



**Juvenile Justice
Limited Secure Placement Quality Assurance Standards
2015**

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DEFINITIONS & ACRONYMS

Definitions

- 1) Whenever the following terms and phrases are used in these *Juvenile Justice Limited Secure Placement Quality Assurance Standards*, they shall have the following meanings, unless it is expressly indicated that such term or phrase is to have a different or additional meaning. All such other terms and phrases that shall not be specifically defined in this Part shall have the meaning ascribed to it by law, or, in the event that such term or phrase is not described in the law, it shall have the meaning as is commonly ascribed to it.
- 2) "ACS Policies" shall mean all applicable ACS policies, procedures guidelines, bulletins and standards as amended.
- 3) "Administrator" or "Commissioner" or "Agency Head" shall mean the Commissioner of the ACS or her/his duly authorized representative. The term "duly authorized representative" shall include any person or persons acting within the limits of her/his authority.
- 4) "Case Planner" shall mean the caseworker with the primary responsibility for providing or coordinating and evaluating the provision of services to the family as defined in 18 NYCRR 428.2(c).
- 5) "City" shall mean the corporation of the City of New York, its departments and political subdivisions.
- 6) "Community" for shall be considered both the neighborhood the site is located within, whether in New York City or beyond, as well as the home neighborhood(s) of the children who will be receiving services.
- 7) "CONNECTIONS" or "CNNX" means the New York State automated system designed to create a single integrated statement system for collecting and recording child protective, preventive, foster care and adoption services information.
- 8) "Day" shall mean a calendar day unless otherwise specified in these *Juvenile Justice Limited Secure Placement Quality Assurance Standards*.
- 9) "Days of Care" shall mean the number of days in which a youth placed in, and physically present at, a facility operated by the Contractor, plus the number of days of allowable absences during the time in which the youth is in placement in such program.
- 10) "Juvenile Justice Youth" are youth adjudicated delinquent by the Court and placed in and receiving services from an ACS contractor pursuant to ACS policies and the law. Generally, these youth meet the following criteria:

- a) The youth is between the ages of seven (7) and eighteen (18).
 - b) The youth's care and custody has been transferred to the Administration for Children's Services pursuant to Article 3 of the Family Court Act.
- 11) "Law(s)" shall mean all applicable federal, state and city laws, regulations, ordinances and rules and any successor and any amendments thereto including but not limited to the New York City Charter, the New York City Administrative Code, a local law of the City of New York, and any ordinance, rule or regulation having the force of law and including any waivers issued by OCFS.
- 12) "LSP Facility" shall mean a licensed facility operated and staffed by an authorized agency for the care and maintenance of youth placed with ACS by the Family Court on juvenile delinquency cases pursuant to Article 3 of the Family Court Act.
- 13) "LSP contractor" shall mean the agency that is contracted by ACS to operate a NSP facility.
- 14) "Office of Children and Family Services" or "OCFS" shall mean the New York State Office of Children and Family Services which is responsible for, among other things, regulating and monitoring child welfare and juvenile justice services in New York State.
- 15) "Residential Care Facility" shall mean a congregate care facility. Such facilities include:
- a) "Group Home" shall mean a licensed family-type home operated and staffed by an authorized agency for the care and maintenance of seven (7) to twelve (12) youth.
 - b) "Group Residence" shall mean a licensed institution operated and staffed by an authorized agency for the care and maintenance of up to twenty five (25) youth.
 - c) "Institution", locally referred to as "Residential Center" shall mean a licensed facility operated and staffed by an authorized agency for the care and maintenance of thirteen (13) or more youth.
- 16) "State" shall mean the State of New York.
- 17) "Suspended Payment" shall mean the cessation of payments by the City to the contractor when a youth placed with the contractor is not physically present and is not on an allowable absence.
- 18) "Tuition" shall mean the per pupil cost of all instructional services, supplies and equipment, and the operation of instructional facilities as determined by ACS. Approved tuition shall be computed from expenditures for which no revenue has been received from the following sources:
- a) Receipts from the federal government;

- b) Any cash receipts which reduce the cost of an item applied against the item there for, except gifts, donations and earned interest; and
 - c) Any refunds made or any apportionment or payment received from the State.
- 19) "Written approval" or "approval" shall refer to paper or electronic correspondence, unless otherwise stated, and shall be rendered within thirty (30) days of receipt unless another date is agreed upon by the parties.

Acronyms

Whenever the following acronyms are used in these *Juvenile Justice Limited Secure Placement Quality Assurance Standards*, they shall have the following meanings, unless it is expressly indicated that such acronym is to have a different or additional meaning.

ACS	New York City Administration for Children’s Services or “Children’s Services”
AIDS	Acquired Immune Deficiency Syndrome
APA	Agency Program Assistance
APPLA+	Another Planned Permanency Living Arrangement
ARTS	Automated Restraint Tracking System
AWOL	Absent Without Leave
CASAC	Credentialed Alcohol and Substance Abuse Counselor
CCRS	Child Care Review Service
CIN	Client Identification Number
CJC	Office of the Criminal Justice Coordinator
CNNX	CONNECTIONS
CPP	Community Partnership Program
CPS	Child Protective Services
CTHP	Child/Teen Health Plan
DCP	Division of Child Protection
DCJS	Division of Criminal Justice Services
DOE	Department of Education
DYFJ	Division of Youth and Family Justice
EOP	Extension of Placement
EPSDT	Early and Periodic Screening, Diagnosis and Treatment
FASD	Fetal Alcohol Spectrum Disorders
FCLS	Family Court Legal Services
FTC	Family Team Conference
GED	General Equivalency Diploma
HIV	Human Immunodeficiency Virus
JD	Juvenile Delinquent
JJPEI	Juvenile Justice Performance Evaluation and Improvement Unit
IEP	Individualized Education Plan
LGBTQ	Lesbian, Gay, Bisexual, Transgender and Questioning
LSP	Limited Secure Placement
LTS	Legal Tracking System
MOU	Memorandum of Understanding
NSP	Non-Secure Placement or Non-Secure Juvenile Justice Placement
NYCRR	New York Codes, Rules and Regulations
OASAS	Office of Alcoholism and Substance Abuse Services
OCFS	Office of Children and Family Services
OCP	Office of Community Partnerships
OMH	Office of Mental Health

OPWDD	Office for People With Developmental Disabilities
OYFD	Office of Youth and Family Development
PINS	Person In Need of Supervision
PYA	Preparing Youth for Adulthood
PAMS	Provider Agency Measurement System
STI	Sexually Transmitted Infection
SCR	Statewide Central Register of Child Abuse and Maltreatment
SSPS	Statewide Service Payment System
TGNC	Transgender and Gender Non-Conforming
VPCR	Vulnerable Persons Central Register

PART I: CHILDREN'S SERVICES' MISSION AND GOALS

A. Mission Statement

1. On January 10, 1996, the New York City Administration for Children's Services (Children's Services or ACS) was created as the first New York City agency devoted solely to serving children and their families. Children's Services' mission is to ensure the safety and well-being of New York City children.
2. In January 2010, Children's Services assumed responsibility of the City's Department of Juvenile Justice (DJJ). DJJ has now been fully integrated into Children's Services as part of the Division of Youth and Family Justice (DYFJ). DYFJ provides secure and non-secure detention (NSD) for alleged juvenile delinquents and secure detention for alleged juvenile offenders whose cases are pending, along with post-adjudicated juveniles awaiting transfer to state facilities. DYFJ will oversee the new continuum of juvenile justice placements and aftercare. Additionally, DYFJ provides community-based programming for youth involved in the juvenile justice and PINS systems. In keeping with the agency's overarching goals, the mission of DYFJ is to promote public safety and improve the lives of youth, families, and communities by providing services that are child-centered and family-focused.

B. Limited Secure Placement Goals and Objectives

The goal of programming during and after placement is to support youth to develop to their fullest potential and become healthy, educated, and constructive members of the community with successful transitions to adulthood.

1. **Connection to the Youth's Community:** Youth in LSP Programs will reside in residential facilities in or close to New York City, with opportunities to take advantage of local programs and services. Discharge planning for youth will begin upon arrival into LSP Program sites and youth will participate in robust LSP Aftercare services.
2. **Improved Well Being of Youth:** Youth will have enhanced programming options and expanded access to mental health care and health services. Treatment planning and clinical services will be individualized to meet the unique needs of each youth in LSP Programs.
3. **Better Family Engagement:** New York City families will be able to maintain frequent contact with their youth in LSP Programs, and participate in their youth's rehabilitation, which will enhance the youth's likelihood of success upon release.
4. **Improved Educational Outcomes:** Youth will receive individualized educational services and academic credits earned during placement will count towards a high school diploma.

5. **Appropriate Public Safety Measures:** Public safety measures appropriate to youth in LSP will be utilized in every program site and during LSP Aftercare. While the youth reside in an LSP Program site all services must be provided directly on-site. Youth will not be permitted to engage in activities off-site except under the constant supervision of staff or in other pre-approved settings.

PART II: CONTRACT AGENCY ADMINISTRATION AND ORGANIZATION

A. Limited Secure Placement Contractor Mission and Purpose

1. The Limited Secure Placement (LSP) contractor's clearly stated mission and purpose shall reflect a commitment to serve youth and their families, and shall be consistent with the mission and objectives of NYC Children's Services.
2. The contractor's mission statement shall reflect a commitment to respect and respond to the diversity of the ethnic, cultural, religious and sexual orientation groups it serves, while fostering a community-based, family-focused approach through its linkages, community involvement and integration of the family.
3. Every effort shall be made to ensure adequate representation among the contractor's board and staff of the ethnic groups in the client population, and staff shall be educated in cultural and religious factors and practices of the populations served, with particular reference to ways in which culture or religion may impact on the treatment service process.
4. There shall be programs and activities designed to foster the cultural (ethnic/religious/sexual) awareness and identity of the children in care, and to continue a seamless connection with their community of origin.
5. The LSP contractor shall make an effort to utilize contributions from the community and family in their policy-making process, and involve them in service planning. They shall actively seek the involvement of present and former family members' and foster-family members' as well as former juvenile justice system involved youth to ensure continuity of these principles.
6. Quality assurance shall form an integral part of the contractor's limited secure operations, such that process and outcomes are being regularly measured and used to inform improvement strategies and plans.

B. LSP Contractor Program Goals, Policies and Procedures

1. The LSP contractor shall maintain a LSP Program Manual. The Table of the Contents of the Program Manual shall be determined by ACS. The Program Manual shall be kept up-to-date with current information regarding the LSP contractor's operations, policies, and procedures. ACS shall approve the initial Program Manual in the program development phase of start-up. Thereafter, the LSP contractor's Program Manual shall be provided to ACS on an annual basis, or more frequently if requested by ACS.
2. The LSP contractor shall have clearly identified programs and services that include written goals and objectives. The LSP contractor shall have a written plan that includes resources and programs for the provision of services, which is supported by a financial plan. These shall be reviewed periodically and updated as necessary.
3. The LSP contractor's philosophy shall be reflected in its goals, objectives, policies, procedures, and in the implementation of programs and services.
4. The LSP contractor shall have a written plan, which allocates resources to programs for the provision of services, which is supported by a financial plan. These shall be reviewed periodically and updated as necessary.
5. The LSP contractor shall have a long-range program plan, which covers a minimum of three (3) years. This shall be reviewed periodically and updated as necessary.
6. The LSP contractor's program mission, policies, and procedures shall be disseminated to, and reviewed and implemented by, appropriate staff. Additionally, they must be distributed to parent[s], family, extended family or other discharge resources, as appropriate and necessary for effective treatment during placement and discharge planning.
7. The LSP contractor shall have program procedures and goals that promote provision of services and allow for stable placement experiences by youth in the most family-like and least restrictive settings as possible; for populations served – by age, gender, and need.
8. The LSP contractor shall provide services to its target population within its service communities that will ensure the safety of youth and address the needs of the target group as a whole. Intervention must occur as early as possible to provide the greatest benefit and most timely resolution of presenting needs.
9. The LSP contractor shall develop a practice model that follows a team focused, decision-making approach, in service delivery and planning, and in accountability/self-evaluation.

10. The LSP contractor shall design a plan to ensure regular meetings of a team inclusive of administrative and direct care staff, parents/guardians, foster parents, youth, and community service providers. The team shall seek to ensure and provide feedback that the stated goals of the program and Children's Services are being met effectively.
11. The LSP contractor must have a quality assurance plan in place describing how it shall provide ongoing quality assurance. The LSP contractor shall assign designated staff to oversee a formal quality assurance system of services and outcomes in consultation with direct services staff, youth, and family members served. The quality assurance format, through case record reviews, interviews and reviews of aggregate data, shall include a review of goal achievement (family and program) and a review to ensure compliance with OCFS, NYC Children's Services and other promulgated administrative standards.
12. The LSP contractor shall seek to maintain an appropriate cultural, ethnic, gender responsive and developmental environment that is both aesthetically pleasing and appropriate for the populations served. The contractor must formulate written policies for the interaction of staff with the service populations in the various planning environments (families, other resources, organizations or community service providers, and Family Court).

C. Community Advisory Boards

1. LSP contractors who receive funding from Children's Services shall make best efforts to encourage members of the communities they serve have the opportunity to contribute to and be informed about policy-making and program development processes. In doing so, they shall actively solicit family members' involvement in services provided to their children.
2. LSP contractors shall develop and operate Community Advisory Boards (CABs). These Boards will help maximize community involvement in and support for their NSP facilities. The Community Advisory Boards shall be comprised of representatives from local non-profits, businesses, mental health service providers, education providers and/or advocates, local arts groups, faith-based organizations and other interested community members. Providers are encouraged to seek the membership of a youth (and/or his or her parent/guardian) with past involvement in the juvenile justice system, and/or a parent advocate.
3. LSP contractors are encouraged to have a Community Advisory Board for each facility they operate. However, due to feasibility, providers may choose to work jointly to develop and operate one CAB per borough as long as at least representation from each neighborhood in which each agency that has an LSP facility in the borough is included.
4. Community Advisory Boards shall meet on a quarterly basis, at minimum, and will help to identify avenues for deepening connections between LSP facilities and their communities.

The roles and responsibilities of Community Advisory Board may include some of the following:

- a) Community Relations and Advocacy: to provide advocacy and education about issues affecting at-risk youth and act as a liaison between the NSP facility and community;
 - b) Community Resources: to identify and develop community resources to enhance NSP programming both in- and outside of the facility, such as cultural, educational, and vocational experiences to foster long-term growth;
 - c) Financial Support and Development: to organize fundraising activities to purchase items for the facility or programs to enhance youths' experience in LSP; and
 - d) Program Development: to inform the LSP about community issues and concerns and participate in program events that provide positive experiences for youth and their families, such as open houses, family days, etc.
5. LSP contractors are required to interface with their local Community Advisory Boards and local police precincts prior to opening their facilities and on an ongoing basis. Providers shall develop relationships with the precincts' Community Relations Officers to inform them of the facility and develop an ongoing process to maintain communication about how the officers can provide support to the providers when necessary. Having a Community Advisory Board Public Safety Committee is another avenue through which the providers can develop partnerships and maintain transparency with the community about their work.
 6. Conflicts of Interest: All Community Advisory Board members must disclose to the LSP contractor any personal, business, and/or familial relationships with LSP staff or other advisory board members to prevent conflicts of interest.
 7. Confidentiality: All Community Advisory Board members must sign an agreement to maintain the confidentiality of information concerning non-secure placement.

D. Participation in Community Partnership Program

1. Community Partnerships will work to develop and support holistic, seamless local networks of service providers, community members, families, and other stakeholders with the goal of assisting families and offering safety and support where they reside. Community Partnerships will identify community needs and draw upon community resources to address those needs and will work to identify and overcome obstacles to child welfare system success. Relationships and partnerships formed within the Community Partnerships will significantly impact core child welfare outcomes of safety, permanency, and well-being. The Partnership will seek to close the divisions between Children's

Services, contract providers, other neighborhood organizations, and residents of neighboring communities.

2. LSP contractors shall participate in local Community Partnerships if one exists in their local community. The purpose of the involvement will be to receive feedback about the operation of the facility in the community and to encourage community involvement in the services offered by the LSP contractor. LSP contractors shall participate in the Community Partnership nearest to their residential facility. LSP contractors are encouraged to connect discharged youth and their families to a Partnership if one exists in the community to which the youth is returning.

E. Board of Directors – Community and Client Participation

1. LSP contractors who receive funding from Children’s Services shall ensure that members of the communities they serve have the opportunity to contribute to and be informed about policy-making processes. In doing so, they shall actively solicit family members' involvement in services provided to their children. Contractors shall ensure that appropriate members of the socio-economic communities served by the LSP contractor's Children’s Services-funded programs have the opportunity to contribute to and be informed about policy-making processes. In doing so, they shall actively solicit family members' involvement in services provided to their children. LSP contractors shall have community members serve on their Board of Directors, on advisory panels, or on committees of the Board of Directors.

F. Neighborhood-Based Service Provision

1. When neighborhood placement is not possible, due to the specialized nature of the program model, site location issues, or any other reasons deemed appropriate and/or in the best interest of the child, then the LSP contractor as part of transition planning for each youth, shall establish relationships and linkages with the youth's home community and/or with the community the youth will be residing in upon discharge, if known. The LSP contractor shall facilitate and promote the child's relationship with her/his home community and facilitate visiting in that community.

G. Interagency and Community Relations

1. Upon award notification, the LSP contractor must notify the Community Board that represents the community where the LSP facility will be located, of the intent to develop a LSP facility in the community. This communication must include information about the youth who will be residing in the site and services offered.
2. The LSP contractor shall provide services which offer children the full range of services that they need to achieve placement stability and permanency goals in the least restrictive

setting as possible. If the LSP contractor does not have the expertise or capacity to directly provide all services necessary to assist and support clients, the LSP contractor shall meet the full range of service through the establishment of formal linkages with other social services and community-based organizations. In that instance, the contractor shall establish linkages including but not limited to service provider contracts, formal service agreements, "letters of linkage," and "memoranda of understanding." It is expected that the LSP contractor will also support and develop linkages in the child and family's community of origin and/or residence, since all services are to be community-based.

H. Non-Discrimination Policy

1. All discrimination including, but not limited to, discrimination based on an individual's actual or perceived sex, and discrimination based on an individual's gender identity, self-image, appearance, behavior or expression, or an individual's sexual orientation constitutes a violation of the City's Human Rights law, as well as New York State Human Rights Law. Moreover, New York State Social Services regulations prohibit any act by Children's Services or contractor staff that would be detrimental to any child in care.

PART III: LIMITED SECURE PLACEMENT OPERATIONS

A. Program Site

1. Physical Facilities and Equipment

- a) The physical plant and equipment shall meet the specifications as established by OCFS, ACS and all applicable State and local ordinances. The LSP contractor's physical facilities shall be clean, the appearance of the interior and exterior of the building shall be maintained, and the physical facilities shall reflect the mission of the LSP contractor and program.

2. Furnishings and Environment

- a) All LSP facilities must be designed to give an overall impression of a homelike setting.
- b) The furnishings contained in an LSP facility shall accommodate the characteristics of the population and where appropriate provide a "homelike" living environment. Furniture and furnishings shall be clean and in good condition, and shall be arranged for the safety of the population. Each youth shall have a separate bed, chair, dresser or other storage space and a closet or locker for jackets, coats and other outerwear. The furniture must be designed in a way to limit the storage or hiding of contraband.

- c) LSP facilities, furnishings, bedding and clothing shall be adherent to all fire safety codes and rated accordingly
- d) Private offices as well as common areas shall be clean, well lit, and appropriately furnished.
- e) The site shall be decorated with posters/works of art that reflect the culture of the client population to be served.

3. Accessibility

- a) The building housing the program site shall be clearly numbered. Within the program site, there shall be a reception area where family members are greeted and space for family visits.
- b) Accessibility – Americans with Disabilities Act
 - i. LSP contractor sites must comply with all applicable requirements of the Americans with Disabilities Act (ADA) and applicable state and local laws to make services and service locations accessible to family members with physical disabilities; including, but not limited to, developing plans for making facilities wheelchair accessible and utilizing sign language interpreters and large print informational reading materials. If LSP facilities are not ADA compliant, LSP contractors shall provide for visitation with any visitors not able to access the site for this reason by transporting the youth to the visitor for regular visitation.
 - ii. To further facilitate family access to appropriate services, the LSP contractor shall establish referral protocols to programs serving distinct disabled communities.

4. Hours of Operation

- a) LSP contractors must have flexible hours for all programming involving family and other discharge resources, including in the early morning, evening and/or on weekends to accommodate family members who work, attend treatment or school, or are otherwise engaged in essential activities.

5. LSP Facility Space and Design

- a) The LSP facility is largely a self-contained site, meaning the majority of services for youth and families are provided onsite. The LSP facility must have space to support the range of services being offered, including space appropriate for outdoor recreation. The LSP facility must also provide space so that counseling can be conducted in privacy

to ensure confidentiality is maintained. Additionally, the LSP facility must comply with all applicable health, fire and safety regulations.

- i. Services to be provided onsite include but are not limited to, daily school; routine medical, dental and mental health services; recreation (including indoor and outdoor recreation); treatment team meetings; group treatment meetings; and family visiting.
 - ii. Medical exam rooms must have a sink.
 - iii. All LSP facilities must have a library for youth onsite.
 - iv. All LSP facilities must have food preparation and food storage onsite.
 - v. All LSP facilities must have space for family visiting, including a space for visitors to secure their belongings during visits.
- b) All LSP facilities must have a central control center which must function as the central location for the coordination of the program's security functions. It must have designated staff twenty-four (24) hours a day, seven (7) days a week, three hundred sixty-five (365) days a year. The control room must have sufficient space, equipment, and supplies to effectively:
- i. monitor the facility's internal and external security, including all safety and detection systems (ex. video, fire, power, phones, entry and exit doors or gates);
 - ii. control, monitor, and maintain in good working order, and collect and distribute when necessary, all security and emergency equipment (ex. keys, radios, mechanical restraints);
 - iii. monitor, and record communication necessary to maintain the safety of the program and community including (but not limited to):
 - (a) movements within the program;
 - (b) persons entering into and/or exiting the program;
 - (c) emergency or crisis situations or incidents;
 - (d) any other communication deemed necessary; and
 - iv. respond and assist in de-escalating and/or managing crisis situations.
- c) All LSP facilities must be designed to accommodate between 6 – 24 youth (for ACS sites, living units will be 10 youth, for all non-ACS sites, ACS suggests living units of 6 youth). No living unit shall exceed twelve youth. If non-ACS LSP sites house over 12 youth, the facility must be divided in a way to allow each living unit to independently

operate, including separate bedroom and dayroom living space and classrooms for each living unit.

- d) Outdoor Space: Outdoor space must be able to provide appropriate physical recreation space for the number of youth served (or number of youth in individual groups served if site serves more than one group of 6). LSP facilities' outdoor recreational space must be able to accommodate activities that require running and/or jumping, such as basketball, martial arts, aerobics, flag football and double-dutch. Additionally, the outdoor space must have shaded areas.
- e) Indoor Recreation Space: All LSP facilities must have onsite or access to indoor activity space that enables youth to have at least two hours of recreation daily, at least one hour of which must be large muscle activity..
- f) All LSP facilities must be wired for internet.
- g) All LSP facilities must have storage space including but not limited to areas to store cleaning supplies that are readily accessible to the living and activity areas and are properly secured at all times to prevent access by the youth..
- h) If planned usage of the contractor site changes during the contract, the contractor must notify Children's Services in writing at least 90 days prior to the proposed change and must receive written approval from ACS prior to changing the space.
- i) Each Living Unit (10 youth for ACS leased sites and 12 youth maximum per unit for non-ACS leased sites) must contain the following:
 - i. Sleeping Area
 - (a) Youth must sleep in individual bedrooms. To foster the group dynamic, LSP providers may request from OCFS and ACS to allow for dormitory style sleeping areas.
 - (b) If requesting dormitory style sleeping areas, there must be a clear line of sight to maintain eyes-on supervision of youth
 - (c) Window or opening that provides direct or indirect natural light
 - (d) Desk and chair in room or conveniently located in an area to which youth have free access
 - (e) Storage space for youth's personal belongings
 - (f) 35 square feet of unencumbered space per room (per youth if in dormitory area)
 - ii. Dayroom
 - (a) Each living unit must have a dayroom in close proximity to unit sleeping area.
 - (b) The room must have a source of direct or indirect natural light

- (c) There must be sufficient seating space and writing surfaces to accommodate the needs of the youth and staff
 - (d) There must be at least 35 square feet of unencumbered floor space per youth for the maximum number of youth permitted to use the dayroom at any one time, exclusive of bathrooms
 - iii. Bathrooms
 - (a) Each living unit must contain a minimum of 2 sinks, 2 toilets, and 2 individual showers for use by youth in the unit.
 - iv. Clinical Space
 - (a) Each living unit must have private clinical space.
 - v. Suicide Resistant Design Features
 - (a) Bathrooms and bedrooms must be suicide resistant.
 - (b) Bedrooms and bathrooms must not have anchor points.
 - (c) Doorknobs must be suicide resistant.
- j) Exterior
 - i. Motion activated perimeter lighting must be maintained to alert LSP staff of any movement on or near the premises at night.
 - ii. CCTV must monitor the perimeter, including but not limited to facility entry and exit points.
 - iii. There must be designated entry and exit points.
 - iv. Fencing surrounding the LSP facility and outdoor space is permissible in an effort to keep unwanted persons from entering the LSP property area. Any fencing must meet the appropriate industry standards for security fencing.
 - v. All exterior building doors must remain locked at all times.
 - vi. Security guards/security window gates must be installed externally on all windows with the exception of windows which are designated points of egress.
- k) LSP facilities must maintain sufficient interior (in common spaces) and exterior CCTV monitoring with recordings saved for a minimum of 90 days and must enable easy transfer of video to ACS and OCFS upon request. Facilities must have close circuit video coverage of the following: all common areas in all living units, program areas and activity areas, including but not limited to cafeterias, indoor and outdoor recreational areas, school classrooms, and libraries; all means of entry to and exit from facility, all hallways, all means of entry to areas to which youth do not normally have access.

