, notice of the ruling, opportunity for appeal, appropriate disciplinary sanctions and written records of all grievances.)</p> <p>JP6: Grievance policy is posted on the housing unit and included in resident handbook.</p>
J4: Percent of interviewed youth who report filing a grievance and who said it was taken care of in some way. (N/C/D)	JEP7: The facility operates consistently with current applicable federal, state or other legal, regulatory and/or administrative requirements with respect to due process, equal protection, and other related justice issues with respect to staff.	<p>JP7: A written grievance policy for staff exists.</p> <p>JP8: Staff and youth are aware and trained on the grievance policy.</p>
J5: Percent of interviewed staff filing grievance who said it was addressed. (N/C/D)	<p>JEP8: Youths who file a grievance receive a hearing.</p> <p>JEP9: Facility follows structured grievance procedures.</p> <p>JEP10: Disciplinary proceedings against youths provide due process protections.</p>	JP9: Facility policy dictates a structured grievance procedure for youths.
J6: Percent of interviewed youths who report requesting to see, call, or write their attorney and their request was granted. (N/C/D)	JEP11: Staff who file a grievance receive a hearing. Facility follows written grievance procedures for staff.	JP10: Facility policy dictates a structured grievance procedure for staff.



Justice Standard:

4. Provide confidential and reasonably prompt communications between youths and their lawyers and make youths available for legal or administrative proceedings.

<u>(1) Outcome Measures</u>	<u>(5) Expected Practices</u>	<u>(4) Processes</u>
<p>J7: Attorney visits per 100 person-days of youth confinement. (N/C/D)</p>	<p>JEP12: Attorneys and youth met in a private room within the facility.</p> <p>JEP13: Youths have timely and reasonable access to their attorneys when requested.</p>	<p>JP11: Facility has private rooms available for youth/attorney visits.</p> <p>JP12: Facility policy dictates that youths have timely and reasonable access to their attorneys.</p> <p>JP13: Process of accessing attorney by phone, mail, or visit is clearly stated in resident handbook, explained to youth at intake and posted in the housing unit.</p>
	<p>JEP14: Telephone conversations between youths and their attorneys are not monitored.</p> <p>JEP15: Correspondences between youths and their attorneys are not monitored.</p> <p>JEP16: Facilities make youths available for administrative or legal hearings and meetings with their attorneys in a timely fashion.</p>	<p>JP14: Facilities maintain records of attorney visits, including records linking the names of the youth and attorney and the time and date of visit.</p>



Reintegration Goal:

To prepare youths for successful reintegration into the community while they reside at the facility through:

- Individualized planning from the perspective of family and community,
- Programming and activities that prepare a youth for transition that continues, when appropriate, after the youth leaves the facility. Facility and aftercare case managers shall provide these activities collaboratively; and
- Linkages and activities between facility and aftercare case manager with outside service providers (e.g. mental health, substance abuse and residential placement) or key community agencies (e.g. schools, churches, boys and girls clubs and recreation centers).

Reintegration Standard:

1. Provide continuity in programming and service for youths after they are released from custody.

<u>(5) Outcome Measures</u>	<u>(7) Expected Practices</u>	<u>(4) Processes</u>
<p>R1: Percent of youths, confined for more than 60 days, who have signed aftercare treatment plans. (L/C)</p> <p>R2: Percent of youths, confined for more than 60 days, who have finalized written aftercare treatment plans within 30 days of release from the facility. (N/C)</p> <p>R3: Percent of youth undergoing treatment for a chronic acute illness, injury, or medical condition at the time of release whose aftercare treatment plan addresses the need for continued (or new) medical treatment. (N/C)</p>	<p>REP1: First draft of aftercare treatment plan is written within 30 days of admission.</p> <p>REP2: Aftercare treatment plans are signed by youth, facility staff and aftercare case manager, and by parent/guardian, if appropriate.</p> <p>REP3: Written aftercare plans address the relevant elements of the individual treatment plans.</p>	<p>RP1: Facility’s mission emphasizes reintegration.</p> <p>RP2: Facility establishes training curriculum on aftercare treatment plans.</p> <p>RP3: The facilitation of reintegration for youths is incorporated into job descriptions and staff reviews.</p> <p>RP4: Aftercare treatment plans are drawn up jointly by facility staff and aftercare case manager.</p>