- l) All doors must be fire rated steel hollow core with vision panels on all interior doors.
 - m) LSP facilities shall provide fully functioning heating, cooling, lighting and ventilation systems adequate for the square footage of the facility.
6. Health and Safety: LSP facilities must be free of hazards, including but not limited to the following conditions:
- a) peeling paint, cracked plaster, water stains, and holes in walls, doors or ceilings;
 - b) unlighted stairways, halls or entrance areas;
 - c) cracked or broken windows;
 - d) frayed or exposed electrical wiring;
 - e) improperly stored combustible materials or poisonous substances;
 - f) excessive litter or soil;
 - g) signs of rodent infestation or vermin;
 - h) unsanitary or unusable bathroom facilities;
 - i) lack of operative charged and inspected fire extinguishers;
 - j) inoperative smoke and/or fire alarms;
 - k) uncapped electrical outlets;
 - l) extension cords;
 - m) torn carpeting or unsecured rugs/runners, holes in flooring, missing/ broken tiles; and
 - n) infestations of Insects and/or rodents.
- i. LSP facilities must have in place facility protocols to prevent, manage, and contain the spread of bed bugs. If staff finds evidence of bed bugs (e.g. bites on a youth), he or she shall immediately alert the facility director. The facility director shall then notify the designated ACS Director of Placement and Permanency within one day of the discovery and shall provide the ACS Director with a written action plan to confirm the presence of bed bugs and address the problem within two days of the discovery. For more information about identifying and controlling bed bugs, see the NYC Department of Health and Mental Hygiene's website - www.nyc.gov/html/doh/html/vector/vector-faq1.shtml.
7. All sites must have:
- a) All LSP facilities must have a generator (located in a safe location in the facility) that will maintain routine program operations when power is down and an emergency fuel supply readily available sufficient to maintain the operation of the back-up generator for at least three days
 - b) All floors used by youth must be separated from each other by a smoke stop separation and have alternate means of egress remotely located from each other and accessible to the occupants;
 - c) A minimum of two means of egress from each floor by way of a door at floor level;

- d) All doors and means of egress must swing in the direction of exit and conform to the New York Stat Uniform Fire Prevention and Building Code requirements for panic hardware and self-closing mechanisms;
- e) All stairs and ramps from such exits must terminate at ground level;
- f) Windows as means of egress must be at least 30 inches in its smallest dimension with the bottom of the window no higher than three feet six inches above the floor unless acceptable access is provided by steps or furniture fixed in place;
- g) An upper level window as a means of egress must also have a platform outside the window and a stair, permanently affixed to the building, leading to ground level;
- h) All exit doors and means of egress, halls and stairs must be well lighted and kept clean, free of obstruction and ready at all time for immediate use;
- i) Illuminated exit and directional exit signs and battery-operated or generated-powered emergency lighting units or systems must be provided and maintained in accordance with the New York State Uniform Fire Prevention and Building Code;
- j) Doors used as smoke stop separations must be equipped with self-closing devices and magnetic hold-open devices;
- k) A plan for building evacuation; printed procedures to follow in case of fire conspicuously posted in all halls and reception areas; regularly held fire drills (at least once every 30 days);
- l) Annual FDNY inspection report;
- m) Appropriate current Certificate of Occupancy; and
- n) Adult supervision for all youth's activities with required ratios of adults to children.

8. Physical Protection

- a) The physical environment of the facility must provide for the safety of all the persons on the premises from physical harm, drugs, and criminal activity.
- b) All LSP facilities must have key control procedures.
- c) The LSP contractor shall have a security plan which includes: precautions to be used when dealing with individuals who may be dangerous; actions to be taken when dangerous or potentially dangerous incidents occur; the circumstances under which the police are to be called; and maintaining good relationships with the local police and the precinct community relations officer. This includes the maintenance of a 24/7 staffed facility control center that manages a secure key management system, the CCTV system and the entry and exit of staff, youth, and visitors (visitors must enter through a secure entry lobby).
- d) All staff shall have the local precinct's phone number readily available for emergency use.
- e) Only Fire Department approved gates shall be used on windows that are potentially accessible from outside.

- f) Facility diagrams, evacuation plans and a set of keys shall be provided to the local fire and police departments where appropriate and signs in the facilities
- g) Signs in the LSP facility must indicate where youth are sleeping to assist the fire and police departments in an emergency.
- h) Air Vents must have gaps less than 1/16 of an inch.

B. Continuity of Operations Plan

1. The LSP contractor continuity of operations plans shall be in compliance with 18 NYCRR 441.16 (a), or any successor or amended regulation, and incorporate general continuity of operations planning information; detail the procedures to be followed in caring for youth and families in the event of a disaster or emergency; and focus on planning and procedures for the continued care and supervision of all youth in the contractor's care, both during and after a disaster or emergency.
2. Families receiving in-home services, including families of youth in out-of-home placement, shall also be encouraged to develop and update family disaster plans. LSP contractors shall provide such families with emergency preparedness information and emergency contact numbers to call and check on the safety and status of their children/youth following a disaster or evacuation.
3. LSP contractor continuity of operations plans shall include, but not be limited to, the following information and planned activities:
 - a) Procedures for reporting emergency events to ACS and OCFS, including procedures for reporting natural or man-made disasters to the Vulnerable Persons Central Register ("VPCR");
 - b) encouraging staff to develop personal disaster plans and keep them updated;
 - c) requiring staff to check in after disasters and provide information on how to do so;
 - d) plans for maintaining the required staff to youth ratio;
 - e) procedures for addressing situations including AWOL youth, medical emergencies, injuries from restraints and emergency psychiatric care
 - f) plans for alternate sites if the LSP facility must be evacuated, including plans for the safe transportation of youth and supplies;
 - g) plans for ongoing communication to families;
 - h) keeping a backup generator on-site;
 - i) keeping emergency supplies in the office (including satellite offices);
 - j) training all staff on the contractor disaster plan and having them participate in drills;
 - k) establishing personal and professional support services for staff;

- l) the protection of vital records; establishing off-site backup for information systems with case and client records;
 - m) protecting data and equipment from environmental factors (for example, covering/bagging computers and office equipment, installing surge protectors);
 - n) assessing the critical nature of paper records, prior to a disaster, and then determining what steps may be necessary to protect such records from potential damage in a disaster (for example, use of fire-safe metal filing cabinets); and
 - o) the prior establishment of disaster planning agreements with organizations in neighboring counties and states that would likely be involved in running emergency shelters to help locate displaced children/youth and families following a disaster.
4. LSP contractors shall share an initial continuity of operations plan with ACS for approval and shall share, annually, any revisions the LSP contractor has made to the plan. Additionally, continuity of operations plans must be shared with OCFS.

C. Staff Workload Ratios and Coverage

1. LSP contractors must recruit and hire appropriate and sufficient staff to meet their program's needs. The ratio of youth to direct care workers in all types of general and specialized LSP residential settings shall be six (6) youth to two (2) direct care staff.
2. A minimum of two (2) direct care staff shall be on duty at all times. LSP facilities shall be able to access additional staff during emergencies.
3. Staff are not permitted to sleep during any shift. LSP contractors are required to have staff on-call and available to report to work within 30 minutes if additional staffing is necessary or required by ACS. Documentation of this staffing ratio shall include the names of staff on call for each shift, hours of coverage, and plans for providing backup staff in emergencies.
4. All LSP facilities must have one staff person at all times in a central control room in each LSP Program site. This position is responsible for, but not limited to, maintaining facility keys, overseeing entry to and exits from the facility, observing closed circuit camera activity and responding to any emergencies within the facility.
5. All LSP facilities must have one (1) direct care staff supervisor for each independently operating group of youth.
6. Care Coordination Services
 - a) Coverage at all facilities must also include on site care coordination coverage on a full time (forty (40) hours per week) basis.
 - b) These services (outlined further in this document) may be provided by the LSP Program site Caseworker or other qualified staff as part of their duties.

7. Mental health staffing requirements In all LSP program sites are outlined in the Mental Health Services section of these Standards.
8. Substance abuse services staffing requirements For All LSP program sites are outlined in the Substance Abuse Services section of these Standards.

D. Confidentiality/Clients' Rights

1. Youth in LSP facilities shall be permitted reasonable access to a telephone to call to their attorneys upon request. LSP contractors must enable the youth to speak to his/her attorney privately, without staff hearing the dialogue, during these calls. Calls to a youth's attorney will not count against any limit on phone calls. Further, letters to and from attorneys may be examined for contraband, but only in a manner that ensures that the letter's contents are not read and remain confidential (e.g., the letter may be opened by the youth in front of the contractor staff).
2. While a child is in care, it is important for the LSP contractor to ensure the protection of the rights of both the parent or caretaker and child. The Parents' and Children's Rights Unit within the Children's Services Office of Advocacy provides a forum to which parent(s) or caretaker(s) and relatives, youth and others may bring their concerns and complaints.
3. The LSP contractor must adhere to the Children's Rights of Privacy Standards.
4. When domestic violence is present and a parent[s], family, extended family or other discharge resource is residing in a domestic violence shelter, references in the case record shall be made to the business address (often designated as a Post Office (P.O.) box number or a P.O. station) of the shelter and not to the street address of the shelter. The actual street address of the shelter shall never be documented in a system of record or court report or given to anyone directly or indirectly, particularly the abusive partner (see *Title 18 NYCRR 452.10*).
5. All information pertaining to domestic violence safety planning (e.g. a shelter's business address or an actual address of a survivor of domestic violence) shall be clearly and boldly identified in the case record by contractor staff as "Confidential Information Due To Domestic Violence, Do Not Share".

E. Referral, Intake and Placement

1. Placement: A youth is deemed to have been placed with the LSP contractor the day on which the youth enters the LSP facility pursuant to the approval of ACS.

2. The LSP contractor shall accept all youth placed by the New York City Family Court in its care in accordance with these *Juvenile Justice Limited Secure Placement Quality Assurance Standards*.
3. Intake Process and Admissions
 - a) After a child is placed in limited secure placement with ACS, ACS will determine which LSP facility is an appropriate match for the youth, and will notify the LSP facility of the determination. Once the determination is made, a case conference with ACS and the LSP facility will be arranged and an information packet regarding the youth will be sent to the LSP contractor. The packet will be sent before the youth arrives at the LSP facility. Children's Services will then arrange with the LSP contractor to have the youth transported to the facility. The LSP contractor must transport the youth to the LSP facility.
 - b) During year one, youth will be transferring from OCFS both into LSP Program sites and into LSP Aftercare programs. These transfers will happen at various points of a youth's placement period. Contractors are required to accept youth being transferred to the LSP contractor's LSP Program site or to the LSP contractor's LSP Aftercare program and must fully and comprehensively provide LSP Program services or LSP Aftercare services to these youth and families or other discharge resources.
 - c) LSP contractors may not refuse to accept a youth. The LSP contractor may request a review of the decision by Children's Services to place a youth in its LSP facility by telephoning or emailing a designated Children's Services staff member. This staff member will be identified when the LSP contracts commence.
 - d) LSP contractors are required to have staff available from 8:00 A.M. to 9:00 P.M., on all weekdays except Court holidays, to receive intake referrals from Children's Services. Two administrative staff persons, one (1) primary and a back-up, who can make intake decisions, shall be available during the timeframe described above. In some cases intake may need to take place outside of these hours, ACS will work with the LSP contractor on a case by case basis to ensure necessary intake activities will take place.
 - e) Children's Services shall assign an identification number to each youth in care, document eligibility requirements and placement/payment information in a system of record, and document other required systems to support payment to the contractor within three (3) business days of placement.
 - f) The LSP contractor shall verify the information in the system of record. The contractor shall maintain a Uniform Case Record in accordance with *Title 18 NYCRR Part 428*. The contractor shall have specified procedures for obtaining admission information on youth, including receiving information from Children's Services and integrating it into

the treatment plan, that demonstrates a direct relationship between the plan goal and the needs of the youth.

- g) In order to accommodate fluctuating utilization levels and to meet the needs of youth, General LSP contractors shall be expected, when appropriate and safe for the youth, staff and community, to admit youth with specialized needs. Conversely, the Specialized LSP contractors shall be expected, when appropriate and safe for the youth, staff and community, to admit youth with non-specialized needs or youth with specialized needs other than those of the particular Specialized LSP Program site. In these cases, ACS will work closely with the LSP contractor to ensure the youth has access to necessary services.

F. Census Reporting

1. The LSP contractor shall report its current census, capacity, and placement vacancies to Children's Services as follows:
 - a) Capacity: The LSP contractor shall accurately report its census daily.
 - i. Census must be called into MCCU two times a day:
 - (a) Morning Census – Report to MCCU between 6:30AM – 7:00AM
 - (b) Evening Census – Report to MCCU between 10:00PM – 10:30PM
 - ii. Evening Rosters to be faxed or emailed to MCCU daily between 10:00PM – 11:00PM
 - iii. Notification of new admissions: Each time a newly admitted youth arrives to the LSP facility, the LSP contractor must call MCCU to alert ACS of the change in the facility's census. This is in addition to the regular census and roster reporting requirements outlined above.
 - b) Back-up Staff: The LSP contractor shall designate one (1) staff person and one (1) additional back-up staff person from its intake section as a liaison who will report census to ACS.
 - c) The LSP contractor's failure to report census in accordance with this section shall trigger an immediate review of LSP contractor's census reporting process and may result in the suspension of LSP contractor's intake.

G. Provision of Basic Services

1. Contractors must provide food, clothing, bedding, and other basic necessities.
2. The LSP contractor shall serve food, beverages and snacks of good quality and sufficient quantity, appropriate for the physical needs and medical conditions of the youth in care, providing suitable and sufficient nutrients and calories for each child in accordance with the provisions of *Title 18 NYCRR Part 442.22* or any successor or amended regulation.

3. Contractors must adhere to New York City guidelines for food procurement, preparation, and service as outlined by the *Mayor's Executive Order #122*. Contractors are expected to follow the standards described in each of three sections:

- a) Standards for Purchased Food: Addresses food items purchased by contractors and gives specific standards by food category.
- b) Standards for Meals and Snacks Served: Addresses the overall nutrient requirements that should be achieved based on the number of meals and snacks served and describes standards for snacks and special occasions.
- c) Contractor and Population-Specific Standards and Exceptions: Describes standards for specific populations (e.g. children).

H. AWOLS, Warrants and Transportation Arrangements for Return to Program

- 1. The LSP contractor must follow ACS and OCFS policies and regulations related to AWOLS.

I. Arrests

- 1. LSP contractors must follow ACS policies related to arrests of youth and reporting arrests of youth.

J. Transfers to Another LSP Facility

- 1. A lateral transfer involves the transfer of a youth from one LSP facility to another. All LSP contractors are required to adhere to ACS policy regarding transfers to another LSP facility.

K. Upward Modifications

- 1. An order of placement entered pursuant to FCA § 353.3 may be modified to a secure placement when there has been a showing of a substantial change in circumstances. See FCA § 355.1. There are a number of factual scenarios that may result in a modification application. All LSP contractors are required to adhere to ACS policy regarding modifications of placement.

L. Length of Stay

The presumed average length of stay for each youth is six (6) to seven (7) months. Length of stay is calculated by adding the length of time a youth is in residential placement plus ten (10) days from the date of the placement order. LSP providers must notify the ACS Placement and

Permanency Specialist of recommendations to extend a length of stay beyond seven months and the PPS will add the issue to the agenda for the next permanency and support meeting. If they wish to extend the length of stay for a youth beyond seven months from the date of placement. Extension requests may be for a maximum of two (2) months at a time.

M. Extension of Placement

1. Family Court Act Article 3, section 355.3 provides for the placement of juvenile delinquents to be extended beyond the original date of expiration. This includes consideration of detention time spent in connection with the placement and previous local district placements. ACS must file a petition in court at least sixty (60) days prior to the placement expiration date. Generally, when an extension of placement (EOP) is requested, an extension of placement petition (OCA form 3-38) will be filed. If the petition is not filed within the mandated timeframes but is filed within 60 days before the placement expiration date, the petitioner must show **good cause** for such lateness. If the court makes a determination that there was not good cause to file late, the court must dismiss the petition. In no case can the petition be filed after the placement expiration date.
2. The court may grant successive extensions of placement. However, no placement may be continued beyond the placed youth's eighteenth birthday without the youth's consent. No placement can be extended past the youth's twenty-first birthday.
3. Procedures for filing extension of placement petitions
 - a) All EOP petitions will be developed in conjunction with ACS, and ACS will approve their content and submission to the court.
 - b) When petitions must be filed:
 - i. Extension of placement petitions: The EOP petition must be prepared by the ACS Placement and Permanency Specialist ninety (90) days in advance of the expiration date and must be filed with the Family Court at least sixty (60) days prior to the placement expiration date. The initial placement expiration date appears on the Youth Fact Sheet provided by ACS. All subsequent expiration dates appear on the extension of placement orders.
 - c) When submissions must be made in support of petitions:
 - i. The LSP case planner must provide the ACS Placement and Permanency Specialist with the necessary supporting documentation to file an EOP petition. Such documentation must be submitted to the ACS Placement and Permanency Specialist at least 90 days prior to the placement expiration date. In the event that a late EOP must be filed, the supporting documentation must be submitted as soon

as possible, and must include information pertaining to the reason for the late submission.

- d) Late Filing: Where an extension of placement petition is filed within 60 days of the placement expiration date, the ACS Placement and Permanency Specialist must submit an affidavit outlining good cause for the late filing. For example, good cause may be found where the youth's behavior deteriorates and is, as a result, a threat to public safety within sixty (60) days of the expiration date.
- e) Submission of petitions
- i. After reviewing the documentation and preparing the petition, the ACS Placement and Permanency Specialist will be responsible for seeing that the petition is completed and filed by Intake staff or the FCLS Court Liaison, as applicable. The FCLS Court Liaison or the ACS Placement and Permanency Specialist will inform the LSP case planner of the scheduled court hearing date.
 - ii. Upon notification of the hearing date, ACS in conjunction with the LSP contractor will arrange for personal service of the petition and the date and time and location of the appearance upon the youth and his/her parent/guardian, attorney and the presentment agency.
 - iii. The LSP case planner must provide an updated court report to the ACS Placement and Permanency Specialist at least 15 days before the court appearance. The ACS Placement and Permanency Specialist will provide the updated report to the FCLS Court Liaison, if available, or the appropriate Intake Office for filing with the court. Copies will be provided to those who must be served with the petition.
 - iv. The LSP contractor is required to permit ACS placed youth receiving a copy of a petition reasonable access to contact their attorneys and the ACS/DYFJ Office of the Ombudsman, upon the youths' requests.
 - v. On the court date, the LSP contractor must timely produce the youth in court. A representative of the LSP contractor who is capable of giving testimony about the youth must be present in court. The ACS Placement and Permanency Specialist will be present or make arrangements for another ACS professional staff to be present.
 - vi. LSP contractor employees, counselors, and mental health staff should refer any calls or communications from legal representatives concerning ACS youth to the ACS Placement and Permanency Specialist. The ACS Placement and Permanency Specialist may then refer the legal representative to FCLS for a response.
- f) If the petition is not contested:

- i. If the matter is not contested, the FCLS representative will ask the court to accept the petition with attachments and updated report into the record and be prepared to discuss plans for further service. The FCLS representative will ask the court to make findings on the record that:
 - (a) The steps that must be taken to implement the plan for release or conditional release including school enrollment or vocational planning;
 - (b) The period of extension of placement.
- ii. If the matter is not contested and there is an extension of placement order submitted with the petition, the FCLS representative shall bring a copy of the order to court, be sure that the order is properly completed. If circumstances have changed substantially, a new order should be drafted. The FCLS representative shall fill in or correct any information which must be changed in the order and ask the judge to initial the changes. The changes will likely include, but may not be limited to:
 - (a) The date of the appearance in court. This is inserted in the paragraph above the caption on the first page.
 - (b) The date by which the next petition for an extension of placement petition must be filed (i.e. sixty [60] days before the next placement expiration date).
 - (c) The persons who appeared at the hearing.
 - (d) Any adjustments to the placement extension period based on settlement.
- g) If the petition is contested:
 - i. If the matter is contested and the next scheduled date is after the expiration of the placement, the ACS representative must ask the court to order a temporary extension of the placement to accommodate the next date, which must be within 30 days of the expiration of the placement. If necessary, the representative shall advise the court that the placement cannot go beyond 45 days after the expiration of the placement. The FCLS representative shall also notify all necessary parties of what occurred in court.
 - ii. The LSP contractor is required to provide another updated report to the ACS Placement and Permanency Specialist at least 15 days before the hearing date. The report will be provided to all parties and FCLS.

- iii. The LSP contractor shall provide an appropriate witness to testify at the hearing who will arrive in a timely manner. The LSP contractor shall see that the youth is produced at court in a timely manner.
- iv. The FCLS Court Liaison shall forward a copy of any order resulting from the hearing to the ACS Placement and Permanency Specialist and LSP contractor case planner as soon as it becomes available.

N. Planned Release Out-of-State

1. Planning for out-of-state release for a youth with an active court placement is coordinated between the LSP case planner and the ACS Placement and Permanency Specialist.
 - a) Release to Parent or Legal Guardian
 - i. At least sixty (60) days (and preferably more) before the anticipated release date, the NSP case planner complete and have the youth sign Interstate Compact for Juveniles (NY CLS Exec. 501-e) Form 1A and Form VI. Three copies of the completed Form 1A and Form VI and a recent progress report shall then sent to the ACS Placement and Permanency Specialist. The ACS Placement and Permanency Specialist will complete Juvenile Interstate Compact Form IV, including the recent progress report and other appropriate case material (see Form IV) and send three copies of all the material to the OCFS Juvenile Interstate Compact Coordinator at the OCFS Office in Rensselaer.
 - ii. The OCFS Juvenile Interstate Compact Coordinator will send this information to the Interstate Compact Coordinator of the receiving state. The receiving state will conduct an investigation of the parent or legal guardian's home and will send its report and findings along with recommendations concerning the home environment, to the OCFS Juvenile Interstate Compact Coordinator. The Interstate Compact Coordinator, in turn, will send this information to the ACS Placement and Permanency Specialist. The ACS Placement and Permanency Specialist will forward a copy of this information to the NSP case planner. If the release to out-of-state is approved, the ACS Placement and Permanency Specialist and the LSP case planner shall make the necessary arrangements.
 - iii. Although a receiving state may recommend that a youth not be released to that state, a receiving state cannot refuse to accept supervision of a youth if a youth's parents or legal guardian reside in the receiving state.
 - iv. If problems arise while the youth is residing in the supervising state, that state may request that the youth be returned to New York where alternate case planning will be made for the youth. However, the decision to allow a youth to return is at the discretion of ACS.

- b) Release to Person Other than Parent or Legal Guardian
- i. At least sixty (60) days (and preferably more) before the anticipated release date, the LSP case planner complete and have the youth sign Interstate Compact Form 1A and Form VI, and should obtain a recent progress report.
 - ii. Three copies of the completed Form 1A and Form VI and the progress report must be sent to the ACS Placement and Permanency Specialist. The ACS Placement and Permanency Specialist will complete Interstate Compact Form IV and obtain a consent form signed by the youth's parent or legal guardian giving permission for the youth to reside with the prospective release resource. Three copies of these forms, along with the progress report on the youth's adjustment at the LSP facility and other appropriate case material (see Form IV), must be sent to the OCFS Interstate Compact Coordinator in Rensselaer. If more appropriate, the consent form can be signed by the parent in the presence of the LSP case planner and sent to the ACS Placement and Permanency Specialist.
 - iii. The OCFS Interstate Compact Coordinator will send this information to the Interstate Compact Coordinator of the receiving state. The receiving state will conduct an investigation of the prospective release resource's home and will send to the OCFS Interstate Compact Coordinator its findings, along with recommendations concerning the home environment and a statement indicating whether or not they will accept supervision of the youth. The OCFS Interstate Compact Coordinator, in turn, will send this information to the ACS Placement and Permanency Specialist, who forwards a copy of this information to the LSP case planner. Appropriate next steps will take place between the ACS Placement and Permanency Specialist and the LSP case planner to carry out plans for the youth.
 - iv. Should the receiving state agree to supervise the youth and should the youth not make a satisfactory adjustment while under supervision, the supervising state may contact the OCFS Interstate Compact Coordinator and request that the youth be returned to New York State. The OCFS Interstate Compact Coordinator will then make arrangements after discussion with the ACS Placement and Permanency Specialist for the youth to return to New York where alternate plans will be made for the youth.
- c) Youth in the custody of a local social services district
- i. Where a youth has also been placed in the care and custody of ACS on a matter other than a delinquency proceeding, there must also be approval for the out of state placement under the Interstate Compact on the Placement of Children (*Social Services Law, section 374-a*). In such a case, the ACS Placement and Permanency Specialist must coordinate internally with appropriate staff. The ACS Central Office

of Interjurisdictional Placements must be contacted for instructions as to how to proceed.

O. Case Closing Criteria and Procedures

1. General Requirements of the LSP Contractor

- a) The LSP contractor is responsible for ensuring safe, timely, and appropriate releases of youth from care and adhering to an average length of stay of seven (7) months. When youth are being returned to their families, the contractor is responsible for determining that the parent will be able to provide a safe home for the youth prior to discharge. LSP contractors shall link youth and families to community-based services such as school and after school programs, child care, support groups, in-home supports (e.g., New York State Office of Mental Health Home (OMH) and Community Based Waiver program, the New York State Bridges to Health Waiver program, services through the New York State OMH or New York State Office of People With Developmental Disabilities (OPWDD) services, case management services, school-based services, alcohol and other drug prevention services, and preventive services).
- b) For young people who will require clinical supports as adults, LSP contractors are responsible for guiding them through the application process for supportive housing or other services available through adult social service, health, and mental health systems.

P. Release Planning and Aftercare

1. Comprehensive release planning must begin upon admission to an LSP facility. Upon release from an LSP facility, youth will transition to aftercare. Details pertaining to aftercare services are described later in these Quality Assurance Standards.
2. LSP contractors are responsible for facilitating the youth's enrollment in Medicaid, Social Security, and other government assistance programs as early as possible/appropriate.
3. Release Planning – Health and Mental Health
 - a) The LSP contractor shall ensure that all youths' health care is up-to-date and all referrals are followed up prior to release, including filing all paperwork for transitioning into community Medicaid or private insurance. The LSP contractor shall provide all youth with a medical exam at release pursuant to the provisions of *Title 18 NYCRR 441.22 (n) and (o)* or any successor or amended regulation. The LSP contractor shall ensure that health services are available to all children/youth released from placement and help children/youth obtain medical coverage by assisting with the Medicaid application process or linking the child to low-premium health insurance options, such

as Child or Family Health Plus. The contractor shall ensure that health records are up-to-date and all records are transferred to the release resource person and the post-release health services provider at no cost, as appropriate, pursuant to the provisions of *Title 18 NYCRR 441.22(n) and (o)* or any successor or amended regulation.

- b) The LSP contractor shall work with the release resource person and/or the youth, as age appropriate, to identify and establish a linkage with the youth's post-release primary care provider and mental health provider, including psychiatry provider, if indicated. Where appropriate and available, the post-release provider shall be located in the child's discharge neighborhood.

4. Release to APPLA+

- a) When youth are being released to APPLA+, the LSP contractor is responsible for providing a transition plan per Title 18 NYCRR 430.12(j) or any successor or amended regulation; the standards for preparation for discharge set forth in Title 18 NYCRR 430.12 (f)(2)(i)(a) or any successor or amended regulation; the stipend standards in 43012 (f)(2)(i)(b) or any successor or amended regulation; the issuance of consumer reports as required by Title 18 NYCRR 430.12(k) or any successor or amended regulation; and the following actions:
 - i. Commencing planning for that release at or before the youth's sixteenth (16th) birthday;
 - ii. Referring the youth to a facility and/or program that will be able to begin serving him/her upon release; and
 - iii. Making and documenting best efforts to identify and connect the youth to a caring adult who is willing to make a commitment to the young person's future well-being beyond the age of 21 (twenty-one), even though the youth will not be living in their home.

Q. Prison Rape Elimination Act (PREA)

- 1. All LSP contractors are required to comply with applicable federal Prison Rape Elimination Act (PREA) requirements.¹

R. Provision of Services

- 1. All LSP providers must have the ability to house and appropriately serve youth who are eligible for specialized and specialty services.

¹ <http://www.prearesourcecenter.org/sites/default/files/library/preafinalstandardstype-juveniles.pdf>

PART IV: PROGRAM APPROACH AND COMPONENTS

The program services outlined in this section are in addition to the to the services that must be provided to youth as delineated in Part III of these *Juvenile Justice Limited Secure Placement Quality Assurance Standards* and all services must seamlessly integrate.

ACS expects that through targeted structured services, youth will be equipped with the skills and internal commitment to achieve their full potential. It is expected that:

- youth will exhibit age- and developmentally-appropriate pro-social behavior with peers, educators, staff, family and in the community
- youth will not commit further delinquent and/or criminal acts
- youth will internalize changes made during the program and apply self-management strategies when faced with difficult situations
- youth will learn relational skills that will successfully transition with them as they are discharged to their families and communities
- youth will improve their decision-making skills
- youth will develop confidence that they can negotiate difficult situations without resorting to anti-social or criminal behavior
- youth who have suffered trauma and have not received appropriate services previously, will receive effective services and thereby begin to gain insight into managing and coping with the effects and consequences of the trauma they have suffered
- youth who have mental health and/or special medical needs will learn to manage their needs by utilizing appropriate professionals, and will be connected to such professionals during and following placement
- youth will succeed in school by earning school credit while in placement that will transfer to the youth's community school and if the youth has completed high school or earned their GED they will participate in technical or vocational training
- families will become better able to promote positive behaviors in their children through connections to community supports, through the provision of quality aftercare services, and through case management services, when needed

A. Program Approach

ACS's approach to LSP reflects a deep commitment to providing a safe and productive environment, while engaging youth in a range of activities that support safe reintegration into their home communities after placement. This approach moves away from traditional correctional models toward a rehabilitative and therapeutic one that provides support and supervision to young people; considers youth's families to be allies and partners in achieving successful reentry; develops healthy peer-relationships; and provides targeted support and programming that helps young people develop academic, pre-vocational and communication skills. Through evidence-based and promising practice models in juvenile justice, LSP contractors are encouraged to develop programs anchored on the key components listed

below, that will ensure a safe and productive time in placement for youth, and will prepare them and their families for a successful return home.

1. LSP contractors must utilize a LSP practice model or approach that will be the basis for all services that are provided in LSP Program sites. The approach or model must be supported by best practices in the field, have evidence of good outcomes in the past, reduce recidivism, utilize a clear training and coaching curriculum, include a staff accountability system that assists the provider in ensuring that staff are incorporating their training into their work with youth and families, include youth/engagement strategies that have been demonstrated to work with the populations served, and include a clearly articulated behavior management program that also supports academic success.

2. Proven Approach

a) LSP Practice Model or Approach

- i. LSP practice models or approaches are services models that have shown good results and/or outcomes in implementation but have or have not yet been replicated in another community other than the originating community, or do not have comprehensive clinical trial data supporting the model/approach.
- ii. LSP practice models or approaches are comprehensive service delivery models that utilize specific interventions to improve outcomes for youth and families involved in the juvenile justice system. All LSP practice models or approaches must provide some data that show positive outcomes achieved by the model/approach, as compared to an objective benchmark, in the areas of reducing recidivism, school achievement, and other positive outcomes for youth and families.
- iii. It is not expected that there will be randomized clinical trial data for LSP practice models or approaches. Examples of acceptable types of data that could support LSP practice models or approaches include, but are not limited to, system reentry data, re-arrest self-report data, case completion data, self-assessments completed by families, and average length of service data.
- iv. Additionally, a LSP practice model or approach is further defined as a model/approach that is designed using demonstrated best practices with the target population and supported by successful data in similar jurisdictions with a similar target population. All LSP practice models or approaches must also meet the goals, objectives, and requirements of these *Juvenile Justice Limited Secure Placement Quality Assurance Standards*.

3. Data-Driven, Outcome-Oriented Approach

- a) LSP contractors must implement a LSP practice model or approach that is designed to promote ACS' goals with teens and families. The LSP practice model or approach must include built-in capacity to use data to track staff performance and youth outcomes, and to use data to facilitate a continuous quality improvement process.
- b) LSP contractors shall have a process of systematic collection of information on youth and family characteristics, staff characteristics, and participant service experiences to ensure services are being implemented with fidelity to the LSP practice model or approach program intent and structure.

4. Implementation of Model/Approach

- a) LSP contractors must provide intensive LSP practice model or approach training and coaching to all staff in LSP Programs by engaging a consultant/developer to provide forty (40) to eighty (80) hours of pre-service training for all Contractor staff and ongoing on-site coaching. For the first two (2) years of an LSP Program operation, coaching must take place on-site at least four (4) days per month. After the first two (2) years of initial implementation, coaching must take place on an as need basis or as required by ACS. If the LSP practice model or approach utilized by the LSP contractor has less than the above specified training and coaching requirements, the LSP contractor must demonstrate to ACS how staff will learn the necessary skills to successfully implement the LSP practice model or approach.
- b) LSP contractors must make accessible all documents of the model/approach training and coaching so that ACS may monitor the success of the model/approach implementation.
- c) LSP contractors must allow ACS access to gather information from the model/approach developer/consultant that is providing the training and coaching on the Contractors' implementation of the model/approach.
- d) ACS may require the model/approach developer/consultant to participate in implementation activities including but not limited to conference calls and meetings.
- e) ACS will contract directly with the model/approach developer/consultants in order to provide technical assistance and streamlined communication related to LSP contractor's performance in model/approach implementation.

5. LSP Practice Model or Approach Adherence

- a) LSP contractors must comply with the LSP practice model or approach in connection with its provision of services. Any deviation from the proposed LSP practice model or approach without direct approval from both ACS and the LSP practice model or approach developer/consultant is not permissible. Adherence includes full compliance with the

clinical, administrative, and monitoring requirements set forth by the LSP practice model or approach.

- b) Model/approach adherence requirements include but are not limited to: clinical adherence to each LSP practice model or approach according to the mandates of their respective interventions; including quality assurance activities required by each model/approach.
- c) Quality assurance activities may include but are not limited to: input of case data into database operated by the developers of the LSP practice model or approach; regular and frequent supervision of direct service staff to support and guide their ongoing practice; regular and frequent consultation with therapeutic consultants selected by the LSP practice model or approach developers; and, with the permission of the youth and his/her family, recording of therapeutic sessions to ensure adherence to LSP practice model or approach by staff.

6. LSP Practice Model or Approach Critical Elements

- a) Strength-based youth development approach
 - i. LSP Programs must build on the youths' existing strengths and competencies, while also meeting their developmental needs. The practice model or approach must build on youth and family strengths and work within a clear framework to promote positive change in youth. The goal of programming during and after placement is to support youth to develop to their fullest potential and become healthy, educated, and constructive members of the community with successful transitions to adulthood.
 - ii. LSP Programs shall be designed in a way that youth live with others in their age group, gender, gender identity and/or developmental stage, and/or educational level, such as youth who are twelve to fourteen (12-14) and fifteen to seventeen (15-17) years of age. (Most youth residing in LSP Program sites will be between the ages of fourteen (14) to eighteen (18), however, there may be occasions where LSP Program sites will serve older or younger youth.) Contractors must take school level, such as middle school and high school designations, into consideration when designing LSP programs. All LSP Programs, unless designated for a specialized population with intellectual disabilities, shall have the capability to serve youth with IQs of seventy-one (71) and above, and they shall be able to accept youth with lower IQs, on a case-by-case basis, where low scores are due to mental health conditions.
 - iii. LSP Programs shall provide youth development activities that include opportunities for youth to develop skills and gain experience in a work environment, in building and maintaining relationships, in community involvement and service, in personal health,

in education and career planning and goal setting, and in personal creative expression.

- b) Family engagement and identification of a network of support
 - i. To ensure that youth have the support necessary to achieve program goals while in placement, and to support successful reentry, program planning must begin with the identification of family and/or a network of support for each youth. Engagement of and outreach to a youth's family and/or network of support must be sustained throughout a young person's placement, and should include ongoing consultation on treatment planning. Staff must reach out to family members and involve them both as allies in planning and partners in the treatment of young people. Youth's families and/or networks of support will also be eligible for supportive assistance.
 - ii. LSP contractors shall have flexible hours in the early morning, evening and/or on weekends and holidays to accommodate family members or other discharge resources who work, attend treatment or school, or are otherwise engaged in essential activities.
 - iii. Contractors shall hire a family worker to facilitate and promote family engagement, permanency planning, transition planning, and home visits as outlined in these Standards.
- c) Smaller facilities located near youths' homes and families, with closely supervised small groups
 - i. Every effort will be made by ACS to place young people in LSP facilities in or near their home communities to facilitate family and community engagement. Young people will live in closely supervised small groups, where peer-support will be encouraged while youth also receive ongoing individualized treatment.
- d) Use of needs assessments for targeted needs-based service
 - i. The risks and needs of each youth shall determine the service and program focus for each during and after placement. To ensure that programs are targeting youth's specific needs, LSP contractors are required to use validated needs assessments, subject to ACS approval, to inform individualized treatment plans.
- e) Individualized treatment plans and goal-setting
 - i. All youth in LSP must receive an individualized treatment plan detailing identified needs, emerging needs or risks, programming, and achievement. The youth and family must be engaged and encouraged to participate in the treatment planning process. Individualized treatment plans shall be updated throughout placement, shall

include identified short and long-term goals for youth, and document the achievement of goals during placement. Treatment goals must be measurable and where appropriate, Contractors shall use tools to measure progress towards meeting individual treatment goals.

f) Therapeutic interventions

- i. In addition to or as part of the LSP practice model or approach that is the basis for the LSP Program services, LSP contractors must provide specific targeted therapeutic services to youth demonstrating behavioral issues and mental health and/or substance abuse needs. These targeted services must include therapeutic interventions that are proven, through data and research, to successfully treat common behavioral issues found in youth involved in the juvenile justice system such as aggressive and assaultive behaviors and running away. These interventions must also be proven, through data and research, to successfully treat common mental health diagnoses found in youth involved in the juvenile justice system such as, but not limited to, Depression, Anxiety, Substance Abuse/Use, Post Traumatic Stress Disorder, and Conduct Disorder. Additionally, these interventions must include targeted services for youth with co-occurring diagnoses as well.

g) Peer-support and small group-work/collaboration

- i. LSP contractors must deliver programming in small group settings (no more than 10 youth per group) to encourage positive peer relationships among youth. Small group treatment, together with direct support and supervision from staff, will prevent youth from withdrawing and will encourage group accountability for any disruptive or disrespectful behavior. The program design shall include opportunities for group discussion and reflection and promote an environment of support and encouragement for youth. Though groups will have rotating entry and exit as youth are placed and others return home, they shall remain stable and under the supervision of steady program staff, to encourage peer-support among youth. Groups must be formed with young people of similar ages and developmental functioning.

h) Direct and close supervision

- i. To establish an environment where youth feel safe from physical or emotional abuse, and to minimize untoward incidents during placement, LSP staff must practice close and direct supervision. Youth must remain in direct eyesight of the staff, or where necessary for privacy of the youth, the staff must remain in direct earshot of youth at all times. Where youth are sleeping in individual bedrooms, staff must be posted in positions where they can maintain maximum eyesight and earshot of youth. This approach must emphasize observation, relationship-building, direct communication and intervention to prevent new or emerging issues or conflicts between young

people. To encourage relationship-building and trust, LSP contractors are expected to have steady staff to supervise youth. Staff are expected to supervise, implement group and individual treatment plans, provide group counseling and develop constructive relationship with youth. To the extent possible, staff must work with the same group of youth from their admission to placement through their release.

- i) Seamless transition to the community
 - i. To reduce recidivism and improve short and long-term outcomes for all youth in placement, reintegration planning must begin at the time of admission. In coordination with ACS, LSP contractors shall develop an array of strategies, supports and tools for each youth to ensure their successful reintegration into their home community post-release. The LSP contractor must engage and encourage the youth and family to participate in planning for the youth's reintegration. These efforts shall include family reunification and permanency planning; educational engagement; vocational and work skill-building; counseling and emotional support; and connection with community-based services for both youth and their families.
 - ii. During year one of LSP, LSP contractors are required to accept youth being transferred from OCFS into LSP Aftercare. The LSP contractor must fully and comprehensively plan for and provide LSP Aftercare services to these youth and families or other discharge resources.

B. Program Components for Youth in Limited Secure Placement

1. Family Engagement, Permanency Planning and Visitation Plans

- a) Family engagement and participation are critical elements in LSP services. All LSP providers must hire a full time family worker (credentials are detailed further in this document) who will work directly with youth and families to promote engagement and participation and to assist with family related discharge planning activities.
- b) Family Engagement: The LSP contractor shall promote the engagement and involvement of parent(s) and/or a network of support consisting of extended family or other discharge resources in every aspect of the youth's life, including but not limited to decisions regarding the service plan, education, medical issues, development and overall well-being.
 - i. Regular communication with family: In addition, the LSP contractor shall take measures to facilitate the attendance of parent(s), family, extended family or other discharge resources at occurrences such as school conferences and medical appointments, and shall update parent(s), family, extended family or other discharge resources on the outcome of such events when they are unable to attend.

- ii. Responsibility and documentation: Case planning and other support staff are responsible for ongoing engagement with the youth, his/her family, discharge resources and/or network of support. They are also responsible for documenting this work in the case record
 - iii. Staff training: LSP contractor staff shall be given skills training to develop their ability to effectively engage parents, family members and other discharge resources, to understand the challenges that birth parents, families and other discharge resources face when youth are placed in care, and to appropriately address concerns when parents, family members and other discharge resources are not responsive to planning efforts.
 - iv. Family team conferencing: Children's Services will require, as necessary, LSP contractors to implement family team conferencing or family team meetings.
- c) Permanency planning: The delivery of services must be anchored in a family service philosophy and approach. It is required that discharge, transition, and permanency planning begin on day one of a youth's placement.
- i. Engagement with youth to identify community network of support: Many teens know best who the caring, committed adults are in their life. Permanency for teens requires a partnership with young people to identify the key people in their lives, including but not limited to parents; members of their extended family such as grandparents, older siblings, godparents, aunts, uncles, cousins; family friends and neighbors; current and former foster parents and group home staff; school and after-school personnel; and other responsible adults whom the youth trusts and with whom the youth feels safe.
 - ii. Coordination with ACS Placement and Permanency Specialist: An ACS Placement and Permanency Specialist will be assigned to every youth. Coordination with the ACS Placement and Permanency Specialist by the LSP contractor, and vice versa, is critical to the success of the placement and permanency plan.
 - iii. Practices to encourage family engagement and reunification: The LSP contractor shall operate according to the following principles and practices in efforts to maximize and improve safety, permanency and well-being for youth in care:
 - (a) Maintain placement stability that minimizes the occurrence of replacements or upward modifications and provides consistency in care throughout the time that youth remain in care;
 - (b) Ensure safety while in care;

- (c) Implement planning and services to avoid the need for entry or reentry of a youth into foster care and/or juvenile justice system after discharge;
 - (d) Implement services and support for youth to develop to their full potential and become healthy, educated, and constructive members of the community with successful transitions to adulthood.
- iv. Information-sharing: Children's Services will share with the LSP contractor any current assessments of the youth's needs, including court ordered evaluations, such as the Department of Probation's Investigation and Report (I&R), the Health and Hospitals Corporation's Mental Health Study (MHS) or Full Evaluation and Testing (FET), and assessments conducted while a youth is in detention.
- d) Visitation and Telephone Contact with Families: Contact between youth and family members or other discharge resources is critical to supporting youths' well-being, and helping them sustain relationships with important people in their lives.
- i. Responsibility: It is the LSP contractor's responsibility to arrange and facilitate visits and other forms of contact between the youth and parent(s), family, extended family or other discharge resources, unless restricted or prohibited by court order. When appropriate, phone contact between the youth and parent(s), family, extended family or other release resources shall occur throughout placement. So long as visitation does not compromise the safety of the youth or is prohibited by court order, LSP contractors must facilitate agency, day and home visits. Additionally, it is the LSP contractor's responsibility to provide transportation for visiting when families are not able to obtain their own transportation to a LSP facility.
 - ii. Home Assessment: The LSP contractor shall visit the family's or resource resources' home and perform a home assessment, at minimum, prior to the youth's first home visit and again 30-60 days prior to a youth's release.
 - iii. Documentation and communication: The LSP contractor is responsible for documenting any reasons why either phone contact with family members or visits with family members are not permitted. Such documentation must be included in the youth's case file and shared with ACS. The LSP contractor must individually discuss how the visit went with the dedicated visiting staff, the youth, and the parent[s], family, extended family or other discharge resources.
 - iv. Minimum frequency: In order to maintain relationships and begin the release planning process, visits shall begin as soon as possible after placement. The LSP contractor must contact the youth's family to arrange a visit within two business days of the youth arriving in the LSP facility. Youth shall be permitted a minimum of one family visit and two to three telephone calls to family members per week.

Prohibiting visits and telephone calls to family members, to under this minimum threshold, cannot be used as a form of discipline or punishment for the youth.

- v. Agency Visits: Visits at the LSP facility shall be arranged in the evening or weekends, when appropriate and necessary, to accommodate the schedules of youth and their parent(s), family, extended family or other discharge resources. Opportunities for visits at the LSP facility shall happen at a minimum of two times per week to accommodate the schedules of youth and their parent(s), family, extended family or other discharge resources. The LSP contractor shall ensure accessibility to family members and other visiting resources with physical disabilities including, but not limited to, developing plans for: making facilities wheelchair accessible, utilizing sign language interpreters and large print informational reading materials. Transportation of any approved visitors to the facility must be provided by the LSP contractor, or reimbursement of costs to the visitor must be made.
- vi. Day Visits: As part of the release planning process, and to begin the transition from the LSP facility back to the community, LSP contractor staff supervised day visits by the youth to the home of the parent[s], family, extended family or other discharge resources must begin at the discretion of ACS with information and consultation from the LSP contractor. The youth must have at least 4 (four) successful supervised day visits prior to the required home visits described below. LSP contractors must notify the ACS PPS of the dates and times of visits, the discharge resources involved in the visits, and the supervision plan – and back-up plan – for the entire visit.
- vii. Home Visits: A home visit is defined as an overnight visit to the home of the parents or discharge resources. At least 2 (two) home visits must occur as part of the release planning process to foster positive youth and family development.
 - (a) When determining eligibility for a home visit, the provider shall consider the following factors:
 - (i) Assessment of the home of the visiting resource;
 - (ii) Completion of the required 4 (four) supervised day visits;
 - (iii) Youth’s overall adjustment to the program;
 - (iv) Youth’s length of stay in placement and the proximity of their anticipated release from the LSP facility;
 - (v) Youth's legal history and past community behavior;
 - (vi) Clinical benefits to the youth of a home visit;
 - (vii) What supports can be put into place by the LSP contractor to ensure a successful home visit; and
 - (viii) Likelihood of AWOL
 - (b) All home visits must be approved by the ACS Placement and Permanency

Specialist before the visit. The LSP contractor shall notify and seek approval from the ACS Placement and Permanency Specialist at least 48 hours prior to any home visit. This notification shall include the name of the youth and his or her visiting resource; the address the youth will be visiting; the date and time of the youth's departure from and return to the agency; and the mode of transportation.

- (c) The LSP contractor shall meet with the family and youth after each home visit to assess the success of the visit and determine the appropriateness of future home visits. This information shall be shared and discussed with the ACS Placement and Permanency Specialist to determine if future visits to this visiting resource are appropriate.

viii. Support during visits: As part of the discharge planning process, the LSP family worker must provide oversight of and clinical services and appropriate support, including mentoring and counseling, to youth and the family during visits in the community with family or other discharge resources.

- ix. When returning from a day or home visit the LSP contractor must search the youth in accordance with the ACS LSP search policy.

2. Individualized Treatment Planning and Casework

- a) All youth in LSP will receive an Individualized Treatment Plan developed by clinically trained staff, in collaboration with youth and their parent/or discharge resource, who are using interventions based in evidence that demonstrates positive outcomes for the specific needs of youth.
- b) LSP contractors must involve the youth and family in the development of the Individualized Treatment Plan. The plan shall detail the youth's strengths and interests, specific needs, emerging needs, risks, type of care required and specific measurable goals. The plan must be documented in CONNECTIONS and updated at least once per month in the FASP.
- c) Treatment Team
 - i. The LSP contractor shall establish a Treatment Team for each youth, led by LSP contractor staff, to follow the youth's progress, determine the most appropriate treatment for each youth, and determine changes necessary to improve the emotional and physical well-being of the youth, and parent(s)/release resource.
 - ii. The team members shall include but not limited to the following, as appropriate for each youth's service needs and plan: youth's parent(s)/discharge resource, the youth, a medical professional [Medical Doctor, Registered Nurse, Nurse

Practitioner, or Physician Assistant], psychiatrist, mental health clinician, CASAC (as applicable), psychologist (as applicable), LSP program director, social workers (including clinical social workers), youth skills trainer, , and educational, recreational, vocational specialists as well as any other relevant service providers, including any case planning agencies responsible for the youth.

- iii. The team must meet weekly to review treatment plans and goals.
- iv. Youth and family participation is critical to successful treatment planning. The youth and his or her family will attend the treatment team meetings at least once per month to discuss the youth's progress, express concerns, and prepare for the youth's transition home, unless compelling reasons are documented in the youth's case file. To promote family participation, the LSP contractor must make all efforts to schedule at least one meeting per month to accommodate youth and parent availability. While it may not always be feasible for youth and families to participate in the treatment team meetings weekly, they are not to be prohibited from attending all of the weekly treatment team meetings.
- v. The LSP contractor shall conduct ongoing and regular reviews of youth's progress and needs (at least once per month) of each youth, and adjust the treatment plan to ensure that the youth is receiving proper and appropriate services based on his/her needs and changing conditions. Youth and families/release resources will be involved in the monthly assessment of the youth's progress.

d) Initial Assessment and Initial Written Treatment Plan

- i. Within seven (7) days of placement, the Treatment Team shall meet to determine the most appropriate treatment and permanency plan for each youth. This initial assessment shall integrate mental health, psychological, substance abuse and medical assessment done upon or prior to the youth's LSP placement.
- ii. This initial meeting must include the youth and parent/or release resource.
- iii. All youth shall be assessed for past trauma and presenting trauma symptoms. Youth who have experienced trauma and/or loss shall receive evidence based trauma interventions proven to meet the specific needs of youth who have experienced various types of trauma, focusing on re-establishing physical and emotional safety, and group work sessions that promote a trauma-informed and safety-focused environment.
- iv. Based on the initial assessment of youth's needs, the LSP contractor shall develop an initial individualized written treatment plan (within 14 days) and daily program of schedules and activities that address the mental health, behavioral, and/or other clinical issues that necessitated the youth's placement into residential care and any

services ordered to be provided by the court. The treatment plan shall include, at minimum:

- (a) An assessment of the youth's needs, strengths and interests;
- (b) Any safety or security alerts including any information related to gang-involvement or victimization (any safety alerts will be included in the active alerts log so it is available to staff on every shift);
- (c) An explanation of the goals set for each youth while in residential care, including any mental health and substance abuse treatment goals when appropriate;
- (d) A summary of services the youth will receive, and the timeframes for delivery of services;
- (e) Permanency/Discharge Plan
- (f) Behavioral expectations;
- (g) Any achievement of treatment goals; and
- (h) A Behavior Support Plan in accordance with the ACS Safe Intervention Policy.

e) Comprehensive Written Treatment Plan

- i. Building on the initial assessment and the initial treatment plan, the LSP contractor must develop a comprehensive treatment which must be completed within 30 days of placement. The comprehensive treatment plan is considered the youth's treatment plan through the duration of their LSP placement.
- ii. The LSP contractor shall design a model of integrated practice with a special emphasis on coordinating treatment plans between LSP contractor staff (including on-site clinical staff) and other community service providers. The treatment plan shall include the full range of health and mental health services, extensive social services, and individually modified, structured, and appropriate recreational activities.

f) Casework Contact

- i. The LSP contractor shall provide casework contacts in accordance with *Title 18 NYCRR Parts 441.21, 423.4, and 443.4* or any successor or amended regulation.
- ii. Casework contacts with the youth's parent[s], family, extended family or other discharge resources is defined as individual or group face-to-face contacts between the caseworker and the youth's parent[s], family, extended family or other release resources for the purpose of assessing whether the youth would be safe if he or she was to return home. Such contacts are also for the purpose of guiding the youth's parents or relatives towards a course of action aimed at resolving problems, supervising the youth and addressing needs of a social, emotional, or developmental nature. Additionally, casework contacts with the family must be

used in preparation of the youth transitioning home from placement, including identifying any barriers to the youth successfully returning home.