<u>Outcome Measures</u>	<u>Expected Practices</u>	<u>Processes</u>
<p>R4: Percent of youths undergoing treatment for a mental health problem at the time of their release whose aftercare treatment plan addresses the need for continued (or new) mental health treatment. (N/C)</p>	<p>REP4: For all youths with a mental health problem at time of release, the facility prepares a mental health record summary that is transferred to the institutions or agencies that have continuing jurisdiction over the youth, and to the youth's parents/guardians.</p> <p>REP5: In addition, the facility prepares a mental health record summary that is transferred to community agencies that are continuing the relevant treatment.</p>	
<p>R5: Percent of youths undergoing treatment for a substance abuse problem at the time of their release whose aftercare treatment plan addresses the need for continued (or new) substance abuse treatment. (N/C)</p>	<p>REP6: For all youths' substance abuse problem at time of release, the facility prepares a substance abuse issues summary that is transferred to the institutions or agencies that have continuing jurisdiction over the youth, and to the youth's parents/guardians.</p> <p>REP7: In addition, the facility prepares a substance abuse issues summary that is transferred to community agencies that are continuing the relevant treatment.</p>	



Reintegration Standard:

2. Develop and maintain personal relationship through in-person meetings and other contacts between each youth and his/her aftercare case manager.

<u>(6) Outcome Measures</u>	<u>(2) Expected Practices</u>	<u>(2) Processes</u>
<p>R6: Percent of youths who have an assigned aftercare case manager within 15 days of entry into the facility. (N/C)</p> <p>R7: Average time until aftercare case manager is assigned. (L/C/</p>	<p>REP8: Youths are assigned an aftercare case manager within 15 day of entry into the facility.</p>	<p>RP5: Memorandum of understanding or policy establishes regular communications channels between facility staff and aftercare case manager.</p>
<p>R8: Percent of youths who have had in-person contact with aftercare case manager. (L/C)</p> <p>R9: Average rate of in-person contacts with aftercare case manager. (N/C)</p> <p>R10: Average frequency of treatment meetings/case reviews per month (length of stay/# of treatment meetings/30 days). (L/C)</p>	<p>REP9: Facility staff facilitates initial contact between youth and aftercare manager within 30 days.</p> <p>REP10: Facility staff invites aftercare case managers to attend regular treatment planning meetings every 30 days.</p> <p>REP11: Facility staff and aftercare case manager regularly share information on the youth's progress.</p>	<p>RP6: Memorandum of understanding or policy establishes frequency of contact between youth and aftercare case manager.</p> <p>RP7: Memorandum of understanding or policy establishes responsibilities/roles of facility staff and aftercare case manager regarding youth's reintegration.</p>
<p>R12: Percent of youths who know the name of their aftercare case manager and how to contact him/her. (N/C)</p>	<p>REP12: Youths are given written information upon release about how to contact aftercare case manager.</p>	<p>RP8: Facility maintains an up-to-date directory of aftercare case managers' contact information.</p>



Reintegration Standard:

3. Treat each youth in the context of his/her family by including parent(s)/guardian(s) in reintegration programming and facilitating in-person contact between them and aftercare case manager while youth is at the facility, regardless of meeting location.

<u>(3) Outcome Measures</u>	<u>(5) Expected Practices</u>	<u>(6) Processes</u>
<p>R13: Percent of youths whose home has been assessed to determine its suitability for future placement. (N/C)</p>	<p>REP13: Facility staff engages parents/guardians in reintegration planning, when appropriate.</p> <p>REP14: Facility staff facilitates the completion of a home assessment to determine its suitability for future placement. Facility/agency staff, parole or community services providers can conduct the home assessment.</p> <p>REP15: Facility uses home assessment information to draft aftercare treatment plan.</p>	<p>RP9: Facility has process to ensure that staff makes reasonable efforts to engage family in reintegration planning when appropriate.</p> <p>RP10: Agency/facility shares home assessment information with other relevant agencies.</p> <p>RP11: Policy exists that oversees the facilitation and use of a home assessment.</p>
<p>R14: Percent of youths with contacts between parents/guardians and aftercare case manager. (N/C)</p> <p>R15: Percent of youths whose aftercare case manager made a family visit to the youth’s home. (N/C)</p>	<p>REP16: Facility staff/aftercare case manager arranges in-person contacts for parents/guardians and aftercare case manager, not necessarily at the facility.</p> <p>REP17: Aftercare case manager meets with youth’s parents/guardians within 30 days of arrival and within 30 days of release.</p>	<p>RP12: Memorandum of understanding establishes responsibilities/roles of facility staff and aftercare case manager regarding communication and contact with parents/guardians.</p> <p>RP13: Aftercare case manager and parents/guardians are provided with each others’ contact information.</p> <p>RP14: Facility has time and place for parents/guardians and aftercare case managers to meet.</p>