- iii. In the case of foster youth with the permanency planning goal of APPLA+, such casework contacts are for the purpose of mobilizing and encouraging family support of the youth's efforts to function independently, and to increase his/her capacity to be self-maintaining; evaluating the ability of the parent[s], family, extended family or other release resources to establish or reestablish a connection with the youth and serve as a resource to the youth; and, where appropriate, encouraging an ongoing relationship between the parent[s], family, extended family or other release resources and the youth.
 - iv. During the first thirty (30) days of placement, casework contacts are to be held with the youth's parent[s], family, extended family or other release resources as often as is necessary, but at a minimum, must occur at least twice in the first thirty (30) days unless compelling reasons are documented why such contacts are not possible.
 - v. After the first thirty (30) days of placement, casework contacts are to be held with the youth's parent[s], family, extended family, or other release resources as often as necessary, but at a minimum, must occur monthly. These casework contacts are in addition to the monthly treatment team meeting that the youth and parent/release resource participate.
 - vi. Best case practice dictates that discussion of release resources must be part of the case planning process. The LSP contractor is responsible for discussing and reviewing all changes of identified release resources during regular casework contacts with the youth and parent[s], family, extended family or other release resources, as well as with the ACS Placement and Permanency Specialist.
- g) Transition Planning
LSP contractors are required to develop a transition plan in accordance with *09-OCFS-ADM-16*, or any successor or amended regulation, that must inform proactive decisions where a youth is leaving care on or after their 18th birthday. The ACS Placement and Permanency Specialist shall review and approve all such transition plans.

3. Expectation Setting, Behavior Management and Supervision

a) Setting Expectations

- i. Initial setting of expectations is critical to establishing a safe and secure environment for young people. LSP contractors must develop and implement a clear orientation process for youth and families that helps them understand what to expect in the facility – including facility policies, facility rules, what rights they have, and how to ask for services or help. The orientation must take place at

admission or shortly after and be provided orally by staff in a manner the youth can understand, paying particular attention to language and literacy needs of youth.

ii. Orientation components must include:

- (a) Identification of key staff and roles;
- (b) Rules on contraband and facility search policies;
- (c) An overview of the behavior management system highlighting incentives for positive behavior;
- (d) A review of behavior expectations, consequences that may result when youth violate the rules of the facility, and due process protections;
- (e) Grievance procedures;
- (f) Access to emergency and routine health and mental health care;
- (g) Housing assignments;
- (h) Opportunities for personal hygiene;
- (i) Rules on visiting, correspondence, and telephone use;
- (j) Access to education, religious services, programs, and recreational materials;
- (k) Policies on use of force, restraints, and isolation;
- (l) Emergency procedures;
- (m) The right to be free from physical, verbal, or sexual assault by other youth or staff; and
- (n) Nondiscrimination policies.

b) Youth and Parent Handbooks

- i. The LSP contractor must develop a youth handbook and a parent handbook to be provided to both youth and parent[s], family, extended family or other release resources
- ii. The Youth and Parent Handbook must include, at minimum:
 - (a) Description of the program structure – including behavior support plans
 - (b) Description of how supervision is provided to youth
 - (c) What youth and families can expect from the LSP contractor
 - (d) The LSP policy regarding the use of restraints
 - (e) A user friendly description of any other applicable LSP policies
 - (f) Grievance process

c) Direct and Supportive Supervision

- i. The LSP contractor shall provide supportive supervision that maintains and enhances the youth's functioning, and provides for the youth's safety and security.
- ii. Supervision shall include:

- (a) Establishing clear rules appropriate to the developmental and functional levels of youth;
- (b) Providing structured daily routines with clearly defined expectations;
- (c) Incorporating regular opportunities in the schedule for staff to engage verbally with youth to assess emerging issues or needs;
- (d) Providing intermittent interventions such as verbal guidance, assistance and monitoring

d) Behavior Management System

- i. The LSP contractor shall design a comprehensive behavior management system compliant with ACS Policy, and subject to ACS approval, that encourages and rewards positive behavior.
- ii. LSP staff must be thoroughly trained and knowledgeable about the system, and capable of delivering clear rules, responsibilities and expectations to young people in LSP.
- iii. The behavior management system must, at minimum, include:
 - (a) A graduated scale of incentives for positive and pro-social behavior;
 - (b) Mechanisms to track and periodically assess youth's behavior;
 - (c) Clearly outlined rules and responsibilities for youth; and
 - (d) Objective guidelines for staff.

e) Safety Plan

- i. The LSP contractor shall develop safety plans which focus on helping youth de-escalate harmful behaviors. Plans must include specific techniques for staff to respond to escalating crisis, respond to health and mental health emergencies, and reduce or prevent the need for physical restraints. The Safety Plan must also include clear protocols for suppressing gang-related activity to maintain a safe, gang-free environment in the LSP Program site. Protocols must include the prohibition of wearing or exhibiting gang colors, clothing, beads, jewelry, signs, or other identifying items as well as the prohibition of graffiti. The protocol must also include how gang-related behaviors and activities will be addressed through the program model and behavior management system. This plan must be included in the Program Manual.

f) Discipline

- i. Adherence to the behavior management system is considered the first step in establishing discipline for youth. Before defining what happens when a youth breaks a rule, LSP shall explicitly outline what program incentives a youth can earn

for pro-social, positive behavior. All LSP contractors shall have a written and ACS-approved, positive behavior management system/approach.

- ii. LSP providers must develop procedures regarding discipline, subject to ACS approval, that suit the young person's age, circumstances and developmental needs.
- iii. Disciplinary policies and procedures must be provided to each youth and their family, and must be a part of the orientation for all youth upon admission.
- iv. Disciplinary action may include:
 - (a) Reinforcing desired behavior by making explicit program incentives (e.g., additional phone calls or visits, later bed times, special home visits, etc.) readily available for youth who behave appropriately
 - (b) Modeling appropriate behavior;
 - (c) Giving explanations;
 - (d) Repeating instructions;
 - (e) Offering "time outs" ("time out" is when a youth is removed to a safe, unlocked place from the LSP programs for a limited time, not to exceed 30 minutes); and
 - (f) Enforcing or permitting logical or natural consequences
- v. The LSP contractor shall refrain from the following prohibited forms of discipline in accordance with *Title 18 NYCRR Part 441.9*, or any successor or amended regulation:
 - (a) Deprivation of meals, snacks, mail, personal hygiene, clothing, family visits, routine telephone calls to family, and access to needed health and mental health interventions
 - (b) Corporal punishment
 - (c) Pharmacological restraint
 - (d) Seclusion
- vi. The LSP contractor shall adhere to ACS policy regarding LSP room isolation.
- vii. The LSP contractor shall adhere to ACS policy regarding the use of restraints.
- viii. The LSP contractor shall adhere to ACS policy regarding LSP facility hardware.
- ix. The LSP contractor shall adhere to ACS policy regarding LSP searches.
- x. Discipline shall be prescribed, administered and supervised only by the LSP contractor staff. Such responsibilities shall never be delegated to youth. The LSP contractor must maintain a copy of discipline policies in writing.

4. Education

- a) Educational achievement is essential to a young person's development. All youth in LSP are required to attend a school in accordance with New York State Education Department and Local Education Agency (LEA) regulations. In general, all educational services must be provided onsite (except when youth are transitioning back to the community, at that point youth shall attend their community school or when youth have already received a high school diploma or GED) or when an individualized educational assessment indicates that the youth should attend a community school.
- b) For New York City based sites NYC Department of Education (DOE) District 79 Passages Academy will provide the necessary teachers to support a one teacher to twelve student ratio and educational staff to deliver services. Educational services will be focused on youth earning high school credit in pursuit of earning a Regents diploma.
 - i. If the LSP contractor is proposing a site with multiple groups (sites with 12, 18, 24 beds), the LSP contractor must hire teaching assistants to supplement the DOE provided teacher and to assist in providing individualized academic skill development to youth..
- c) For school settings outside of New York City, or where District 79 is not providing education services, maintained by LSP contractors:
 - i. LSP contractors must demonstrate that they are in good standing with the New York State Education Department. Additionally, Contractors must demonstrate that youth will earn credits that can be transferred to New York City schools, have access to all State exams and that youth will attend school on a regular basis. Once youth have transitioned to their community school, LSP contractors must ensure that credits earned while in LSP have transferred to the community school.
 - ii. LSP contractors must share education data with ACS, including but not limited to: attendance; arrivals; educational achievements; State exams attempted; State exams passed; credits earned; graduations; promotions; and youth educational profile information.
- d) As part of the youth's transition back to their community and if determined after an individual assessment to be in the best interests of the child, the youth may attend his or her home school. LSP contractors are required either to transport all youth in their care attending a community school to and from school every day or, if it is decided, in conjunction with ACS, that a youth will be responsible for their own transportation to and from school, for maintaining a close relationship with the community school to ensure the youth is arriving on time, attending and achieving academic and behavior progress at the school. There will be constant communication and planning between the LSP contractor, DOE, and ACS. LSP contractors must obtain copies of Individualized Education Plans (IEP) and evaluations conducted by the DOE, and incorporate the IEP

goals into the youth's overall service plan, including behavioral plans used in placement. The LSP contractor must work with DOE, parents, foster parents, and youth to ensure that key transitions in youth's educational progress receive adequate attention. These key transitions include application to high school for eighth (8th) graders, and application to higher education or vocational training for youth leaving high school.

- e) LSP contractors in New York City and outside of New York City are required to hire qualified behavioral support staff that will accompany youth while in school on site each day to support the students and teaching staff in maintaining school wide and classroom environments conducive to learning and to assist DOE staff and LSP contractor teachers so that youth will be engaged in the learning process, and assist with positive behavioral interventions with individual students.
- f) LSP contractors are required to collaborate with the DOE to promote educational engagement and achievement with the intent to support youth in earning credit and pass Regents exams in pursuit of a high school diploma. Educational programming efforts will include:
 - i. Educational Assessment: LSP contractors are required to use an education based psycho-social assessment for youth and their family/guardian(s), which will be used, in coordination with DOE and ACS assessments, to determine the most appropriate level of educational services for the youth. The assessment shall include, but not be limited to:
 - (a) Educational goals and aspirations;
 - (b) Supports in the home to help youth achieve educational goals;
 - (c) Historical educational behaviors and attitudes; and
 - (d) Factors the family/guardian(s) feels they and the youth need for the youth to succeed.
 - ii. Educational Plan: LSP contractors shall provide for and work in collaboration with DOE to develop an educational plan for every youth that is appropriately based on an assessment of the youth's educational level. LSP staff must work in collaboration with the Case Manager and parent(s), family, extended family or other release resources to address any educational concerns; build and maintain collaborative relationships with the schools; provide advocacy on behalf of the youth; negotiate with the DOE staff to ensure the implementation of appropriate educational services; and monitor on-going performance.
 - (a) Components of educational plan for middle school youth: Middle school youth will have a plan that promotes their developmental, social, emotional, and academic growth measured by local/state assessments preparing them for high school. This includes services provided through the Committee on Special

Education, if indicated.

- (b) Components of educational plan for high school students: Students will improve skills measured by passing credit-bearing courses and local/ state assessments preparing them for graduation with a diploma, GED, post-secondary education, and/or skills for adulthood.
 - (c) Components of educational or vocational plan for youth with high school diploma or GED: Special consideration and planning is required of the LSP contractors for youth who have already received their high school diploma or GED.
- iii. Achievement track: LSP contractor staff shall ensure that adolescents are receiving appropriate educational services placing them on track to achieve a Regent's high school diploma, (except for situations where this standard is deemed unrealistic by an assessment of the particular youth's capacity). In situations where this standard is deemed unrealistic, LSP contractor staff shall assist the youth and family in the development of an alternative educational plan to maximize the youth's reading and math competency. The LSP contractor shall collaborate with DOE as DOE works to promote a Free and Appropriate Public Education (FAPE).
 - iv. Tutorial services: The LSP contractor is required to secure and/or provide tutorial services as needed for all youth.
 - v. Coordination and communication with DOE personnel: LSP contractors are required to work with school personnel to develop and monitor plans for the youth's educational achievement. Existing educational deficits should be identified and addressed collaboratively by LSP contractors and DOE staff.
 - vi. Collaborative transition planning: The LSP contractor shall work with DOE, parents, foster parents, and youth to ensure that key transitions in youth's educational plan receive adequate attention. These include application to high school for eighth (8th) graders, and application to higher education or vocational training for youth leaving high school.
 - vii. Special Education Planning: LSP contractors are responsible for engaging in special education planning when needed.
 - viii. Individualized Education Plans (IEP): When applicable, LSP contractors should incorporate IEP goals into the youth's overall service plan.
- g) Communication with Youth's School: LSP contractor staff shall meet regularly with school guidance counselors, teachers, and other school staff to determine that youth

are developing and learning at sufficient competency levels. When possible, appropriate school staff should be invited to a youth's treatment team meetings.

- h) Family Engagement with Youth's School: The LSP contractor shall engage the birth parent/caretaker and foster parent as active participants in the youth's education, and work to facilitate the birth parent/caretaker's involvement with the child's school
- i) Dedicated Staff: Each LSP contractor is required to identify at least one (1) Educational Liaison who shall have experience in education programming or a related field. The identified staff shall have an ability to make use of DOE data, education performance data provided by Children's Services, and educational information obtained by the case manager in support of best practice and case planning.
- j) Compliance: Children's Services will measure LSP contractor compliance including promotion of behavioral and academic achievement, and will work with LSP contractors whose educational interventions with children are in need of improvement.
- k) Advocacy: LSP contractors shall advocate with the DOE for the provision of needed educational services; obtain legal assistance from education advocacy programs; and make use of technical assistance from Children's Services and community resources when needed.

5. Enrichment and Recreational Activities

Young people shall experience activities in LSP that are age-appropriate, healthy, and encourage pro-social behavior. It is critical that youth experience a mix of large muscle activities, structured group activities, and quiet individual time to internalize work happening in the LSP facility and to dream about their future. The LSP contractor shall ensure that youth in placement are provided recreational opportunities in accordance with *Title 18 NYCRR Part 442.20* or any successor or amended regulation. Youth must be provided with opportunities to go outdoors regularly, engage in physical exercise, participate in a range of recreational activities including psycho-educational programming and culturally relevant programming, and practice their religion.

- a) Activities Plan and Schedule:
LSP facilities must adhere to a daily schedule of activities in each living unit that incorporates both structured and free time. Planned recreation programs shall be described in the LSP contractor's manual, and recreation schedules shall be posted in all LSP facilities. Both indoor and outdoor activities and other events from outside sources shall be included in the plan and schedule. LSP staff shall be required to log the date and reasons for any deviations from scheduled activities.
- b) Multidisciplinary Approach:

LSP contractors must keep youth occupied through a comprehensive multi-disciplinary program that builds skills, health, and increases youth's confidence and advancement.

- c) Group Activity:
To the extent possible, without compromising safety or security, activities should be structured around small groups to encourage peer-support, teamwork, and a safe and collaborative environment.
- d) Recreational Activities:
Recreation must include a range of structured activities appropriate for the gender, age and developmental level of youth in the LSP Program that include a mix of large muscle activity, quiet individual down-time, and structured group activities. Recreational activities shall take place in dayrooms or common areas inside and outside the LSP Program site, including but not limited to, reading, listening to the radio, watching television or videos, board games or other group activities, drawing or painting, listening to or making music, and letter writing. Additionally, All LSP contractors must deliver psycho-educational programming and where appropriate, that programming will utilize gender specific program models and culturally relevant programming that exposes youth to a diverse range of activities.
- e) Frequency of Recreation:
 - i. Youth must go outside for recreation/exercise for at least one hour a day, weather permitting.
 - ii. Youth must have two hours of large muscle activities daily.
- f) Preparing Youth for Adulthood (PYA):
Services that meet the long-term interests and needs of the population should be integrated into the programming. Youth who receive PYA services shall be provided programming that is specifically adapted to their psycho/educational functioning and which serves the long-term interests and needs of each youth.
- g) Special Events:
Youth shall be involved in planning special events. These events shall be recorded in logs and reports.
- h) Religious Observance:
LSP contractors must have written policies on religious observance, instruction and training, which comply with ACS policies related to youth access to religion. Access to religious services and clergy of the faith for each youth must be provided, as set forth in the written policy.

- i) Special Populations and Gender-specific Programming:
Planned recreational programs/activities shall be provided for all youth in care including special populations of children (e.g., mother-baby, special needs). The LSP contractor must provide appropriate gender specific programming as part of the overall facility recreation and program schedule. In the case of the mother-baby population, the LSP contractor shall offer recreational opportunities for the mother that permit respite from child-care responsibilities, and provide opportunities for child-bonding/relationship building.
- j) Cultural Relevance:
LSP programming must reflect the interests and needs of various racial and cultural groups within the facility. The facility shall offer a range of activities such as art, music, drama, writing, health, fitness, meditation/yoga, substance abuse prevention, mentoring, and voluntary religious or spiritual groups. LSP contractors must continually assess the population and adapt programming to better engage the interests and needs of youth.
- k) Direct Supervision:
There shall be adequate supervision during *all* recreational activities (a minimum of two (2) staff members for every six (6) children). Staff should practice direct supervision favoring engagement, verbal communication and prevention of conflict, to ensure a safe and secure environment during recreational activities.

6. Programs Promoting Financial Independence

- a) Financial Literacy:
As set forth in *Title 18 NYCRR 441.12*, or any successor or amended regulation, LSP contractors shall provide youth in placement with financial literacy training and a regular allowance appropriate to the age of each child in care, which shall not be used to meet basic needs, and kept in the custody of the LSP contractor, separate from agency funds. LSP Contractors must follow all applicable ACS policies relating to Allowance and Financial Literacy. Financial literacy programming shall include, but not be limited to:
 - i. Financial Literacy – What does it mean to youth?
 - ii. Access to information on financial management
 - iii. Understanding money in our society
 - iv. Practicing money management: saving, spending, budgeting, investing, and debt.
 - v. Establishing and protecting credit: paying bills on time, role of credit cards, and role of credit scores
 - vi. Strategies for minimizing debt
- b) Employment-related Training and Service Learning:

LSP contractors shall offer opportunities for youth in placement to receive employment-related training and service learning in accordance with *Title 18 NYCRR 430.12(f)(2)(i)*, or any successor or amended regulation, including but not limited to the:

- i. Assessment of the youth's abilities to find employment and keep a job: social and interpersonal skills, and self-awareness to develop a plan to improve and maximize the youth's skills.
 - ii. How to prepare for the world of work, whether paid or unpaid: interview skills, how to conduct a job search, grooming, dress, punctuality, instructions, and completing tasks.
 - iii. Referrals for career counseling, vocational assessments, and for training to identify appropriate placements and supports needed to secure and sustain employment.
 - iv. Developing job leads in the private sector and working with potential employers.
 - v. Developing linkages with local merchants, trade unions, and trades people to arrange possible apprenticeships, summer jobs, and other opportunities for young people.
- c) Youth over the age of 16 must receive a copy of their credit report in accordance with 18 NYCRR 430.12(k) and 12-OCFS_ADM-07.

7. Gender Specific and Gender Responsive Services for Young Women

- a) LSP contractors must provide LSP Program services that are responsive to the unique needs of youth. At the sole discretion of ACS, based on the youth in LSP Program sites, LSP contractors will be required to serve either female or male youth.
- b) LSP contractors must provide staff with tools and skills to enhance their understanding of gender specific youth development, especially the impact of physical, sexual, or emotional abuse, family dynamics and gender non-conforming youth.
- c) Programming and recreation must include activities that are interesting to young females.
- d) LSP contractors must provide a comprehensive, culturally sensitive program that includes opportunities for promotion of female career paths including non-traditional careers and education of positive cultural icons.
- e) LSP contractors must provide a comprehensive, culturally sensitive program that includes assessment of risk factors and safety issues related to sexual exploitation

followed by individual, group, and family counseling that focus on trauma, shall be provided to address the underlying causes of the youth's acts and move toward changing their behaviors.

- f) LSP contractors must work with pregnant youth to identify appropriate prenatal health and social services, including options counseling, prenatal care, and perinatal care. LSP contractors are responsible for overseeing the coordination of prenatal and other medical/health services provided by ACS contracted medical providers and any other health care providers, particularly if a pregnant youth has a medical or mental health condition that could interfere with her pregnancy, is prescribed medication, or has a substance abuse issue.
 - i. LSP contractors must provide discussion and counseling regarding all available options as soon as possible, but no more than five (5) days after a pregnancy diagnosis. Within two (2) weeks following the pregnancy diagnosis and prior to any termination occurring, the case planner shall meet with the pregnant youth to determine whether she would like any additional information in order to be adequately educated and informed about all pregnancy options. The case planner should also confirm that the youth's decision was made solely by the youth, and that another individual has not coerced her into making a decision to maintain or terminate the pregnancy. The youth must be offered the opportunity to meet with a health care provider, counselor, and/or attorney if she wishes additional assistance in the decision-making process.
- g) Youth who have been commercially sexually exploited must receive all the support, treatment, and understanding necessary to meet physical, emotional, chemical dependency/use and developmental needs, in a manner that provides them with the skills necessary to live healthy, productive, and self-sufficient adult lives. The LSP contractor shall meet the full range of physical, emotional, chemical dependency/use and psychological needs of the youth and describe the resources available to serve them.
 - i. Specialized assessment services, followed by individual, group, and family counseling that focus on trauma, shall be provided to address the underlying causes of the youth's acts and move toward changing their behaviors. LSP contractors shall address specific issues encountered by the youth using creative and effective ways to assess risk factors and problems areas, encourage dialogue, and promote healing and positive progress.
 - ii. The LSP contractors shall integrate structured educational programs and structured, closely supervised recreational events into their residential programs. Emphasis will be placed on promoting healthy, age-appropriate activities and interaction, while still providing a therapeutic milieu, including counseling, support and psychiatric consultation.

- iii. The LSP contractor must provide positive care and support for the youth while advising against and informing him/her of the dangers of their behavior. Youth will be empowered to thrive on their own, armed with the knowledge and technical skills to live independently.
- iv. Prior to discharge it must be assessed if the abuser continues to pose a risk to the minor youth in the home or community to which the youth is to be discharged. If a significant threat exists, the ACS Placement and Permanency Specialist must be consulted concerning the discharge plan.
- v. The LSP consultant shall ensure that the post-discharge parent[s], family, extended family or other discharge resource is fully trained about commercially sexually exploited youth and how to best support their youth. The training curriculum for a parent[s], family, extended family or other discharge resource shall be the same as that provided for a foster parent. Discharge planning shall be done in conjunction with the youth's mental health providers. Whenever possible, the youth shall maintain the same mental health and/or chemical dependency treatment providers upon discharge in as much as it is possible. Services to youth should be based in the community where they are being returned.

8. Services for Parenting Youth

- a) All LSP contractors are required to serve the needs of parenting youth, whether young men or women and must have documentation of such services in the Program Manual.
- b) LSP contractors must encourage and support regular visitation between residents and their children. In most cases, residents' children will need to visit on site.
- c) LSP contractors are required to provide an infant or young child-friendly setting that is conducive to parent-child bonding.
- d) LSP contractors serving girls who want to express breast milk for their infants are required to devise a system whereby the milk may be delivered to the child on a daily basis.
- e) LSP contractors shall provide parenting training to all parents within their LSP residences.

9. Services for Youth Who Identify as LGBTQ

- a) LSP contractors shall provide services that meet the wide range of needs demonstrated by youth who identify as LGBTQ.

- b) LSP contractors must adhere to the *ACS Promoting a Safe and Respectful Environment for Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) Youth and their Families Involved in the Child Welfare, Detention and Juvenile Justice System policy*.
- c) Youth who identify as LGBTQ often experience difficulties in gaining acceptance from their families for a myriad of reasons. In these circumstances, LSP contractors must utilize best practices in this field to facilitate positive family reunification and functioning.
- d) LSP contractors shall ensure that youth who identify as transgender or gender-nonconforming receive services that provide holistic support accounting for the youth's general well-being, including medical and mental health supports.
- e) If a youth has identified as LGBTQ with their family, LSP contractors shall work with parent[s], family, extended family or other release resource to accept the youth and that the plan to move home is safe for the youth. If the youth has not identified as LGBTQ with their family, LSP contractors must ensure that the youth has a safe release plan and will be linked to appropriate LGBTQ supports in the community.
- f) Release planning shall be done in conjunction with the youth's medical and mental health providers to ensure the youth has the necessary supports as they transition home. Whenever possible, the youth shall maintain the same mental health and/or chemical dependency treatment providers upon discharge. Additionally, services to youth should be based in the community where they are being returned.
- g) Youth shall be assessed and linked with aftercare services prior to release from placement. This assessment shall begin upon admission to the LSP facility, and be revisited regularly thereafter to ensure a continuum of service that the family/youth can rely on after discharge. Indicated referrals to an aftercare rehabilitative program shall be made as soon as a need is identified.

10. Sexual Health Education and Services

- a) The LSP contractor shall reference Children's Services' *"Policy Guidelines for Family Planning and Pregnancy Related Information and Services"* dated 11/8/07, and any subsequently released policies, that describes activities foster care providers must take to ensure that children in their care receive timely and comprehensive sexual health information and services.
- b) The LSP contractor shall assure that all youth in care aged twelve (12) years old and over, and younger children who are known to be sexually active, receive comprehensive information about family planning and sexual health issues, and have access to the full range of services including contraception (including but not limited to condoms, emergency contraception, and prescription methods), options counseling

(including abortion and adoption services), and education and treatment related to sexually transmitted infections (“STIs”) and HIV/AIDS within thirty (30) days after placement and every six (6) months thereafter, and provide them with such services upon request. The LSP contractor shall comply with standards for assessment and testing of HIV as set forth in *Title 18 NYCRR 441.22(b)* or any successor or amended regulation.

- i. The LSP contractor shall ensure that such notification is made both in writing and verbally and must be recorded in each youth’s medical record and in the system(s) of record as part of the youth’s health history. The LSP contractor shall ensure that such notice complies with the Law including *Title 18 NYCRR Part 463.2* or any successor or amended regulation. The notice must inform the youth of his/her rights to confidential sexual and reproductive health services and social, educational, health, and medical family planning services.
- c) The LSP contractor shall notify the parent[s], family, extended family or other discharge resources of all youth of the availability of family planning services within thirty (30) days after placement and every six (6) months thereafter
- d) The LSP contractor shall ensure that the provider agency and LSP contractor staffs’ religious beliefs are not to be conveyed to any youth with regard to family planning during initial or semi-annual written or verbal notification of the availability of family planning services nor shall it be included in the curriculum of structured family planning programs.

11. Mental Health Services

a) Initial Mental Health Screening

- i. The LSP contractor must assess the youth within one hour of placement for any immediate safety concerns such as suicidality or homicidality.
- ii. The LSP contractor shall provide age-appropriate mental health screenings within seventy-two (72) hours from the date of placement and at least annually thereafter. If the LSP contractor is unable to complete a youth’s mental health screenings within seventy-two (72) hours of placement, the LSP contractor shall document the reasons the screenings were not completed in the system(s) of record, the case record, and the medical record. These screenings shall use validated instruments, and the LSP contractor shall inform Children’s Services’ auditors which instruments they are using at the time of audit.
- iii. The mental health screening must include, at minimum: history of treatment with medications and response, including allergies; history of hospitalization and outpatient treatment; history of suicidal, self-harm or violent behavior; history of

victimization or exposure to traumatic life events; social history; substance abuse history; history of present illness(es) if applicable; current mental status including, but not limited to, suicidal and homicidal ideation; current medications, if any, and response to them; pertinent family history; interviews of parents or guardians; a review of prior records; and an explanation of how the youth's symptoms meet diagnostic criteria for the proffered diagnosis or diagnoses. The LSP contractor must prepare in advance of a youth's initial assessment utilizing prior records and speaking with previous clinical providers where appropriate.

- iv. The mental health screening process shall also cover chemical use/dependence in accordance with ACS Policies and the Section of these *Juvenile Justice Limited Secure Placement Quality Assurance Standards* entitled "Substance Abuse Services."
- v. Where the initial screening or history indicates a need for mental health services, the LSP contractor must ensure that qualified staff, or a qualified contracted mental health professional, performs a full assessment within 48 hours of the initial screening.

b) Full Assessment/Evaluation

- i. Assessments must take into account available diagnostic and treatment information, the efficacy or lack of efficacy of treatments and behavioral interventions, and the outcomes of prior treatments and behavioral interventions with the youth being assessed.
- ii. The clinical formulation shall involve clinical assessment and information gathering in the following areas:
 - (a) Presenting and History of presenting problems (onset, duration, course, severity)
 - (b) Current functioning (across domains for example, employment/education, family, social)
 - (c) Relevant cultural issues (personal and family)
 - (d) Previous assessments and interventions
 - (e) Psychiatric history (personal and family history)
 - (f) Current medications
 - (g) Medical history
 - (h) Family history
 - (i) Interviews of parents or guardians
 - (j) Developmental history
 - (k) Substance use (existence, extent, duration)
 - (l) Forensic and legal history
 - (m) Risk screen (for example, suicide, self-harm, aggression, vulnerability)

- (n) Full cognitive battery (as needed)
 - (o) absconding risk
 - (p) and the youth's unique strengths and needs and the services appropriate to meet those needs.
- iii. LSP contractor staff shall arrange for follow-up treatment for youth whose mental health, psychological and/or psychiatric evaluation, administered by a qualified mental health professional, indicates a need for further mental health or behavioral health services.
- iv. Following the completion of the mental health assessment, a treatment plan shall be developed. The treatment plan shall include recommended actions to reduce and/or manage risk, recommendations regarding the need for follow up assessment/treatment and an outline of treatment objectives. The LSP contractor shall ensure that staff who complete the mental health assessment have access to supervisors for ongoing clinical consultation, ongoing training, as well as LSP Provider internal quality assurance review data for practice improvement purposes. A copy of the treatment plan shall be included in the youth's case record.
- v. If a psychiatric referral is needed, that referral must be made promptly upon indication of the need, and in no event later than one (1) business day after the need is identified.
- vi. If, after completing the assessment/evaluation, the youth requires **transfer** to a setting which is more appropriate to his/her mental health diagnosis and needs, transfer will need to be approved by the ACS Placement and Permanency unit. ACS Placement and Permanency staff will consult with mental health experts on staff at ACS before approving or disapproving a transfer. If a transfer is approved, the LSP contractor will be required to initiate procedures to transfer the youth to the required setting immediately as outlined in these *Juvenile Justice Limited Secure Placement Quality Assurance Standards*.
- c) Mental Health Service Provision
- i. The LSP contractor shall ensure that all mental health services are delivered on site by qualified New York State-licensed/credentialed mental health providers, and that all services are documented.
 - ii. Mental and behavioral health services offered by LSP contractors shall include, at minimum, crisis intervention, research-informed/validated individual treatment, group work and therapies, and substance abuse prevention and treatment. LSP contractors are to ensure integrated, coordinated and non-duplicated care.

- iii. LSP contractors must designate an agency point person or point persons, who will have access to medical, mental health and psychiatric records around the clock and be available in case of emergencies.
- iv. LSP contractors shall provide population-sensitive mental health services including services for youth who have experienced trauma, youth who are pregnant and parenting, youth who identify as LGBTQ and youth transitioning into adulthood.
- v. Qualified mental health professionals providing services to youth are required to develop and update a consistent working diagnosis or diagnoses with written treatment plans.
- vi. Communication is critical, LSP mental health staff or contracted providers are required to communicate with families, guardians, prior and current providers, on prior mental health treatment, current needs and progress, and recommended care post-release.
- vii. The LSP contractor shall make best efforts to ensure that parent[s], family, extended family or other release resources are meaningfully engaged in the youth's mental health treatment, including participating in family counseling, if recommended, if not restricted or prohibited by court order. The LSP contractor shall follow-up to determine that the mental health services are being utilized by the parent[s], family, extended family or other discharge resources, that the mental health and LSP service plans are coordinated, and that the services are accomplishing the treatment goals.
- viii. LSP contractors shall work with family members or other release resources to provide appropriate training for proper and safe administration of medication. LSP contractors shall also train the family members or other discharge resources on the diagnosis associated with the medication and provide information on the medication that is being administered.
- ix. The LSP contractor shall recognize indicators of mental health issues in parent[s], family, extended family or other release resources and refer families or other release resources to a provider who can provide assessment, diagnosis, testing, psychotherapy, specialized therapies and interventions.
- x. For more information on support services, refer to the "Support Services for Parent[s], Family, and Extended Family or Other Release Resources" section of these Standards.

d) Suicide Prevention

- i. The LSP contractor must have a suicide prevention plan that addresses training,

screening and assessment at intake, communication with all levels of supervision of suicidal youth, intervention, reporting and follow-up to suicide attempts.

- ii. The LSP contractor must adhere to ACS policies related to special watches for youth.
 - iii. At a minimum, the LSP contractor is required to provide at least two and half hours of pre-service training and two and a half hours of annual refresher training for all direct care staff in suicide awareness, assessment, prevention, and response to suicide attempts.
 - iv. Training curricula must be specifically geared to suicide prevention in juvenile facilities.
 - v. For more information and resources on suicide prevention, LSP contractors can refer to SAMHSA <http://www.samhsa.gov/prevention/suicide.aspx>
- e) Staff Workload Ratios and Coverage
- i. All LSP contractors must provide adequate and appropriate staffing coverage. Services shall be available to children in the afternoons, evenings and weekends.
 - ii. The LSP contractor shall maintain a current list of per-diem staff who meet credentialing and clearance requirements available to fill in on as-needed basis in order to fulfill adequate coverage for staff outages (e.g. vacation and illness).
 - iii. Staffing requirements for Mental Health Services at General LSP Program sites
 - (a) At minimum, staffing at all City-Leased LSP Program sites must include, for twenty (20) youth:

Position	FTE
Clinical Director	.33
Supervising Clinician	.83
Mental Health	1.67
Substance Abuse Clinician	Service Based*
Family Worker	1.67
Care Coordinator (Caseworker)	.17

(b) At minimum, staffing at a twelve (12) bed General LSP Program site must include for every twelve (12) youth:

Position	FTE
Clinical Director	.2
Supervising Clinician	.5
Clinical Psychologist	1.3
Substance Abuse Clinician	Service Based*
Family Worker	1.0
Care Coordinator (Caseworker)	.1
Case Worker - Additional	.25

iv. Staffing requirements for Mental Health Services and Staff Supervision at Specialized LSP Program sites

(a) At minimum, staffing for a six (6) bed LSP Program serving youth who have demonstrated problematic sexual behaviors must include for every six (6) youth:

Position	FTE
Clinical Director	.2
Supervising Clinician	.5
Clinical Psychologist	1.0
Substance Abuse Clinician	Service Based*
Family Worker	1.0
Care Coordinator (Caseworker)	.1
Direct Care Staff Supervisor - all shifts not FTE (1 per 8-hour shift)	2
Case Worker – Additional	.3

(b) At minimum, staffing for an eighteen (18) bed LSP Program serving youth with serious emotional disturbance diagnoses must include for every eighteen (18) youth:

Position	FTE
Clinical Director	.3
Supervising Clinician	.75
Clinical Psychologist	1.95
Substance Abuse Clinician	Service Based*
Family Worker	1.5
Care Coordinator (Caseworker)	.15

Case Worker - Additional	.38
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- (c) At minimum, staffing for an six (6) bed LSP Program serving youth with serious emotional disturbance, intellectual/developmental disability diagnoses, and youth who have demonstrated fire setting behaviors must include for every eighteen (18) youth:

Position	FTE
Clinical Director	0.2
Supervising Clinician	0.5
Clinical Psychologist	1.0
Substance Abuse Clinician	Service Based*
Family Worker	1.0
Care Coordinator (Caseworker)	.01
Case Worker – Additional	.3
Occupational Therapist for Designated Fire Setting Beds Only (3 beds)	1 hour per bed per week
Speech/Lang. Pathologist (IDD Only)	2 hours per bed per week
Occupational Therapist (IDD Only)	1 hour per bed per week

- (d) At minimum, staffing for a twelve (12) bed LSP Program serving youth with serious emotional disturbance and intellectual/developmental disability diagnoses must include for every twelve (12) youth:

Position	FTE
Clinical Director	.2
Supervising Clinician	.5
Clinical Psychologist	1.3
Substance Abuse Clinician	Service Based*
Family Worker	1.0
Care Coordinator (Caseworker)	.1
Case Worker - Additional	.25
Speech/Lang. Pathologist (IDD Only)	2 hours per bed per week
Occupational Therapist (IDD Only)	1 hour per bed per week

- (e) At minimum, staffing for an eight (8) bed Intensive Support LSP Program site

must include for every eight (8) youth:

Position	FTE
Clinical Director	.13
Supervising Clinician	.33
Clinical Psychologist	.87
Substance Abuse Clinician	Service Based*
Family Worker	.67
Care Coordinator (Caseworker)	.07
Case Worker - Additional	.17
Intensive Support Supervision - all shifts not FTE (1 per 8-hour shift)	3

f) On-Call and Emergency Contacts

- i. LSP contractors must arrange for on-call availability of LSP contractor, key staff and providers for urgent mental health services 24 hours a day, 7 days a week including holidays and vacations. Coverage must include, but not be limited to, phone triage and management of suicidality, homicidality, and psychosis.
- ii. Each LSP contractor must develop a protocol to ensure that agency staff can access emergency care information to share with mental health care providers as necessary.
- iii. LSP contractors must train direct care and other staff, as appropriate, on strategies to employ to address a youth’s mental health crisis while awaiting arrival of a qualified mental health professional.

12. Substance Abuse Services.

- a) Substance abuse services must be provided on-site.
- b) LSP sites are required to have a formal linkage agreement with an OASAS licensed provider to provide the following:
 - i. Any LSP contractor CASAC providing substance abuse services in LSP must receive a minimum of one hour of clinical supervision per week from a clinical supervisor (CASAC with supervision experience) at the OASAS licensed provider. The LSP contractor may use a Clinical Psychologist with at least three years supervisory experience in substance abuse evaluation and treatment to provide clinical supervision to the CASAC instead of utilizing an OASAS provider.

- ii. The LSP contractor must have access to the OASAS licensed provider for ongoing clinical consultations outside of clinical supervision. Consultation includes, but is not limited to: clinical staff to assess youth or consult during an assessment; availability of clinical staff to consult on clinical decisions; providing staff trainings, and availability of clinical staff to participate in treatment team meetings.
- c) Initial Substance Abuse Screening and Assessment
- i. The LSP contractor shall use evidence-based/promising practices to identify, reduce, and prevent problematic use, abuse, and dependence on alcohol and illicit drugs.
 - ii. The mental health initial screening process shall include standardized questions/screening instrument related to the youth's history of trauma as well as the use or abuse of alcohol and/or other drugs. Adolescent-level tools with developmental appropriateness are to be used by the LSP contractor.
 - iii. Where initial screening indicates a need, the LSP contractor is to complete a full substance use assessment of current and past symptoms, past treatment, trauma (client-specific and intergenerational), exposure to alcohol or other drugs in utero, and co-occurring conditions such as mental health disorders and learning disabilities.
 - iv. Chemical use/dependency risk and behavior assessments of youth are to include self-reports and can include random urinalysis drug screening of the youth. Urinalysis drug screening is permissible as part of substance abuse services as provided below by an OASAS licensed provider as part of the linkage agreement.
 - v. The LSP contractor is to conduct a thorough diagnostic evaluation of youth testing positive in order to identify individually-tailored treatment needs and intensity for youth identified with clinical use disorders.
- d) Substance Abuse Service Provision
- i. Counseling and Education: The LSP contractor shall ensure that youth who use substances receive alcohol and other drug education and counseling on-site and substance abuse interventions that are either evidence-based or on Substance Abuse and Mental Health Services Administration's (SAMHSA) approved list of modalities <http://www.nrepp.samhsa.gov>
 - ii. Treatment: If a youth is regularly using, abusing, or is chemically dependent, this young person requires treatment. Residential substance abuse treatment is different than counseling or education, and can only be provided on-site if the LSP contractor holds an OASAS license to provide treatment and has a Credentialed

Alcohol and Substance Abuse Counselor (CASAC) to deliver it.

- iii. Substance use services and treatment shall engage youth and their families, and shall address risk factors such as family histories of substance use, intergenerational trauma and co-occurring conditions.
- iv. LSP contractors shall facilitate the engagement of youth and their families as well as the youth's adherence to prescribed treatment.
- v. Parents, families and other discharge resources who need chemical dependency/use treatment shall also be offered services. For more information refer to "Support Services for Parent[s], Family, and Extended Family or Other Discharge resources" section of these Standards.
- vi. Substance Abuse Services Staff Coverage
 - (a) In addition to the required mental health and/or clinical psychologist staffing requirement, LSP contractors must also have CASAC services available to provide substance abuse treatment services, including individual and group treatment, to all youth within in the facility. One CASAC shall not have a caseload that exceeds 12 youth at any time.
 - (b) Services provided by a CASAC may be integrated into the mental health services and be provided by the mental health clinician as long as the mental health clinician providing the services meets the CASAC requirements in these Standards.
 - (c) The CASAC must, in addition to their therapeutic caseload, be available to provide substance abuse screenings and assessments to all youth within 72 hours of a youth's initial placement in the LSP facility.
 - (d) All LSP contractors must provide adequate and appropriate staffing coverage. Services shall be available to children in the afternoons, evenings and weekends. The LSP contractor shall maintain a current list of per-diem staff who meet credentialing and clearance requirements available to fill in on an as-needed basis in order to fulfill adequate coverage for staff outages (e.g. vacation and illness).

13. Medical, Psychiatric, and Dental Health Services

- a) The LSP contractor shall develop and implement a strategy for establishing a continuum of care to meet the full range of health needs of the youth. This includes coordination and planning for all health services provided to their youth ensuring continuity of care, as well as coordinated and integrated care throughout the youth's

placement with the LSP contractor and in cases where the youth transfers to other contractors and/or transitions out of placement.

- b) All health services shall be provided on-site and off-site, either directly and or through linkage agreements, with hospitals and specialty networks, and/or through primary care physicians who are affiliated with and/or have admitting privileges with a hospital network. The LSP contractor may establish linkages with health providers outside the community for services not available within the community. These agreements shall include provisions for information-sharing and collaborative service planning. If the youth already has an established relationship with a specialty health care provider, every effort shall be taken to ensure that the child continues to receive services from that specialty health care provider.
- c) All youth must be able to request to be seen by a doctor or nurse practitioner. The LSP contractor facility staff cannot screen these requests. When a youth makes this request, he or she will be seen as soon as possible. The LSP contractor must develop a triage policy to expeditiously address youth requests to be seen by a doctor or nurse practitioner. In no case shall a youth be seen by a doctor in more than two working days.
- d) The LSP contractor shall arrange for on-call availability (twenty-four (24)-hours-a-day, seven (7)-days-a-week basis) of a primary care physician or appropriate coverage for any urgent medical and mental health consultations sought by a case planner or child care worker regarding a youth. The provider shall develop a protocol to ensure that all emergency care information is shared with agency staff and all relevant medical and health care providers in a timely fashion. The protocol shall also include specific instructions for LSP facility staff pertaining to emergency psychiatric hospitalization that delineates the steps, the contacts, and the accompanying documentation.
- e) The LSP contractor shall develop a medication management plan to guide health services providers and the youth's residential care provider. The LSP contractor shall have policies/procedures in place and provide adequate training to staff and parent[s], family, extended family or other discharge resources to assure proper and safe medication administration. The LSP contractor shall develop a specialized medication management plan for youth requiring medication for chronic conditions, to ensure appropriate monitoring of dosage, administering, and duration.

14. Care Coordination

- a) LSP contractor shall act as a single source of coordinated and integrated care.
- b) LSP contractors shall assign qualified staff to coordinate mental and behavioral health, and substance abuse services as well as information received from psychiatric, medical, and dental health services providers in order to prevent fragmented care.

- c) LSP contractor must communicate effectively and seamlessly with ACS staff and other entities in the Child Welfare and Juvenile Justice systems.
- d) The LSP contractor is responsible for the care coordination of the youth and it is expected that the LSP contractor managerial staff will attempt to mediate any disagreements regarding the course of treatment for youth before raising it to ACS. LSP contractors must adhere to ACS policy regarding the mediation of discrepancies that cannot be resolved by the LSP contractor and require the intervention of ACS.
- e) LSP contractor shall forge partnerships with crisis intervention programs, mentoring programs, youth and parent advocacy.
- f) LSP contractor shall see to it that psychopharmacologic services are integrated with other approaches as much as possible.
- g) LSP contractor shall secure, maintain and update health and mental health records.
- h) General Staff Coverage for Care Coordination
 - i. All LSP sites must have on site care coordination staff coverage on a full time (forty (40) hours per week) basis. These services may be provided by the LSP program Caseworker or other similarly qualified staff as part of their duties.

15. Medication Administration

- a) LSP contractors, must have the capacity to administer medication. LSP contractors must follow ACS policies regarding administration of medication. Additionally, all LSP contractor staff administering medication must be trained in medication administration.

16. Continuity of Medical and Mental Health Care

- a) It shall be the treatment philosophy of the ACS Division of Youth and Family Justice/Office of Youth and Family Development (DYFJ/OYFD) for LSP contractors to seek the active participation of the youth, his/her parent(s)/legal guardian(s), and previous health care, mental health providers, and dental providers, in the care and treatment of youth in LSP. To best serve all youth, the LSP contractor shall seek to obtain accurate and current information concerning youths' medical and psychiatric care and medication in order to ensure continuity of care.
- b) DYFJ supports continuing the previously provided medical and psychiatric care, including medications. The LSP contractor shall ensure that its health/mental health care provider continues all medical and psychiatric care, including medication that

the youth was receiving prior to admission to LSP unless and until modified by medical professionals.

- c) The LSP contractor shall develop a strategy for creating a continuum of care to adequately meet the full range of health needs of the youth being served through participation in community-based health coalitions, consortia, and networks, including the Children's Services Coordinated Initiative and coordination with borough-based family support service providers in the mental health system. Details concerning medical services coordination must be included in the LSP contractor's program manual.

17. Client Grievance Procedures

- a) The LSP contractor shall adhere to ACS's policy related to grievance procedures.

18. Legal Services, Court Appearances, and Reports

- a) Compliance with Court Orders

The LSP contractor shall complete timely court ordered reports as necessary; attend Family Court proceedings; and comply with all court orders. LSP contractor staff with substantive knowledge of the case situation must be ready to testify in court on request as to the LSP contractor's safety and permanency assessments and the LSP contractor's position related to the current placement and permanency when necessary. The LSP contractor must be prepared to respond to these requests on an expedited basis, at times within 24 hours.

- b) Communication with Family Court Legal Services

The LSP contractor shall provide Children's Services' Family Court Legal Services (FCLS) attorneys with updated information including child status, location, assigned caseworker and supervisor, as needed for court appearances. The LSP contractor shall maintain contact with FCLS attorneys to review any important developments, and communicate with lawyers for youth as necessary, pursuant to communication protocols. LSP contractor staff must cooperate with FCLS attorneys in preparing court cases for trial.

- c) Reporting

The LSP contractor must also be prepared to appear in court on post-dispositional report dates on the youth's juvenile delinquency case and to submit written reports to the court about the youth's adjustment to placement; the treatment goals, plan, and youth's progress; the youth's academic progress; and visits home to the family or discharge resource. Written reports shall be objective and data-focused and shall avoid the use of qualifying language. If reports are inadequate, corrective action plans must be implemented and must be adhered to by the LSP contractor.

- d) LSP staff shall have adequate knowledge of the youth's psychosocial and legal history and current status and be ready to testify in court when necessary;
- e) LSP staff shall complete timely and detailed court reports, as required; attend Family Court and/or Criminal Court proceedings; and comply with all court orders in coordination/consultation with Children's Services;
- f) LSP staff must be responsive to inquiries made by youths' attorneys. LSP staff must inform the FCLS attorney of any such inquiry.

19. Transportation

- a) The LSP contractor shall provide all transportation necessary to fulfill its duties within these Standards. The LSP contractor shall ensure that transportation services are readily available to transport youth to the hospital, medical and mental health appointments, home visits, community school (part of the youth's transition process back to the community). court, and other subspecialty providers as necessary. Once a youth is placed with a LSP contractor, that LSP contractor is responsible for transporting the youth from detention, or other current location of the youth, to the LSP facility.
- b) The LSP contractor is required to have at least two staff present at all times during transportation of youth in LSP.

C. Services for Birth Parents, Family, and Youth's Network of Support

1. Mental Health Services

The LSP contractor shall recognize indicators of mental health issues in parent[s], family, extended family or other discharge resources and offer to arrange for assessment, diagnosis, testing, psychotherapy, specialized therapies and interventions to parent[s], family, extended family or other discharge resources that require them.

- a) Parent[s], family, extended family or other release resources who need mental health services shall be referred, as necessary by the LSP contractor, to appropriate service providers.
- b) The LSP contractor shall be familiar with and develop linkages with home- and community-based clinical service providers; mental health case management programs for adults and children; and OMH Home and Community-Based Services Waiver programs for children with serious emotional disturbance.
- c) The LSP contractor shall provide parent[s], family, extended family or other release resources with basic information about children's mental health, including but not

limited to trauma and the emotional impact of abuse/maltreatment on children; the range of behaviors traumatized children may express, what they mean and how to appropriately intervene; common children's mental health issues and treatments; the importance of mental health screening and early intervention; and psychotropic medications and how they are used as part of an overall mental health treatment plan. Parent[s], family, extended family or other discharge resources shall also receive education about parent mental health (including maternal depression) and its impact on children.

- d) As needed, parent[s], family, extended family or other release resources shall be educated about the importance of being meaningfully engaged in their children's mental health treatment, including participating in family treatment as recommended.
 - e) LSP contractors shall provide parenting skills training and psycho-education to parents or other release resources to address the issues that led to youth's placement. In addition, many if not most, parents shall be able to receive appropriate training and support regarding the developmental needs and growth of teenagers, especially regarding ways to avoid major parental/youth conflict.
2. Support Services for Parent[s], Family, Extended Family or Other Release Resources of Youth with Serious Health and Mental Health Needs
- a) The LSP contractor shall make support services available, directly or by referral, to parent[s], family, extended family or other release resources caring for youth with serious health and mental health needs. Such support services may include, but are not limited to:
 - i. Twenty-four (24)-hours-a-day, seven (7)-days-a-week crisis hotline services;
 - ii. Caretaker support groups;
 - iii. Birth parent support and advocacy, which can be accessed through the Department of Health and Mental Hygiene's Family Support Programs;
 - iv. Home visits;
 - v. Planned and crisis respite;
 - vi. Education and information about community-based resources and services, including crisis services;
 - vii. Informational mailings; and
 - viii. Specialized trainings.
3. Health Education
LSP contractors shall give child-focused health education to parents and release resources.
4. Transportation
LSP contractors shall provide parent[s], family, extended family or other release resources with transportation to the office/facility for meetings and family visits if the facility is

located outside of New York City or the visiting resource demonstrates need. LSP contractors shall transport or cover the cost of transportation for youth to visit their families or other release resources.

5. Other services for families

LSP contractors shall support additional needs and presenting circumstances of parent[s], family, extended family or other release resources and extended family members to achieve successful reunification. These include, but are not limited to:

- a) Concrete needs, such as housing, public assistance, Medicaid and food stamps;
- b) Job training and employment assistance;
- c) Chemical dependency disorder: prevention, treatment, aftercare and community support services;
- d) Domestic violence screening; when domestic violence is indicated or suspected, counseling and/or referral to support services for the survivor, youth and abusive partner;
- e) Health services, including those that address underlying medical conditions and physical disabilities that put youth at risk for maltreatment;
- f) Education about trauma and the impact of abuse/maltreatment on their youth, and training and supports to care for their child's/youth's needs upon reunification;
- g) Cultural and linguistic barriers to services;
- h) Connections to community supports and services;
- i) Immigration status;
- j) Impact of incarceration on permanency plans;
- k) Understanding of legal status regarding Family Court—and specifically, juvenile delinquency—proceedings; and
- l) Support for responding to their own or their youth's sexual orientation and/or gender identity/gender expression.