Reintegration Standard:

4. Ensure that youths are referred and admitted to community services/agency programs prior to release.

<u>(6) Outcome Measures</u>	<u>(4) Expected Practices</u>	<u>(3) Processes</u>
<p>R16: Percent of youths who have been referred to community-based service(s). (L/C)</p> <p>R17: Percent of youths who are referred to at least one community-based service as outlined in their aftercare treatment plan. (N/C)</p> <p>R18: Percent of youths who needed follow-up health treatment and were referred for health care as outlined in their aftercare treatment plans. (N/C)</p> <p>R19: Percent of youths who needed follow-up mental health treatment and were referred for mental health treatment as outlined in their aftercare treatment plan. (N/C)</p> <p>R20: Percent of youths who needed follow-up substance abuse treatment and were referred for substance abuse treatment as outlined in their aftercare treatment plan. (N/C)</p>	<p>REP18: Facility staff works with aftercare case manager to identify those programs that best match a youth’s aftercare treatment plan and makes the referral.</p> <p>REP19: Individual treatment plans include a minimum of one referral and acceptance/link to a community service before youth is release.</p> <p>REP20: Youths who are released after being confined more than 14 days and who return to school after release have their education test findings and participation and progress in education programs transmitted to the school they will attend.</p>	<p>RP15: Mission statement supports links to community-based programs.</p> <p>RP16: Facility and aftercare case manager maintain an up-to-date directory of community-based services and programs.</p>
<p>R21: Percent of youths who have been accepted/admitted to at least one community service/agency program prior to release. (N/C)</p>	<p>REP21: Facility staff works with aftercare case manager to contact appropriate community-based programs, and to facilitate the application and interview process.</p>	<p>RP17: Facility maintains on-going formal relationships with community agencies.</p>



Reintegration Standard:

5. Develop and maintain personal relationships through in-person meetings and other contacts between each youth and community services/agency staff.

<u>(3) Outcome Measures</u>	<u>(4) Expected Practices</u>	<u>(3) Processes</u>
<p>R24: Percent of youths who know they are going to a community service/agency program upon release. (N/C)</p> <p>R25: Of those who know they are going to a program, the percent of youths who know the name and have information about the community services/agency staff he/she has been linked with before release. (L/C)</p> <p>R29: Percent of youths getting authorized leaves/passes/furloughs from the facility. (L/C)</p>	<p>REP22: Facility staff works with community services/agency staff to arrange in-person contacts.</p> <p>REP23: Referrals to and contact with community-based agencies should be made within 60 days of release or after the youth has served ¾ of the commitment, whichever is longer.</p> <p>REP24: Facility staff and community services/agency staff regularly share information on the youth’s progress.</p> <p>REP25: Facility staff provides youth and their parents/guardians information on the community-based programs to which the youth is referred.</p>	<p>RP18: Memorandum of understanding establishes responsibilities for facility staff and community services/agency staff.</p> <p>RP19: Memorandum of understanding establishes frequency of contact between youth and community services/agency staff.</p> <p>RP20: Facility holds regular information-sharing sessions for staff with community-based programs and services at the facility.</p>



Reintegration Standard:

6. Create a transition program that provides gender-specific, culturally-sensitive, and language-appropriate services tailored to fit the individual needs of all youths.

<u>(1) Outcome Measures</u>	<u>(5) Expected Practices</u>	<u>(4) Processes</u>
<p>R30: Percentage of non-English speaking youths who have reintegration plans written in another appropriate language. (L/C)</p>	<p>REP26: Gender-and culturally-specific and language-appropriate reintegration plans developed for all youths.</p> <p>REP27: Facility staff identifies and develop relationship with community resource agencies that have staff who are culturally specific and language appropriate.</p> <p>REP28: Facility staff and aftercare case manager work with culturally sensitive community resources to develop reintegration plans for minority youth.</p> <p>REP29: Minority youths’ reintegration needs are met, including clothing and transportation.</p> <p>REP30: Facility staff identifies and develop relationships with community resource agencies that can deal with youths who have gender-specific issues.</p>	<p>RP21: Facility has available foreign language translations of any materials having to do with reintegration plans and community services.</p> <p>RP22: Facility maintains a directory of gender- and culturally-specific and language-appropriate resources in the community.</p> <p>RP23: Facility and culturally sensitive community services have memorandum of understanding regarding responsibilities/roles for minority youths’ reintegration.</p> <p>RP24: Contracts with community-based agencies specify that programming be gender- and culturally-specific and language appropriate.</p>