PART V: SPECIALIZED LIMITED SECURE PLACEMENT

A. Specialized Residential Programs and Services

1. Specialized Residential Care Programs refers to facilities that are designated for youth with a specialized need as delineated below. These facilities will be operated by LSP contractors with the specialized expertise and physical setting or facilities required for youth specialized needs and/or conditions. All youth in these specialized LSP placements will be adjudicated delinquents.
2. In addition to serving youth in the specialized settings below, specialized programs will be required to have the ability to house and appropriately serve youth who are eligible for generalized services.

3. Specialized residential programs include services for children/youth with:
 - a) Intellectual/developmental disabilities;
 - b) Problematic sexual behaviors;
 - c) Serious emotional disturbance (with some contracted specific capacity for youth who have demonstrated fire setting behaviors); and/or
 - d) A need for temporary intensive support

4. Specialized Residential Care, Treatment and Social Work Services
 - a) For youth in the specialized LSP facilities, the team compiling the comprehensive assessment shall include professional staff with special expertise in the needs and risks of the youth in the specialized LSP.
 - b) For all specialized LSP programs, the approved direct care staff ratios is six (6) youth to two (2) staff at all times. Staff are not permitted to sleep during any shifts. LSP contractors are required to have staff on-call and available to report to work within 30 minutes if additional staffing is necessary or required by ACS. Documentation of this staffing ratio shall include the names of staff on call for each shift, hours of coverage, and plans for providing backup staff in emergencies.
 - c) Staff assigned to specialized facilities must be trained in topics critical to the safe care and effective behavior change of youth in specialized placements. Specialized training topics are listed below.
 - d) Facilities for specialized populations may also have specific design-requirements as specified by ACS and/or OCFS.

5. **Youth with Intellectual/Developmental Disabilities:** *This section contains those standards that are specific to LSP Program services for youth with Intellectual/Developmental Disabilities. These standards apply in addition to those in previous sections of the Juvenile Justice Limited Secure Placement Quality Assurance Standards. In some areas, standards in this section may be more stringent than those in the main text of the Juvenile Justice Limited Secure Placements Quality Assurance Standard. Where this is the case, this section takes precedence.*
 - a) Youth in this category include but are not limited to youth with:
 - i. Neurological Impairment and Severe Muscular Disorder,
 - ii. Autism Spectrum Disorder,
 - iii. Severe Learning Disabilities,
 - iv. Intellectual Disability with an IQ below 70,
 - v. Autism Spectrum Disorder,

- vi. Cerebral Palsy,
 - vii. Fetal Alcohol Spectrum Disorders (“FASD”), and
 - viii. Down Syndrome.
-
- b) Youth who are served in Specialized IDD LSP facilities shall receive all the support, treatment, and understanding necessary to meet their broad range of physical, emotional, and developmental needs, in a manner that maximizes their chances for reunification with their families or release resources. When these options are not possible, programs must provide them with the skills necessary to live healthy, productive, and self-sufficient adult lives if possible. Youth with IDD shall be placed in the most appropriate, least restrictive and safest setting available which would provide them with the skills necessary to live as healthy, productive, and self-sufficient adults.
 - c) Youth with IDD diagnoses shall receive special, appropriate treatment services in a highly structured setting. The provider shall ensure that clinical interventions address the individualized developmental, social, and medical needs of youth.
 - d) LSP Facility Care, Treatment and Social Work Services
 - i. The following is a list of services the provider must offer to youth in the program:
 - (a) Youth shall be educated about their developmental need and its various effects and lifestyle implications. Additionally, they should receive information relevant to their particular medications, their effects and side effects or the use of medical equipment and other devices necessary for the treatment and maintenance of their condition.
 - (b) Youth, their siblings, and other family members, shall be provided with ongoing counseling to help increase functioning. When appropriate youth must receive additional health care and personal hygiene information specific to their disability and/or medical condition.
 - (c) The LSP contractor must also supply or arrange for speech, occupational, and physical therapy as needed and when recommended by the primary care provider.
 - (d) Assessments to determine the need for referrals to ACS’ Developmental Disabilities Unit for youth requiring long term residential supports and services, through New York State Office for People With Developmental Disabilities must be completed by the LSP contractor.
 - (e) The LSP contractor shall develop and implement youth-specific training curriculum for parent[s], family, extended family or other discharge resources

along with special extended family support. This curriculum must include the following elements:

- (i) provide parent[s], family, extended family or other release resources with information on the youth's condition and its effect on growth and development;
 - (ii) provide information on how to access professional evaluations and other community resources through established provider protocols;
 - (iii) prepare parent[s], family, extended family or other release resources for the demands of caring for a youth with specialized needs, (including need for intensive supervision, emotional stress, concerns expressed by family and neighbors, etc.); and provide parent[s], family, extended family or other release resources with training on stress reduction;
 - (iv) ensure that parent[s], family, extended family or other release resources receive training relevant to the psychological and treatment goals of the youth in their care; and
 - (v) prepare parent[s], family, extended family or other release resources to address the complex social, medical, and emotional needs of youth with these conditions or experiences.
- e) All LSP contractor sites that are group homes must comply with *Title 18B Part 448.3* or any successor or amended regulation except in those instances that approval has been granted by Children's Services and approved by OCFS.
- f) The LSP staff shall connect the parent[s], family, extended family or other release resources to in-home supports that are available at the time of the youth's release (e.g., New York State Office of Mental Health (OMH) Home and Community Based Waiver programs, the New York State Bridges to Health Waiver program services through the New York State OMH or New York State Office for People with Developmental Disabilities (OPWDD) services.
- g) In addition to required residential care training described in the *Juvenile Justice Limited Secure Placement Quality Assurance Standards*, the LSP contractor shall provide supplementary training to staff who care for or interact with IDD youth to help them meet their specialized needs. The training shall take into account the individual needs of the youth served and shall be provided by either the provider or an outside educational institution. The LSP contractor shall provide all staff continuous and ongoing training to meet the changing needs of the IDD population.

6. **Youth Who Have Demonstrated Problematic Sexual Behaviors:** *This section contains those standards that are specific to LSP Program services for youth who have demonstrated problematic sexual behaviors. These standards apply in addition to those in previous sections of the Juvenile Justice Limited Secure Placement Quality Assurance Standards. In some areas, standards in this section may be more stringent than those in the main text of the Juvenile Justice Limited Secure Placement Quality Assurance Standards. Where this is the case, this section takes precedence.*
- a) Youth Who Have Demonstrated Problematic Sexual Behaviors include, but are not limited to:
 - i. Youth who have been found by Family Court to have committed what would be a crime of a sexual nature (excluding prostitution) if committed by an adult (note that not all youth adjudicated on these charges will be required to be placed in a specialized program), and
 - ii. Youth who have in the past been found by a court to have committed what would be (or was) a crime of a sexual nature.
 - b) Youth who have sexually abusive behaviors who require limited secure juvenile justice placement shall receive specialized treatment services in a highly structured setting that addresses their needs. Through the provisions of this specialized service, the youth will learn impulse control; guidelines for appropriate sexual behavior; privacy; and respect for boundaries. The youth will be held accountable for his/her actions, and learn to fundamentally change harmful behaviors. These youth shall receive extensive treatment to address the issues which have led or contributed to their offending behaviors.
 - c) Some of the youth may have a dual-diagnosis such as substance abuse or mental health issues, which is determined to be a serviceable issue either at the time of referral or during/after referral to this program. However, the sexual behavior problems should be the primary reason for the referral, and the provider must utilize due diligence where possible and appropriate to address the other issues as they are assessed.
 - d) LSP Facility Care, Treatment, and Social Work Services
 - i. Specialized assessment services, followed by individual, group, and family counseling, shall be provided to address the underlying causes of the youth's harmful acts and move toward changing their behaviors. The LSP contractor shall integrate structured educational programs and structured, closely supervised therapeutic recreational events into their residential programs.
 - ii. The LSP contractor must provide positive care and support for the youth while advising against and informing him/her of the dangers of their problematic sexual

behavior. Youth shall be empowered to thrive on their own, armed with the knowledge and technical skills to live independently.

- iii. The LSP contractor will provide treatment for different levels of sexual behavior problems: the offenses can range from touching and fondling to other forms of sexually abusive behaviors.
- iv. A specialized treatment model and high level of services must be implemented that will also address the underlying issues leading to the youth's problematic sexual behavior. This specialized program design must offer structured educational services, recreational events, comprehensive safety, and a structured behavior management system to monitor youth and record their level of progress. Intensive psychological and psychiatric services must be available on a regular basis through program staff. Psychiatric consultation and medication management must be provided when needed.
- v. Youth shall receive specialized assessments, treatment, and support services in a residential care setting, with staff who have received specialized training to care for this population. Staff must be trained to identify behaviors and triggers that can lead to further abuse by the youth. Assessments must include youths' history of sexual abuse, and inappropriate sexual behaviors, exploration of presenting trauma symptoms and past trauma. Youth who have experienced trauma and/or loss must receive counseling with a focus on re-establishing physical and emotional safety. LSP contractors must provide close supervision at the residence, school, and in the community, and implement a structured, individualized program for each youth.
- vi. The LSP contractor shall provide skill building for academic and social activities. Additional program activities will vary depending on the age of the youth. A positive and predictable environment must be established for youth via a structured behavior management system with consistent follow-through on consequences; thus, providing the youth with boundaries, consistency, expectations regarding their behavior, improvement in their self-esteem, and safety for youth and staff. The LSP contractor will thoroughly train all staff and discharge resources about the system and about each youth's safety and behavior management plan.
- vii. The LSP contractor shall make at minimum two (2) contacts each week with the youth's school in order to monitor the youth's academic progress, behavior and socialization. More frequent contacts will be made based on how the youth is functioning. Staff should also provide school-based behavioral interventions and academic support as needed.
- viii. A safety plan for each youth must be created to establish guidelines for interacting with peers in school, around other youth in the community or facility and interacting with staff and family members.

- ix. The LSP contractor shall provide individual, group, and family therapy/counseling to address the underlying causes of youth's harmful acts and move toward changing their behaviors.
- e) Release Planning and Transitional Services
- i. Parent/caretaker acknowledgement of the problem, buy-in, support, and active participation is paramount for the family's successful completion of the program and re-integration of youth in a stable supportive environment. Parent[s], family, extended family or other discharge resources will also address the impact of their child/youth's behavior on their family (particularly if the child was sexually abusive toward a sibling or other family member), and ensure that the caretaker fully understands how past abuse (if any) may have impacted his/her inappropriate/offending behavior.
 - ii. All release plans must address the following areas: personal responsibility, victim empathy, self-awareness and safety planning. Additionally, the release plan must include a comprehensive safety plan with: a documented risk assessment, a relapse prevention plan, and an understanding of the vulnerabilities that may lead to re-offending. The comprehensive safety plan must be signed by the youth and the family, if the youth is returning home, or by the caretaker the youth will be living with if not returning home. When the youth is returning to a home where the victim lives a victim impact statement must be part of the discharge planning.
 - iii. Special planning regarding interaction with victims, particularly if they are within the household to which the youth will be released after the LSP placement, must occur. If victims are in the household to which the youth will be discharged, a thorough, comprehensive safety plan must be crafted prior to release, and any and all treatment and supports needed by the victim must be provided or arranged by the LSP contractor, including engaging the victim's system of care as appropriate. ACS must provide written approval of release to a setting in which a victim of the youth is residing.
- f) In addition to the training requirements outlined in these *Juvenile Justice Limited - Secure Placements Quality Assurance Standards*, all LSP contractor staff shall receive training on the overview and treatment of sexually problematic behaviors, sexual abuse, sexual exploitation, family systems counseling, family therapy/counseling play therapy, group therapy and trauma resolution/treatment. Staff shall also be trained in non-violent crisis intervention techniques, the use of de-escalation, mediation and CPR/First Aid, the overview of youth substance abuse and treatment, and treating youth with dual diagnoses.

7. **Youth with Serious Emotional Disturbance (SED) Diagnosis and Youth Who Have Demonstrated Fire Setting Behaviors:** *This section contains those standards that are specific to LSP Program services for children/youth with serious emotional disturbance and youth who have demonstrated fire setting behaviors. These standards apply in addition to those in previous sections of the Juvenile Justice Limited Secure Placement Quality Assurance Standards. In some areas, standards in this section may be more stringent than those in the main text of the Juvenile Justice Limited Secure Placement Quality Assurance Standards. Where this is the case, this section takes precedence.*
- a) The LSP contractor shall accept youth considered seriously emotionally disturbed, as that term is defined by the New York State Office of Mental Health.
 - b) In addition to accepting youth with specific SED diagnoses, LSP contractors shall accept youth with DSM IV Axis I diagnoses that could benefit from service provision as outlined in this section.
 - c) These Specialized LSP Program sites, if required under the LSP contract, must also serve youth who have demonstrated fire setting behaviors. There will be three (3) designated beds within the LSP Program site dedicated for youth who have demonstrated fire setting behaviors. At the sole discretion of ACS, the LSP contractor may utilize the designated beds to serve youth who have not demonstrated fire setting behaviors.
 - d) Youth with serious emotional disturbance and fire setting behaviors served in specialized limited secure juvenile justice residential care settings must receive all the support, structure, treatment, and understanding necessary to meet physical, emotional, chemical dependency/use and developmental needs, in a manner that maximizes their chances to live healthy, productive, and self-sufficient adult lives. The LSP contractor shall meet the full range of physical, emotional, chemical dependency/use and psychological needs of the youth and describe the resources available to serve them.
 - e) Youth with serious emotional disturbance and fire setting behaviors have treatment or safety-related needs that require the specialized treatment opportunities provided by residential care facilities shall be provided such care.
 - f) The treatment plan for each youth must include all components of care, including psychiatric, behavioral, educational, health, family, and psychosocial needs. Release planning begins at intake, and release objectives are reflected in all treatment plan write ups. The family and the youth shall be considered to be members of the treatment team, as well as the ACS Placement and Permanency staff, if appropriate, and other designated community providers.

- g) Medication management, if warranted, is an integral support for youth with serious emotional disturbance. LSP contractors must have psychiatric and nursing professionals to assist the youth and the family in ensuring medication is taken as prescribed, and in gaining an understanding of the prescribed medication regimen, including the benefits and side effects of the medication, and how the youth can learn to manage the medication regimen independently.

- h) LSP Facility Care, Treatment and Social Work Services
 - i. LSP contractors must provide a comprehensive, culturally sensitive program that includes assessment of risk factors and safety issues related to serious emotional disturbance and fire setting behaviors. LSP contractors shall work with youth and their families (when appropriate) to provide therapy, life-skills coaching and access to community resources.

 - ii. Specialized assessment services, followed by individual, group, and family treatment; shall be provided to address the underlying causes of trauma. LSP contractors will address specific issues encountered by the youth using creative and effective ways to assess risk factors and problems areas, encourage dialogue, and promote healing and positive progress.

 - iii. The LSP contractor shall integrate structured educational programs and structured, closely supervised therapeutic recreational events into their residential programs. Emphasis shall be placed on promoting healthy, age-appropriate activities and interaction, while still providing a therapeutic milieu, including counseling, support and psychiatric consultation.

 - iv. The LSP contractor is required to collaborate with a local fire department to ensure all appropriate fire safety and prevention measures have been undertaken in the facility.

 - v. For youth who have demonstrated fire setting behaviors, the LSP contractor is required to provide an intensive level of services and structure, including but not limited to:
 - (a) A closely-supervised therapeutic environment;
 - (b) A multidisciplinary clinical team that includes psychologists, psychiatrists, and occupational therapists;
 - (c) Fire safety instruction for youth;
 - (d) Clinical services focusing on relapse prevention;
 - (e) A model of behavior change that has been shown to be effective with youth who set fires; and
 - (f) Counseling focusing on re-establishing physical and emotional safety.

- i) Release Planning and Transitional Services
 - i. Youth shall be assessed and linked with aftercare services prior to release from placement. This assessment shall begin upon admission to the LSP facility, and be revisited regularly thereafter to ensure a continuum of service that the family/youth can rely on after release. Referrals to an aftercare rehabilitative program, including psychiatric and/or psychological treatment as needed, shall be made as soon as a need is identified. Such referrals shall be made based on the youth's clinical needs, not simply the permanency plan.
 - ii. For youth who have demonstrated fire setting behaviors, prior to release the likelihood of continued fire setting behaviors must be assessed.
 - iii. In addition to the general release planning requirements, release planning for youth who have demonstrated fire setting behaviors must focus on safety planning with the youth and all release resources, as well as on relapse prevention. The release plan must include a comprehensive safety plan, which must include a documented risk assessment.

- j) Staff training for this specialized placement shall include, but not be limited to:
 - i. Modality of treatment to be utilized including evidence based clinical interventions for SED and fire setting youth;
 - ii. Understanding and treating trauma and its manifestations;
 - iii. Effective safety planning;
 - iv. Relapse and relapse prevention;
 - v. Fire safety;
 - vi. Effective safety planning and the ability to work with parents or other release resources to effectuate safety plans planning with the youth and all release resources;
 - vii. Appropriate expectations of behavior for psychiatric diagnoses common to this population and strategies for behavior change of youth with these diagnoses; and
 - viii. Psychotropic medication administration, management, and recognition of side effects.

- k) In addition to the required LSP staff outlined this section and in these Standards, the following staff are required to provide services for youth who have demonstrated fire setting behaviors:
 - i. Occupational Therapist: Must have NYS License to practice Occupational Therapy, with experience working with adolescents who exhibit pervasive fire-setting behaviors.
 - ii. Fire Safety Trainer: BA preferred in a related field, with demonstrated experience working with adolescents who exhibit pervasive fire-setting behaviors.

8. **Intensive Short Term Support:** *This section contains those standards that are specific to LSP Program services for children/youth in need of short-term placement in an intensive support setting. These standards apply in addition to those in previous sections of the Juvenile Justice Limited Secure Placement Quality Assurance Standards. In some areas, standards in this section may be more stringent than those in the main text of the Juvenile Justice Limited Secure Placement Quality Assurance Standards. Where this is the case, this section takes precedence*
- a) Intensive Support will be used at the discretion of ACS for youth and families in need of crisis management and support during periods of time of a maximum of approximately three (3) weeks or 21 days.
 - b) This Specialized LSP Program site must be divided in a way that allows for two (2) small groups of youth to operate independently from each other. There may be times when one (1) group of youth in this LSP Program site is female youth and one (1) group in this LSP Program site is male.
 - c) Intensive Support placements must include assessments, counseling, medical and mental health intervention, and crisis management services for youth and families with the goal of establishing stability, identifying treatment needs and service resources for youth and families.
 - d) Placement in Intensive Support will be subject to ACS approval and may be used as an intermediary step between placement options, as required.
 - e) A crisis management plan must be added to individualized treatment plans for youth in Intensive Support and will include assessments describing the underlying cause of the youth and family's crisis and/or need for temporary intensive support; as well as the short-term goals established to get the youth and/or family through the temporary crisis, and achievement of such goals.
 - f) Medication management, if warranted, may be an integral part of supporting youth during temporarily placement. The LSP contractor must assist the youth and the family to ensure medication is taken as prescribed, and to gain an understanding of the prescribed medication regimen, including the benefits and side effects of the medication, and how the youth can learn to manage the medication regimen independently.
 - g) The LSP contractor shall integrate structured educational programs and structured, closely supervised therapeutic recreational events into the Intensive Support program. Emphasis shall be placed on promoting healthy, age-appropriate activities and interaction, while still providing a therapeutic milieu, including counseling, support and psychiatric consultation.

h) Staff training for this specialized placement shall include, but not be limited to:

- i. Modality of treatment to be utilized;
- ii. Working with highly aggressive and assaultive youth;
- iii. Understanding and treating trauma and its manifestations;
- iv. Intensive de-escalation techniques; and
- v. Effective safety planning.

Staffing shall be consistent with the LSP staffing ratio of two (2) staff members for every six (6) children. In addition, Intensive Support placement shall have one (1) supervisor on site at all times.

PART VI: AFTERCARE

Following a period of limited secure placement, aftercare is the next step in the continuum for adjudicated juvenile delinquents in New York City. LSP contractors shall deliver their own aftercare services to support youth returning to their families or other release resources and home communities through the provision of evidence-based, adaptations of evidence-based, or promising practice models, as well as linkages to various local community-based organizations (unless the provision of aftercare by another LSP contractor is more appropriate to the situation of the youth and family). The aftercare component of limited secure placement is critical to the success of reentry and reunification and requires regular, open communication among all parties involved. LSP aftercare staff will work collaboratively with the ACS Placement and Permanency Unit, as well as LSP residential staff to offer the necessary support to every youth and family served. Aftercare staff shall begin communication with the ACS Placement and Permanency Unit and LSP residential staff during the placement period and initiate engagement with the youth and family prior to release, to help facilitate a smooth transition.

A. Agency Goals and Objectives

1. ACS is committed to helping youth returning from LSP to reintegrate safely into their home communities and to return to family settings when possible. ACS's goals and objectives are to provide quality aftercare services to the JD population of young people who are transitioning back into their home communities through the use of an evidence-based model, adaptation of an evidence-based model, or a promising practice model. Programming shall work to help stabilize the family while increasing the family's utilization of community resources for the youth to remain safely at home while receiving services and avoid further interaction with the juvenile or criminal justice system. LSP aftercare staff shall foster engagement in pro-social community activities such as sports, art and/or music programs (at no cost to the youth's family). Additionally, to promote the continuity of services from placement through aftercare, there must be continuity between the behavior management system utilized in LSP facilities (described in Part IV of these *Juvenile*

Justice Limited Secure Placement Quality Assurance Standards) and the system utilized in aftercare.

2. These program models will:
 - a) Serve youth and their families in their own neighborhoods;
 - b) Prevent recidivism;
 - c) Stabilize youth within the family;
 - d) Improve family functioning;
 - e) Reduce truancy, substance use, curfew non-compliance and other teen-specific maladaptive behaviors;
 - f) Strengthen parenting skills; and
 - g) Ensure all youth are safe, healthy and well cared for.

B. Eligibility

1. All LSP-placed youth will be provided an aftercare service.
2. All aftercare programs must be able to accommodate their own placement population, with the necessary accommodations made for youth with developmental disabilities.
3. All LSP aftercare programs that provide group programming must also be designed in a way that youth participate with others in their age group, gender, gender identity where appropriate, and/or developmental stage.
4. All LSP aftercare programs must adhere to the *ACS Promoting a Safe and Respectful Environment for Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) Youth and their Families Involved in the Child Welfare, Detention and Juvenile Justice System* policy.

C. Case Planning, Communication and Case Coordination

1. Case Planning, communication and case coordination are critical for the success of youth transitioning from placement to the community and require the following:
 - a) LSP residential staff shall confirm the aftercare plan with the ACS Placement and Permanency Unit as early as possible during the placement so that the appropriate LSP aftercare staff can participate in release planning.
 - b) LSP aftercare staff must prepare for and participate in permanency planning and support meetings and other necessary meetings, scheduled to occur 30 days after youth's release to aftercare and as necessary until the expiration of the youth's dispositional order.

- c) Prior to the youth being released, the PPS, the LSP aftercare provider, and the youth shall sign the required Conditions of Release form, which will reflect that the youth participate in post-residential services and the aftercare services that will be provided, or any other required program.
- d) Within **24 hours** after release, the PPS and the LSP aftercare provider must establish contact by phone to confirm the youth's arrival home. The LSP aftercare provider must make the first therapeutic contact with the youth and family in the community within 48 hours of release.
 - i. The LSP aftercare worker shall make contacts in keeping with the requirements of the evidence-based, adaptation of evidence-based, or promising practice model being implemented.
- e) LSP aftercare providers will maintain case planning responsibility through the expiration of a youth's delinquency placement. To this end, case planning is defined as a dynamic, comprehensive, and collaborative process that should start as early as possible (e.g. at the time of youth's admission to placement) and continue throughout a youth's expiration of placement. The case planner must be clear about the needs and strengths of youth and their families; identify the services and resources required for youth and families to address and resolve any issues, risks, and barriers – and work directly with the ACS Placement and Permanency Specialists (PPS) assigned to each youth and others involved with the youth and family to promote the engagement of youth and families in the planning/action process. The case planner also assures youth and families of continued support and supervision while reinforcing the value of assuming control of their lives and actively working within their own support networks to reduce the likelihood of recidivism.

2. The main components that should be considered in planning include:

- providing concrete and viable information to help youth and families connect with services, post-completion of disposition;
- providing care coordination by maintaining collateral contact with other service providers to ensure continuity of services during placement and post-completion of disposition;
- working with youth and families and checking in with them, at minimum on a bi-weekly basis, to verify that the youth is keeping appointments, attending school, is in compliance with a treatment regimen including medication;
- ongoing assessment of concrete needs including housing, clothing, food, etc.;
- promotion and verification of youth's ongoing participation in recreational activities that promote positive behavior;
- referring and linking youth and families with appropriate next step resources based on their needs before the youth's expiration of placement; and
- Collaborating with PPS to troubleshoot public safety and service/resource needs.

D. Release Revocations

1. The PPS will make a decision about whether to seek to remove a youth from the community and return the youth to out-of-home care (revoke the youth's release) when the youth has engaged in serious misconduct; has been arrested and/or found guilty of having committed a serious offense; or for a combination of other factors that have made the youth's release unsafe or untenable. The revocation decision must be made in consultation with ACS staff on the managerial level and will be based on an assessment of the severity of the behavior within the context of the youth's adjustment to aftercare services in the community. The ACS Placement and Permanency Unit will have an internal case conferencing process, to assure that revocations are consistent with ACS procedures and practices. Prior to the decision to pursue a revocation of the youth's release, efforts shall be made to engage the youth, family and aftercare worker to develop a plan to prevent revocation. The following, which have been adapted from 9 NYCRR Section 169.1, may also be reasons for ACS to revoke a youth's release:
 - a) Failure to adhere to a reasonable curfew;
 - b) Association with persons whose influence would have a detrimental effect, including but not limited to persons previously convicted of crime or having a known criminal background;
 - c) Once youth is connected to an appropriate school, failure to attend school in accordance with the provisions of part I of article 65 of the Education Law and/or cooperate with the CTH CSS and/or aftercare worker in seeking to obtain and in accepting employment and employment counseling services;
 - d) Failure to abstain from the use of alcoholic beverages, hallucinogenic drugs, habit forming drugs not lawfully prescribed, or any other harmful or dangerous substance;
 - e) Failure to report to the CTH CSS as directed;
 - f) Commission of an act which would be a crime if committed by an adult;
 - g) Operation of a motor vehicle without a license;
 - h) Failure to obey all reasonable commands of parents or other persons legally responsible for care and treatment;
 - i) Running away from the lawful custody of parents or other lawful authorities; and
 - j) Failure to abide by any other reasonable condition of which the youth is informed.

E. Discharge

1. Youth may complete therapeutic aftercare services prior to placement expiration, but the LSP aftercare provider retains case planning responsibilities with respect to the youth until the expiration date of a youth's placement. Treatment may continue beyond the placement expiration date, as clinically warranted but shall be on a voluntary basis only.
2. Discharge readiness and plans shall be discussed during the planning meeting(s).

F. Program Site Location(s) and Facility Standards

1. Nearly all aftercare services should be provided in the family's home or at locations in the communities in which the youth and family live (e.g. the youth's school, community-based mental health clinics, community-based after-school programs, community settings, and not in the aftercare worker's office). LSP contractors must consider the safety needs of families when determining if home-based services are appropriate, for example, when there is a history or evidence of domestic violence in the family. ACS also recognizes that LSP contractors may need to supplement home-based services in certain situations. For example, some families' living situations may prevent effective home-based treatment due to multiple families sharing a common space, or when language translation services are required.
2. The program facility (or collection of facilities) must be readily accessible and usable by individuals with disabilities, including but not limited to, people with visual, auditory, and/or mobility disabilities. The facility should be easily accessible to youth and families being served and only a short walking distance of some form of New York City public transportation.

G. Community Partnerships

1. ACS encourages the forming or enhancement of existing community partnerships or linkages with community based organizations. LSP aftercare staff shall work to develop and support holistic, seamless local networks of service providers, community members and families, and other stakeholders with the goal of assisting families and offering safety and support where they reside. Agencies shall identify community needs and draw upon community resources to address those needs and work to identify and overcome obstacles to success. Aftercare programs are encouraged to connect youth and their families to a partnership (if one exists) in the community to which the youth is returning from limited-secure placement. Besides ACS contractors, community partners are thought to include representatives from health, mental health, substance abuse, and domestic violence service providers and will be encouraged to continue to build this network. Partnerships include birth/caretaker families and foster families. They also include residents, community leaders, school personnel, police precinct staff, employment readiness programs, child and youth development programs, housing organizations, faith and civic groups, and local business owners.

H. Neighborhood-Based Services

1. LSP contractor staff shall establish linkages and referral protocols with neighborhood-based service providers when appropriate to the model.
2. The aftercare worker shall build supportive services and work in partnership with other providers in the community to best meet the needs of children and families living in the community.
3. Aftercare staff shall make every effort to actively participate in the Neighborhood Network within their community. A Neighborhood Network is a collaboration between community-based ACS staff, ACS contract agencies assigned to specific community districts, other local service providers, and community stakeholders.

I. Accessibility of Services

1. The LSP contractor shall describe the geographic proximity of its aftercare service site(s) to the youth and families most likely to receive services. The LSP contractor shall detail the modes of transportation available to access the service site(s) and the approximate travel time and distance from public transportation locations to the site(s).
2. The LSP contractor shall develop a general strategy for ensuring that the program site's hours of operation reflect the needs of the youth and families to be served. This strategy shall include flexible hours to accommodate school hours and working family members in a manner that is least disruptive to daily life activities, religious proscriptions, medical and health related conditions, and neighborhood safety conditions.
 - a) The aftercare worker shall assess the communications skills of each youth and family to be served and shall address identified family literacy limitations so that oral and written communications occur at an appropriate level, to ensure the client's full participation in and understanding of the services offered.
 - b) The aftercare worker shall make services accessible to clients with physical disabilities. Strategies for doing so may include, but not be limited to, offering TDD services, raising staff consciousness about disabilities, utilizing large print informational reading materials, and establishing referral protocols to programs serving disabled communities.

J. Social Work Services and Advocacy

1. Aftercare staff shall establish linkages with organizations providing expert and specialized services to individuals with chronic physical, mental or developmental disabilities, prenatal and postnatal counseling and services, parenting services, alcohol and substance abuse.

Staff will implement protocols for referring clients to neighborhood-based services when such services are appropriate and available.

2. Aftercare staff must have a process of systematic collection of information on participant characteristics, staff characteristics, and participant service experiences to ensure services are being implemented with fidelity to the model, program intent, and structure.

K. LSP Aftercare Contractor Staff

1. Staff Qualifications

- a) LSP aftercare contractor staff shall ensure that culturally and linguistically competent services are provided through a staff that is representative of the population served and fluent in the languages spoken by participating youth and family members, including hiring staff from the same community where the program services are being provided. Social work staff shall have experience and skills with the practices and concept of family treatment/family systems and evidence based interventions, as well as knowledge of and experience with youth development, domestic violence issues, and substance abuse issues.
- b) The LSP contractor shall profile the credentials of its staff, including, but not limited to, the number of staff, educational degrees, languages spoken and areas of specialization, and describe how these impact upon and address service needs of the targeted population.
- c) Social work staff shall have demonstrated experience and skill with, and commitment to, the practices and concept of family treatment, as well as knowledge of and experience with domestic violence issues and substance abuse issues.
- d) Staff shall adhere to all program model qualifications and experience requirements for the proposed model.
- e) Staff must demonstrate expertise and commitment to the evidence-based model or promising practice model to be utilized for this population.

2. Staff Training and Development

- a) The LSP contractor shall ensure that all appropriate staff receive periodic and regular training about relevant child welfare and juvenile justice topics including, but not limited to, substance abuse, adolescent development, psychotropic medication and medication management, working with families, concurrent planning, domestic violence, teen relationship abuse, HIV/AIDS, behavior modification and management, child development disorders, LGBTQ training curriculum, gender identity, and expression, sexually acting-out, crisis intervention, trauma theory, neglect and abuse, and youth and gang violence.
- b) The LSP contractor shall ensure that all appropriate staff receive training specific to the provision of neighborhood-based services, including training on community characteristics, resources, and needs, and on how to successfully negotiate services for youth within a neighborhood-based environment.

- c) The LSP contractor will make every effort to ensure that training incorporates and encourages the participation of representatives from community-based service providers who provide culturally appropriate and linguistically supported programs including services for young women, pregnant and parenting youth, lesbian, gay, bisexual, transgender and questioning youth (youth questioning their sexuality), such as local hospitals, police precincts, and drug treatment centers, as well as community residents.
- d) The LSP contractor shall provide training about how to recognize and assess the presence of domestic violence and substance abuse as well as methods for performing appropriate interventions.
- e) The LSP contractor must ensure that all of its staff are trained or are being trained in the use of the treatment model being implemented.
- f) The LSP contractor shall provide training to aftercare staff on the model being used in the residential facility to promote a more seamless transition from placement to aftercare.
- g) The LSP contractor will have a strategy for guiding staff in balancing the task of delivering program content while being responsive to a family's cultural beliefs and immediate circumstances.
- h) The LSP contractor will have a method to train staff on delivering the model with a supervisory system to support direct service staff and guide their ongoing practice.
- i) The LSP contractor will maintain reasonable caseloads, which enable direct service staff to accomplish core program objectives.

L. Monitoring, Evaluation and Quality Improvement

1. Case Record and Record Keeping

- a) The LSP contractor shall cooperate with ACS and OCFS assessment, evaluation and technical assistance systems, and shall provide all information necessary to allow ACS to fulfill these responsibilities.
- b) The LSP contractor shall maintain adequate case files and fiscal records, and ensure that staff follow appropriate record-keeping practices and procedures, in a manner which is in compliance with and supports all existing Federal, State, and City laws, rules, and regulations, and is consistent with policies, procedures, and standards promulgated by ACS, including the utilization of electronic data management systems such as the New York State systems of record (i.e. Child Care Review Service [CCRS] and CONNECTIONS [CNNX]).
- c) The LSP contractor shall provide sufficient information to ACS to enable data collection and monitoring of additional performance indicators as appropriate and as part of a full evaluation process.
- d) The LSP contractor shall comply with any ACS request to obtain additional data specific to the needs of this population.
- e) The LSP contractor shall comply with any ACS request to submit critical incident/fatality reports.

M. Quality Assurance

1. The LSP contractor shall comply with ACS policies and procedures regarding evaluations, best practices and improvement strategies as appropriate.
2. The LSP contractor shall work with DYFJ consultants and monitors to ensure performance standards are maintained, including, but not limited to, scheduling site visits, access for case record reviews and evaluations and attendance at pertinent meetings and trainings. ACS Scorecard staff are responsible for ongoing monitoring of contractor agency practice at the program level, through case reviews and quality improvement efforts.
3. The LSP contractor shall have access to clinical consultants who are associated with the model being provided, to provide case consultation and advice on program and clinical issues.
4. The LSP contractor shall comply with the program model's policies and procedures regarding case documentation and quality assurance measures.
5. The LSP contractor shall work with Conference Facilitators/Specialists employed by Children's Services who are involved in case planning and decision-making on individual cases, traditionally done through Family Team Conferences (FTC) convened at regular intervals, and at critical points in a family's involvement with child welfare services. ACS will work with the contractor to make modification to FTC requirements to ensure compliance with the program model.
6. The LSP contractor shall maintain internal quality assurance systems that demonstrate continuous program improvement, utilizing program specific data to inform that process.

N. Scorecard

1. Programs will be evaluated using an ACS Scorecard, with indicators developed specifically for LSP. Performance measures will capture programs' performance in meeting regulatory requirements, achieving desired outcomes for the families they are serving, and sustaining a high-quality service delivery system. The Scorecard will capture data through monthly reports required from all programs, qualitative reviews conducted by ACS and other required reporting mechanisms. The reporting mechanisms will vary depending on the categorization of the program (i.e., preventive or otherwise) and will include but not be limited to the NYS Child Care Review Service data base (CCRS) and Connections (CNNX). The evaluation will be conducted regularly, and programs will be expected to initiate corrective action plans as needed to address deficiencies identified in the evaluation. In addition, ACS may base decisions about contract renewal and program capacity on the

results of the annual Scorecard. Modifications to the Scorecard tool may be made to ensure model fidelity.

PART VII: PERSONNEL REQUIREMENTS

A. Staff Qualifications

1. Social Work and Direct Care Services

- a) Director of Social Work Services: A Master's degree in social work and a minimum of three (3) years of experience in a supervisory capacity supplemented by or including experience in the field of juvenile justice.
- b) Supervisor of Social Work Services: A Master's degree in social work and a minimum of (3) years of experience, at least one of which shall have been under qualified supervision in the field of juvenile justice.
- c) Site Director (for General Programs): At minimum, a BA/BS/BSW in an appropriate discipline with seven (7) years documented satisfactory experience working with court-related youth and at least three (3) years of experience working in a residential setting. The site director should also have at least two (2) years of supervisory experience.
- d) Site Director (for Specialized Programs): LMSW or equivalent human services graduate degree and a minimum of seven (7) years documented satisfactory experience working with court-related youth; at least three (3) years of experience working in a residential setting; and at least two (2) years working with the specific specialized population that the site will serve.
- e) Supervisor of Direct Care: Shall be qualified by appropriate training and have experience with children living in a group living facility.
- f) Direct Care Worker: Shall have at least a high school or equivalency diploma and shall have experience working with at risk and challenging adolescents.
- g) Intake Worker: MSW or equivalent human services graduate degree (preferred) or BA/BS/BSW with at least two (2) years documented relevant experience. (May be shared across multiple programs).

- h) Caseworker/Social Worker: MSW or equivalent human services graduate degree (preferred) or BA/BS/BSW with at least two (2) years of documented relevant experience.
- 2. Recreation Therapist: BA in recreational therapy and is currently a Certified Recreation Specialist or has the documented equivalent in education, training and experience and is currently competent in the field. This staff is recommended to help LSP contractors enhance their recreational services.
- 3. Care Coordinator: MSW or equivalent human services graduate degree or BA/BS/BSW with at least two (2) years of documented clinical experience. The duties under this position can be performed by the LSP Caseworker.
- 4. Mental Health and Substance Abuse Services
 - a) Clinical Director: Doctoral-level or Masters-level licensed mental health clinical service provider with a minimum of three (3) years of experience in clinical supervision and a supervisory capacity supplemented by or including experience in the field of juvenile justice and program oversight experience. For specialized sites, must have experience with specific population being served.
 - b) Supervising Mental Health Clinician: LCSW (preferred) or LMSW with a minimum of three (3) years of experience in clinical supervision supplemented by or including experience in the field of juvenile justice.
 - c) Psychologist: Licensed as a psychologist in New York State. Doctoral-level clinical psychologist to conduct psychological evaluations, provide services where indicated, make recommendations for treatment, and assist with staff training. An intern may not perform the functions of the psychologist.
 - d) Mental Health Clinician: LCSW (preferred) or LMSW. An intern may not perform the functions of the mental health clinician.
 - e) CASAC: Bachelor-level CASAC to provide chemical use/dependency screening, assessment, intervention and referral. A CASAC-T is prohibited from performing the functions of a CASAC in LSP.
- 5. Family Worker: MSW or equivalent human services graduate degree (preferred) or BA/BS/BSW with at least two (2) years of documented experience in family engagement and treatment.
- 6. Occupational Therapist: Licensed in New York State with at least two (2) years documented relevant experience.

7. Speech-Language Pathologist: Licensed in New York State with at least two (2) years documented relevant experience.
8. Educational/Vocational Specialist: BA/BS/BSW or MSW or equivalent human services graduate degree (preferred) in education, guidance and counseling or related field (including Masters in Ed w/ CRC) with at least two (2) years documented relevant experience.
9. Parent Advocate: Persons who have previously received child welfare or juvenile justice services, have successfully addressed the issue(s) which brought their families to the attention of the child welfare system, have been reunified with their children, if applicable, and subsequently have been trained as parent advocates to work within the child welfare system as set forth in *Title 18 NYCRR 441.2(o)*.
10. Consultants
 - a) LSP contractors may utilize consultants that include, but are not limited to:
 - i. Psychologist: licensed as a psychologist in New York State.
 - ii. Psychiatrist: New York State licensed physician with a specialized rating in adolescent psychiatry.
 - iii. Physician: licensed pediatrician (or family medicine) and currently registered to practice medicine in New York State.
 - iv. Mental Health Professional: LCSW (preferred) or LMSW/licensed mental health professional with equivalent human service graduate degree with at least two (2) years documented relevant experience.
 - v. Substance Abuse Professional: CASAC Bachelor-level CASAC
 - vi. Dietician: Bachelor's degree with major studies in food and nutrition and be registered or eligible for registration with the American Dietetic Association.
 - b) LSP contractors that utilize consultants shall have a signed contract for each consultant and keep a record of the consultative services provided. These staff may be shared across multiple programs.
11. To the degree possible, the LSP contractor shall supply on-site speech, occupational and physical therapy when ordered by the primary care provider.

12. Family Team Conference Facilitator (if necessary): MSW or equivalent human services graduate degree or two (2) years casework and one (1) year group work experience and/or one (1) year supervisory experience.
13. Add-On Staff: It may be necessary for the LSP contractor to hire special staff for a particular youth or group of youth, on a case-by-case basis. ACS must be informed of an agency's decision to hire special staff. In some cases, the decision will be made collaboratively between ACS and the LSP contractor, based on the specialized needs presented by a youth.
14. Staffing and Staff Qualification shall be in accordance with *18 NYCRR Part 442.18* or any successor or amended regulations.

B. Staffing Requirements

1. The LSP contractor shall have staff, professional consultants, or close linkages with resources that are qualified to address the full range of medical, clinical, and developmental needs presented by children and adolescents in residential care. Whenever possible, the LSP contractor shall employ social work staff with at least a BSW or equivalent level of education and/or experience. Staff shall be skilled at engagement of youth and their families, and have a thorough understanding of child and adolescent development. The LSP contractor shall ensure staff are committed to working with juvenile delinquent youth and are experienced and qualified to support youth to obtain the skills and resources necessary to live healthy, productive, and self-sufficient adult lives. Social work staff shall be familiar with the practice and concept of family treatment, and receive training/have experience as well as experience in screening for domestic violence and chemical dependency/use issues and making referrals to appropriate providers for further assessment and services. Experience and qualifications shall include previous work experience with similar populations and credentials in the specific areas of expertise (e.g. CASAC for chemical dependency/use counselors).
2. The LSP contractor shall designate a staff person to be the Domestic Violence (DV) Services Coordinator. This person will schedule and document staff training in domestic violence, and participate in Children's Services-organized forums for domestic violence education and information on issues such as chemical dependency/use and domestic violence, immigration, working with abusive partners, the effects of domestic violence on children, etc. The DV Services coordinator shall receive on-going regular training and education, including case conferencing, on an as needed basis. The DV Services Coordinator monitors provision of domestic violence assessments with birth families and foster families, and the use of the Children's Services DV Screening Tool and Children's Services DV Protocol at intake and periodically afterwards, receives reports of indicated domestic violence from Children's Services CPS and other referring organizations, and conducts outreach and liaison to establish a network of services for domestic violence.

3. The LSP contractor shall designate a staff person (Director level or above) to be the LGBTQ Point Person to serve as a source of support to youth and as a resource to staff on LGBTQ issues. This person will schedule and document staff training in LGBTQ issues, and participate in Children's Services-organized forums for education and information on LGBTQ issues. The LGBTQ Point Person shall receive on-going regular training and education, including case conferencing, on an as needed basis. The LGBTQ Point Person is responsible for conducting outreach and liaison to establish a network of services for LGBTQ youth and their families.
4. The LSP contractor shall assure that all clinical staff including psychologists, mental health clinicians, substance abuse treatment clinicians, physicians, nurse practitioners, nurses, etc. are licensed professionals and meet the qualifications as described here. For those limited services that will not be provided on site, all staff and neighborhood-based medical and mental health professionals working with the LSP contractor shall have demonstrated experience and skill with, and commitment to, the practices and concept of effective health care management, as well as knowledge and experience with issues affecting health care provision, coordination, and integration.
5. The LSP contractor shall be responsible for the verification of credentials and references and screening of all current and prospective employees, contractors and volunteers in accordance with ACS policy. Such screening shall include but not be limited to the following:
 - a) Requesting a check of the Staff Exclusion List (SEL) by the Justice Center
 - b) New York State Central Register Clearance (SCR)
 - c) Criminal History Record Check
 - d) Applicant's Employment History
 - e) References
 - i. LSP contractors shall obtain from all prospective staff the names, addresses and, telephone numbers of three (3) references who can verify the applicant's employment history, work record and qualifications is required. LSP contractors shall request written statements from three (3) references including previous employers. When written statements are not received, the LSP contractor shall follow up by telephone. These statements shall become part of the individual's employment record.
 - f) Physical Examination

- i. A physical examination shall be required of all staff as a condition of employment, which shall include an intradermal tuberculin test, with chest x-rays where such test result is positive. The candidate needs to be certified in writing for fitness of employment. Such certification shall be retained by the LSP contractor and kept available for inspection.
6. See *Title 18 NYCRR Part 442.18* or any successor or amended regulations for additional information regarding institutional personnel requirements.

C. Probationary Employment

1. The LSP contractor may not retain an employee on a probationary basis until confirming that the employee is not on the Justice Center's Staff Exclusion List (SEL). If the employee is not on the SEL, the contractor may temporarily approve the employee pending the results of the criminal record review conducted by the Justice Center and the SCR. Probationary hires are not allowed unsupervised or unrestricted contact with youth, and the contractor must have policies that address the supervision and responsibilities of the temporarily approved employee. The LSP contractor shall keep in confidential personnel files documentation describing supervision and measures taken to ensure the safety of children with whom such an employee is working, pending background clearance. The LSP contractor shall notify Children's Services of decisions to hire employees on a probationary basis pending the results of a criminal background check and the SCR check.

D. Suspected Abuse or Maltreatment of Children/Youth by an Employee

1. The LSP contractor must adhere to ACS policies and all applicable Federal and State laws and regulations regarding suspected abuse or maltreatment of children/youth by an employee.

E. Children's Services' Request for an Employee Review

1. Children's Services reserves the right to request that the LSP contractor review the performance of any employee who has direct contact with children and/or families referred by Children's Services pursuant to their contract. Upon completion of the review, the LSP contractor shall take appropriate action with respect to the employee, and thereafter notify Children's Services of such action.

F. Staff Development Supervision

1. All caseworkers must receive at least one hour per week of individual supervision for the purpose of professional development from an MSW, or equivalent human services graduate degree, level supervisor. In the event of extended absences/vacancies in a supervisory position, the director of the program shall arrange for coverage and maintain the provision of weekly individual supervision and case reviews.
2. It is recommended that supervisory case reviews occur in the context of supervision (individual and/or group) with the caseworker(s), child care staff and supervisor(s) and that the case reviews include thorough discussion of the preceding and current case issues and dynamics; careful monitoring of the quality of the casework provided; and clear support and guidance to staff in making critical case-related judgments and decision.
3. All direct care staff must receive at least one hour per week of individual or group supervision.
4. Supervisors are responsible for maintaining a record, outside of the system of record case record, of weekly supervision meetings with each of their staff. Weekly occurrences of supervision for professional development shall be documented at minimum in a monthly summary of the key aspects of supervision bulleted above. Supervisors shall also keep records of all performance reviews.

G. Performance Evaluation

1. Performance evaluations of all staff shall be conducted annually at a minimum. For new staff, the first review is conducted within six (6) months and annually thereafter. Performance evaluations shall be based on information from direct observation of job performance on an ongoing basis during weekly staff supervision and monthly social worker/foster parent contact and includes observed interaction with the child and/or birth families/discharge resources. Results of performance evaluations shall be incorporated into the performance plan for the coming year. Performance evaluations shall result in the LSP contractor's effort to strengthen constructive behavior and reward positive performance. Performance evaluations shall also be used to develop training objectives for staff.

H. Cultural Competence

1. LSP contractors shall ensure that programs are operated with understanding and respect for community needs and cultures. Culturally and linguistically competent services shall be provided by a staff that is representative of the community served and fluent in the languages spoken by youth and family members. To the extent possible the LSP contractor shall recruit and hire appropriately qualified staff from the community served. When it is not feasible to hire bilingual/bicultural staff from each different ethnic/cultural group in the community served, the LSP contractor shall have a Memorandum of Understanding

(MOU) with community-based organizations or have access to interpreter and translation services needed to serve non-English speaking youth, parents, discharge resources and kinship resources.

2. The LSP contractor shall provide culturally and linguistically competent services through staff that is representative of the communities served and fluent in the languages spoken by participating children and family members. Such staff shall reflect that the LSP contractor is able to assess the needs of the local community and is meaningfully linked to local community/ies resources, and that the program is led and operated with understanding and respect for community/ies needs and cultures. The LSP contractor shall make diligent efforts to recruit and hire qualified staff that reflects the ethnicity/race of the community served. When it is not feasible to hire bilingual/bicultural staff from each different ethnic/cultural community group, the LSP contractor shall have “letters of linkage,” memoranda of understanding, or other written agreements with community-based organizations or have contractual arrangements with interpretation and translation services needed to serve non-English speaking children and family members.

I. Political Activity/Religion

1. LSP contractor staff may not engage in or promote partisan political activity or religious worship, instruction or proselytizing during the conduct of their employment. The religious affiliation of the LSP contractor or individual staff members shall not influence the delivery of services as set forth in *Title 18NYCRR 441.11(a) and (b)*, or any successor or amended regulation.

J. Staff Training and Development

1. LSP contractors shall continually assess the training needs of the LSP contractor staff based on the population of youth in the LSP contractor’s care and tailor the training to ensure that its staff receives appropriate training.
2. LSP contractors shall have an annual training plan, which describes the specific trainings and hours of each that are required of and offered to each staff level. LSP contractors shall be able to track and monitor staff compliance with annual training requirements.
3. The attendance, time and substance of all pre and in-service training must be documented and available to ACS.
4. LSP contractors must provide comprehensive training for staff who come into contact with youth to equip them with skills to deal positively and effectively with problem behavior; assist them in meeting the needs of a diverse population of youngsters in their care;

receive information on techniques in identifying trauma and addressing trauma triggers, understanding adolescent development, managing behavior and preventing abuse/maltreatment, and meeting the contractual requirements of the service contract.

5. Training for staff coming into contact with youth and their supervisors shall consist of both on-the-job and classroom training. In addition to covering the specific topics listed below, the training shall provide a common language and open communication about behavior challenges and solutions for staff – including social service staff, direct care staff, therapists, educational specialists, parents and youth.
6. All training for staff coming into contact with youth and their supervisors shall be geared toward developing an understanding of the needs and characteristics of the population in care and skills building to provide emotional support and care, and appropriately manage the behavior of youth in placement. Such training shall also include all skills that are identified as needing improvement in the individual staff's annual performance evaluation.
7. All LSP staff must receive training in the ACS designated program approach. This can include, but is not limited to, two weeks of pre-service training in addition to the pre-service training requirements below. Additionally, LSP contractor staff are required to participate in intensive ongoing coaching and technical assistance.
8. All LSP staff who have contact with youth, or who supervise staff who have contact with youth, shall also receive a minimum of eighty (80) hours of pre-service training in, but not limited to, these topics (the number of hours for each topic is at the discretion of the provider, except required Suicide and Crisis Management and Physical Restraint Interventions):
 - a) Overview on Family Court, and particularly the juvenile justice system;
 - b) Critical thinking, case decision-making, communication skills, and report writing;
 - c) All reporting requirements, including mandated reporting of child abuse;
 - d) CPR, First Aid and the use of a defibrillator;
 - e) Crisis Management and Physical Restraint Interventions: The LSP contractor must utilize the ACS designated crisis management and physical restraint intervention technique. The LSP contractor shall ensure that the LSP contractor's trainers are trained and certified by the ACS provided training. Ongoing training shall also be provided. The LSP contractor's training to staff must provide, at minimum, the following to all direct care staff:

- i. Appropriate procedures for preventing the need for physical restraint, including the de-escalation of problematic behavior, relationship and trust building, and the use of alternatives to restraint;
 - ii. Instructions for developing individual behavior plans for each youth;
 - iii. The methods for evaluating the risk of harm in individual situations in order to determine whether the use of restraint is warranted and the description and identification of dangerous behaviors on the part of youth that may indicate the need for physical restraint;
 - iv. The simulated experience of administering and receiving a variety of physical restraint techniques, ranging from minimal physical involvement to very controlling interventions (ACS Policy outlines specific allowable physical restraint techniques);
 - v. Instructions regarding the effects of physical restraint on the person restrained, including instruction on monitoring physical signs of distress and obtaining medical assistance;
 - vi. Instructions regarding debriefing with and staff after a physical restraint has taken place;
 - vii. Instruction regarding documentation and reporting requirements and investigation of injuries and complaints; and
 - viii. Demonstration by participants of proficiency in verbal de-escalation and administering physical restraint through successfully passing a skills exam.
- f) Adherence by LSP contractors to ACS policies and procedures regarding the use of Safe Crisis Management (or other approved crisis management and physical restraint intervention). Prior to beginning LSP facility operations, each LSP provider will have sufficient staff who know SCM (or other approved crisis management and physical restraint intervention) well enough to be a certified SCM (or other approved crisis management and physical restraint intervention) trainer of the LSP staff (based on a ratio of 1 trainer per 12 employees for training purposes), be able to present SCM (or other approved crisis management and physical restraint intervention) training at both pre and in-service training, and be able to test the skill level and decide a grade for passing or failing a specific technique for their employees.
- g) Emergency procedures, including fire and “disaster” escape planning, fire safety, establishment of a disaster plan, and emergency medical procedures;
- h) Youth development; the effects of abuse (including sexual abuse), maltreatment, trauma, loss and separation, and living with domestic violence on youth; and the range

of behaviors, including substance abuse, that youth engage in to cope with these issues, and how to appropriately respond to them;

- i) Positive Youth Development and Strengths Based Practice principles;
- j) Providing gender specific service and implementing program practices to meet the differing needs of girls and boys in limited secure placement;
- k) Personal youth and facility search techniques and ACS search policies;
- l) Common psychological and psychiatric diagnoses of youth in LSP, including what types of behaviors to expect from youth with diagnoses and how to manage and change behavior;
- m) Medication administration and training on common psychotropic medications used with youth, including the risks/side effects associated with such medication and basic information about the use of psychotropic medications and diagnoses;
- n) Family planning and sexual health, including youth's rights to access confidential services on their own and HIV/AIDS;
- o) Supporting lesbian, gay, bisexual, transgender and questioning (LGBTQ) youth in care, in accordance with ACS policy; *Promoting a Safe and Respectful Environment for Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) Youth and their Families Involved in the Child Welfare, Detention and Juvenile Justice System*;
- p) The importance of initial and ongoing medical and mental health treatment and the importance of keeping scheduled appointments as well as compliance with treatment;
- q) Information about the education system in the City, including the special education system, and the importance of continued education for youth. The expectation is that all youth can and should succeed academically, training must include information about how direct care staff can provide educational support during non-school hours, such as providing homework assistance;
- r) Cultural Competency; and
- s) For all staff working with youth who have returned to the community: safety/risk of youth who have recently been released back into the community, peer relations, importance of pro-social activities, re-establishment of parent/caregiver as person of authority in youth's life, and relapse prevention.

9. If any of the required two weeks of model or approach training covers the above topics (excluding the SCM training requirements) LSP contractors are able to count those trainings towards the 80 hours of pre-service training.
10. All LSP staff who have contact with youth, or who supervise staff who have contact with youth, shall also receive a minimum of thirty (30) hours of in-service training annually (forty (40) hours of in-service training for LSP staff in specialized programs, additional training required as outlined in Part V of these Quality Assurance Standards) which may include, but not limited to, the topics listed above.
11. The LSP contractor shall ensure the provision of at least two and a half hours of pre-service training and two and a half hours of annual refresher training for all direct care staff in suicide awareness, assessment, prevention, and response to suicide attempts.
12. The LSP contractor shall ensure that all staff receive training specific to the provision of neighborhood-based services, including training on community characteristics, resources, and needs, and negotiation of services for youth within a neighborhood-based environment.
13. The LSP contractor shall make every effort to ensure that training incorporates and encourages the participation of community-based service providers, such as local hospitals, mental health providers and family support programs, police precincts, and drug treatment centers, as well as community residents and leaders.
14. Supervisors shall have the ability to assess the professional development needs of their staff, and support those needs and provide opportunities for growth. Supervisors shall conduct quality assurance case reviews with staff, and provide staff with reflective supervisory support and regular evaluations.
15. Staff Training – Providers of Health, Mental Health and Substance Abuse Services, and Coordinators of Health Services
 - a) In addition to clinically appropriate trainings, the LSP contractor shall develop a strategy to ensure that health coordinators as well as mental health and substance abuse service providers who are working with youth in their care receive orientation or training in issues such as the importance of a strength based approach to assessment and treatment as well as the following topics:
 - i. The LSP contractor’s responsibility for coordinating the health care provided to youth in its care, the need for documentation of provided health services, and how HIPAA applies to youth in placement;
 - ii. How the health care coordinator will interact with the ACS contractor health provider, the youth's discharge resources and other service providers; and

- iii. Common health, emotional and behavioral issues affecting youth in juvenile justice placement, including the trauma that often results from abuse/maltreatment, community violence, and separation from one's parents

K. Workplace Violence Prevention

1. Evaluation: The LSP contractor shall evaluate its workplace(s) to identify factors or situations in the workplace(s) that might place employees at risk of occupational assaults and/or homicide.
2. Workplace Violence Prevention Program: Based on the findings of the workplace evaluation, the LSP contractor shall develop a written workplace violence prevention program, which specifies the workplace violence risk factors identified and methods the employer will use to prevent incidents of workplace violence.
3. Training of staff: Employees will be trained at the point of initial hire, and annually thereafter, on all aspects of the workplace violence prevention program including, but not limited to:
 - a) the measures employees can take to protect themselves from such risks;
 - b) clear instructions for employees on how to report workplace violence risks and/or violations;
 - c) specific procedures the employer has implemented to protect employees, such as appropriate work practices, emergency procedures, use of security alarms and other devices; and
 - d) the details of the written workplace violence prevention program developed by the employer, including the location and availability of the written workplace violence protection program.

PART VIII: REQUIRED DOCUMENTS AND RECORDKEEPING

A. Program Manual

1. The LSP contractor shall develop a comprehensive program manual which includes, but is not limited to: a comprehensive overview of the program model; LSP contractor administrative and organizational information; site specific information, description of program services and permanency planning (including, but not limited to, specific services for LGBTQ youth, pregnant youth, and parenting youth); comprehensive safety plan which focuses on helping youth de-escalate harmful behaviors; a description of how the LSP contractor will coordinate with the contracted on-site medical, dental, and psychiatry providers; a description of support services for families, case practice information; personnel policies and procedures; the LSP contractor's responsibility in case flow; and

record keeping and data management information. This manual shall also include a directory of resources, which shall be updated on a calendar basis by each LSP contractor.

2. In addition to LSP contractor policies relating to the provision of services in LSP, the Program Manual submitted must include, but is not limited to, the following:
 - a) Organizational papers such as a true copy of the Certificates of Incorporation filed with the New York Secretary of State, by-laws, and any other related documentation reasonably requested by Children's Services;
 - b) Personnel policy practices including such matters as job descriptions and qualification requirements, hiring and selection practice, personnel grievance procedures, benefits and leave, salary increases, holiday schedules and other related matters;
 - c) Purchasing policy and procedures;
 - d) Fiscal policies and procedures;
 - e) Intake and planning procedures;
 - f) A completed safety plan that provides specific and detailed procedures for responding to a range of incidents, including natural disasters;
 - g) Management practices and procedures; and
 - h) Written description of Quality Assurance Plan.
3. Appropriate Children's Services and OCFS personnel/staff will review and must approve the LSP Program Manual. Children's Services may direct the LSP contractor at any time, and from time to time, to rescind, modify or add to its Program Manual to bring the Standards and Procedures in compliance with these *Juvenile Justice Limited Secure Placement Quality Assurance Standards*, the Law and Children's Services Policies.
4. Children's Services Review
 - a) The LSP contractor, when requested, shall make available for Children's Services review, a copy of the Program Manual.
5. Previously Submitted Program Manual
 - a) If, in response to a request by Children's Services, an LSP contractor believes it has previously submitted a copy of its Program Manual, the LSP contractor shall give written notice to Children's Services of the date of submission and shall certify that the Program Manual of Standards, Policies and Procedures stated therein are currently in

effect. ACS may review, in whole or in part, or decline to approve the Program Manual of the LSP contractor. ACS may direct the LSP contractor at any time, and from time to time, to rescind, modify or add to its Program Manual to bring the Program Manual into compliance with the law, and/or ACS policies.

6. Changes to Program Manual

- a) The LSP contractor shall notify ACS in writing within thirty (30) days of any changes in its Program Manual.

B. Documentation of Case Records

1. The LSP contractor shall maintain adequate case files and fiscal records, and shall ensure that its staff follows appropriate record-keeping and retention practices and procedures, in a manner that is in compliance with and supports all existing federal, state and City laws, rules, and regulations, and is consistent with policies, procedures, and standards promulgated by Children's Services. The LSP contractor shall keep separate files and records for each youth so that they may be readily identifiable from those relating to other activities of the LSP contractor. In addition to information normally kept by the LSP contractor in individual files, such as basic information about the individual, describing and recording each use of the services by the individual, and the individual's progress, the LSP contractor shall include such other information in individual files as Children's Services may require.
2. The LSP contractor shall upon reasonable notice and request by Children's Services, provide information and records relating to youth in the custody of Children's Services. Children's Services shall have access to information and records including, but not limited to, information and records pertaining to programs, birth parent[s], family, extended family or other discharge resources, foster parents, and compliance with legally mandated activities. The LSP contractor shall collect and maintain all information and records requested by Children's Services.
3. The LSP contractor shall cooperate with Children's Services assessment and evaluation systems, including the new Scorecard system, and shall provide all information necessary to allow Children's Services to fulfill these responsibilities. Appropriate LSP contractor staff shall be trained in the use of electronic data entry record systems, including CNNX, Legal Tracking System (LTS), CCRS, and SSPS and any subsequent tracking systems or databases as required by ACS, OCFS or the law.
4. The LSP contractor shall ensure that its staff, consultants and subcontractors shall at reasonable times and upon reasonable notice, be made available to Children's Services or its Counsel upon request for consultation either at the office of the LSP contractor or at the offices of Children's Services.

5. The caseworker (and child care worker, where appropriate) shall have primary responsibility for the development, documentation and maintenance of all case records within his/her caseload. LSP contractor policies and procedures shall clearly define the requirements of the caseworker and child care worker in documenting and maintaining case records, including required forms, content and format of other documentation, and storage.
6. Primary documentation of case record information will be maintained in CONNECTIONS. Hard copies of all other information unable to be captured in the system of record shall be kept in physical case records. In general, case records shall contain: demographic and contact information; the reason for a request or referral for services; up-to-date assessments; copies of all signed consent forms; a description of services provided by referral; individual behavior plan, and documentation of routine supervisory review.
7. A LSP contractor's documentation procedures shall also define the documentation requirements for all service providers, e.g. medical, psychiatric, chemical dependency/use prevention, and treatment and after care providers as well as education professionals.
8. The LSP contractor shall adhere to *Title 18 NYCRR Part 466* or any successor or amended regulations.

C. Incident Reporting

1. The LSP contractor shall adhere to ACS and OCFS incident reporting policies.

D. Authorization for Release of Health Information and Consent Form

1. Consent for the Release of Health Information
 - a) A signed authorization from the youth's parent(s) or guardian(s) must be obtained for the release of medical information from health care providers who have previously treated the youth and for copies of medical records from such health care providers. If written authorization for the release of such records cannot be obtained from the parent(s) or guardian(s), a court order must be obtained.
2. Medical Consent Forms
 - a) Within ten (10) days of admission into care, authorization in writing must be requested from the youth's parent(s) or guardian(s) for routine medical and/or psychological assessments, immunizations and medical treatment, and for emergency mental health, medical or surgical care in the event that the parent(s) or guardian(s) cannot be located

at the time such care becomes necessary. Such authorization must become a permanent part of the youth's medical record.

- b) Informed consent for non-routine medical treatment shall be sought from the child/youth's parent(s) or guardian(s), unless their rights have been terminated or surrendered per *Children's Services' Bulletin 99-1 (10/18/99) "Guidelines for Providing Medical Consents for Children in Foster Care."* Providers can consent for routine medical treatment when the parent is unavailable. In situations where the time necessary for seeking parental consent would present a danger to the child/youth's life, health, or immediate welfare, the child's physician has the authority to grant consent if he/she deems the situation to be an emergency as defined by law.
- c) Informed consent for treatment implies that the following information has been obtained/explained or sent in writing to the consenting party:
 - i. Risks and benefits of the treatment;
 - ii. Treatment alternatives;
 - iii. Expected outcomes;
 - iv. Time frame to observe expected outcomes;
 - v. Proposed length of treatment; and
 - vi. Names and contact phone numbers of the clinical provider of proposed procedure/treatment.

E. Health Records & Documentation

1. Health Records & Documentation

- a) LSP contractors are responsible for maintaining complete health information in each youth's case and system(s) of record (and other database required/specified by ACS), per Children's Services policies. In addition to the requirements for the medical documentation contained in CONNECTIONS, the LSP contractor shall establish a comprehensive health history for each youth by working with the birth family/caretaker, ACS-contracted health providers, Child Welfare agencies and known previous health providers for the youth. LSP contractors shall adhere to all timelines for collection of such information as required by Children's Services.
- b) All LSP contractors responsible for a youth's care shall have health information about the youth's health status and history on a "need to know" basis, as appropriate to maintain the youth's confidentiality, so as to maximize the opportunity for effective care and coordination. The LSP contractor shall maintain standards for access to confidential HIV-related information as set forth in *Title 18NYCRR 431.7*, or any successor or amended regulation. The LSP contractor shall maintain each youth's individual health history in a user-friendly, readily transferable manner that details all critical information regarding the child/youth's health status and history, including

achievement of major milestones. This includes, but is not limited to, mental and behavioral health information, substance use information and information provided by ACS-contracted health providers. The LSP contractor will comply with provisions governing the disclosure of a youth's health history to an authorized agency to which the child is moved per *Title 18 NYCRR 357.3(b)(1)*, or any successor or amended regulation.

- c) The following forms and notices must be included in the youth's medical record and in the medical section of the FASP and/or SYSTEM(S) OF RECORD Health screen, where appropriate. Additional details regarding documentation appear in the subsequent sections.
 - i. The initial health examination;
 - ii. All periodic health examinations (as recommended by the American Academy of Pediatrics/Child/Teen Health Plan (CTHP) schedule) and well-child examinations;
 - iii. A list of all of the youth's health-related needs, including special healthcare needs, with a corresponding plan to address each need;
 - iv. All on-going medical treatment (including medications, see below) and corresponding reason for treatment;
 - v. The youth's treatment progress, including response to treatment and non-compliance shall be documented;
 - vi. All specialty and subspecialty referrals, including referrals to home-and community-based health, mental health and substance prevention/use programs;
 - vii. All hospitalizations and corresponding summary discharge notes;
 - viii. Copy of an updated Medical Passport (defined below);
 - ix. All laboratory results and results of diagnostic examinations and procedures;
 - x. Prenatal and birth-related information when available;
 - xi. Documented evidence that initial and semiannual risk assessments are performed for HIV, STDs and Family Planning (Form CM 1036);
 - xii. Documentation of strategies to keep the youth's CIN number/Medicaid number readily available when needed by a health care provider; and
 - xiii. Documentation of all mental health and substance abuse-related treatment and diagnostic procedures.

2. Physical Examination

- a) LSP contractors shall document the results of a youth's physical examinations using the Child's Health Record or a comparable form.

3. Continuing Health History

- a) The LSP contractor must keep a hard copy of the youth's health history and other relevant health documents that are not scanned or recorded in system(s) of record (and other database required/specified by ACS).

4. Health Summary Form

- a) The LSP contractor will maintain a Health Summary Form for each youth in its care. The summary form will be completed, in collaboration with the ACS-contracted providers, during the first one (1) month of placement with the results of the initial comprehensive health and mental health examinations. The form will be up-dated every six (6) months the youth remains in care in conjunction with the FASP. The Health Summary will include information on health, mental health and substance use/abuse status; health care providers; dental, vision and hearing test results; current immunization history and any follow up referrals that are necessary in accordance with *Title 18 NYCRR Part 441.22*, or any successor or amended regulation.

5. Health Passport

- a) The LSP contractor shall have a Health Passport for each youth and updated by health service providers at each visit. The Health Passport shall not be used as a substitute for the full medical record maintained by the ACS-contracted medical, dental and psychiatry providers. A copy of the youth's most up-to-date Health Passport shall be kept in the child's health record. The passport shall be updated as often as possible and at minimum every six (6) months. An acceptable Health Passport is available free upon request from the City of New York Department of Health and Mental Hygiene.

6. Mental Health and Substance Abuse Screening, Assessment and Treatment Documentation

- a) The LSP contractor is required to:
 - i. Document all contacts with children and collateral contacts
 - ii. Record all ACS-required information into the Systems of Record
 - iii. Ensure all documentation is complete, accurate, timely and legible
 - iv. Ensure that all mental health and substance use documentation, notes and summaries are charted in a timely manner on site
- b) Medication-Related Documentation: All information related to all medications given to youth while in placement shall be documented in the medical record. For each medication, this includes (but not limited to):
 - i. The name of the medication(s) currently being taken by the youth (including dose and dosage schedule);
 - ii. The purpose of the medication(s) or condition/diagnosis being treated or managed;
 - iii. The name and credentials of the prescriber;
 - iv. Documentation of appropriate consent [e.g., provider consent for "freed child," parental/guardian consent, consent from a youth over eighteen (18)] and consent procedures followed by the provider;

- v. All associated health facility visits, specialty and subspecialty care associated with the medication;
 - vi. Documentation that the provider has provided appropriate administration of the medication;
 - vii. Documentation of refusals of prescribed medications and what was done by the LSP contractor; and
 - viii. Documentation of any allergies or adverse reactions that the child may have had to any past medication(s), and the incident report associated with each adverse reaction (while the child was in the provider's care).
- c) Care must be taken to ensure that all consents for treatment were obtained and documented appropriately.

F. Court Documents

1. The LSP contractor shall furnish documents to FCLS attorneys as requested by them for their work on cases under the LSP contractor's care. These documents may include, but not be limited to, case records, family assessment and service plans, notes, medical records, and evaluations, as well as written reports prepared specifically for the court. All documents shall be furnished, whenever possible, at a reasonable time in advance of the court hearing, so that the attorney can discuss the use of the documents with the LSP contractor.

G. Disposal of Confidential Data

1. The case record and any documents contained therein are confidential. Other confidential items include, but are not limited to, documents containing: child and family names, addresses, social security numbers, case information, details of allegations of abuse, confidential employee information, medical information, and other personal information. LSP contractors must comply with New York State law and regulation and ACS policies regarding record retention and disposal.

PART IX: MONITORING, EVALUATION, QUALITY IMPROVEMENT AND FISCAL RECORDING

A. Quality Assurance Plan, Ongoing Data Collection and Program Evaluation

1. The LSP contractor shall have a quality assurance plan in place that describes how it will provide quality assurance, planning and program evaluation for LSP youth placed in its care.

2. LSP contractor participation in collection of information for review procedures: The LSP contractor shall participate in on-going Children's Services and OCFS assessment, evaluation, and monitoring review procedures on the performance of LSP services and provide all information appropriate to allow Children's Services and OCFS to conduct these review procedures and complete a full review of the LSP contractor's LSP program.
3. All records kept by the LSP contractor pursuant to their LSP contract agreement shall be subject at all reasonable times to inspection, review or audit by city, state, or federal personnel and other personnel duly authorized by Children's Services.
4. Children's Services will supervise, monitor, audit and review the activities of the LSP contractor in providing the LSP services in accordance with their LSP contract agreement. The LSP contractor staff should be aware that a program and facilities review, including unannounced visits, meeting with youth and families/release resources, review of service records, review of service policy and procedural issuances, review of staffing ratios and job descriptions, and meetings with any staff directly or indirectly involved in the provision of services, may be conducted at any reasonable time by Children's Services staff, state and federal personnel, or other persons duly authorized by Children's Services. The LSP contractor shall provide the information required for any review or evaluation requested by Children's Services.
5. Children's Services data collection and program evaluation:
 - a) Children's Services shall collect and monitor data as part of a full evaluation process and monitor program performance indicators as appropriate and as needed.
 - b) Children's Services will establish and notify the LSP contractor of evaluation standards prior to their implementation. Standards will be established in advance of the evaluation period. The LSP contractor will be afforded the opportunity to rebut an evaluation before it is made final by Children's Services.
 - c) Children's Services shall at its sole discretion:
 - i. Implement monitoring methods including, but not limited to, direct contact with youth and family/release resource by telephone or mail to assess the sufficiency, efficiency and adequacy of the services performed.
 - ii. Have Children's Services personnel visit the LSP contractor to enable Children's Services to assess and determine the effectiveness of the LSP contractor's staff on a regular basis. During site visits, Children's Services personnel may provide technical assistance in solving problems affecting the provision of LSP services.

- iii. Review all program activities, procedures, records, and records recording, and conduct other evaluation activities as Children's Services deems necessary and appropriate, including, at reasonable times, unannounced and unscheduled visits.
- d) Duplicate all of LSP contractor's records, forms, and other data, which Children's Services deems necessary.
- e) Children's Services shall provide the executive director and board of directors of the LSP contractor with written information concerning the results of the monitoring visit or evaluation.
- f) As a result of all service inefficiencies uncovered by the monitoring visit or evaluation, the LSP contractor is required to implement any corrective action plan required by Children's Services.

B. Children's Services' Annual Data Collection and Program Evaluation Review

1. Scorecard Evaluation

- a) The Scorecard² is a comprehensive performance measurement and quality improvement system designed to:
 - i. Evaluate the quality of practice and services provided by foster care/residential programs, as well as their outcomes; and
 - ii. Function as a tool for quality improvement.
- b) The Scorecard will be organized into categories and measurements that are meaningful to LSP contractor practice.
- c) An LSP contractor agency measurement system will also be developed and implemented in the first year of operation of the LSP contracts.
- d) The outcomes measures evaluate the work LSP contractors do with the children/youth in their care (in LSP Program sites and in LSP Aftercare) – categorized to account for differences by age, need and time in care, including but not limited to:
 - i. Successful Release/Program Completion
 - ii. AWOLs;
 - iii. Lateral moves (e.g. moves from LSP facility to another);

² The Scorecard is under development as of January 2015.

- iv. Restraints;
- v. Forms of discipline;
- vi. Upward modifications, defined as any move from a LSP facility to a more restrictive setting;
- vii. Step-downs, defined as any move between residential care, as defined above, and family-based care;
- viii. Educational achievement of youth in LSP;
- ix. Post-release recidivism and other outcome measures; and
- x. Revocations.

C. Maintenance and Utilization of Electronic Systems of Record

1. Connections (CNNX)

- a) The LSP contractor shall document all processes and activities regarding children/youth and families in their care in CNNX, the New York State electronic system of record. This includes, but is not limited to:
 - i. All case information as detailed in *Children's Services Procedure 108 and Children's Services Bulletin 05-1*;
 - ii. Health, Education and Permanency Hearing Report information as detailed in the *CNNX Build 18.9 Procedures No 108/Bulletin No 05.1 and 1008/03*; and
 - iii. All system changes and updates detailed in the CNNX Build 18.9 Procedure.
- b) The LSP contractor shall ensure that all relevant staff receives the necessary introductory and ongoing training to ensure knowledge of and proficiency with the CNNX system as well as all pertinent policies and procedures.

2. Legal Tracking System

- a) LSP contractors will have read-only access to the Legal Tracking System (LTS), and shall make use of this capability in the regular course of business. Each LSP contractor shall designate at least one (1) LTS liaison for all LTS-related issues and updates. The liaison will communicate regularly with designated individuals at Children's Services.
- b) Uses of LTS shall include, but not be limited to, the reviewing of court orders, hearing outcomes, and attorneys' court action summaries..
- c) The LSP contractor shall update designated individuals as soon as possible, but no later than each month, regarding changes in assigned caseworker or other information as listed in LTS. The LSP contractor shall not re-disclose the information contained in LTS to third parties, absent instruction from Children's Services.

3. Child Care Review System (CCRS)

- a) CCRS is a statewide system used to track children in foster care as well as children placed with ACS for limited secure placement. Children's Services shall open cases within three (3) business days of placement. Children's Services and the LSP contractor shall mutually strive to keep CCRS accurate and timely at all times. After Children's Services has opened a CCRS case the LSP contractor is required to enter data related to:
 - i. Absence and return to care;
 - ii. Inter- and intra-agency transfers; and
 - iii. Adoption codes.

4. Statewide Service Payment System (SSPS)

- a) SSPS is a statewide payment system used to process payment for children in foster care, placed with ACS for limited secure placement, and the children of minor children. LSP contractors are expected to:
 - i. Submit an initial request for payment of services for each month by the fifth (5th) business day of the following month, i.e. on February 5th 2008 they would request payment for services provide in January 2008.
 - ii. Work with the Children's Services Reconciliation Center and Financial Services staff to reconcile any discrepancies.
 - iii. Submit the final request for payment of services for each month by the seventh (7th) business day before the end of the following month, i.e. on February 21, 2012 they would request payment for services provide in January 2012.
 - iv. Work with Children's Services Reconciliation Center, Financial Services and program area staff to rectify payments including any overpayments and underpayments, i.e., payments requested but not processed.

D. Reimbursements, Statistical and Fiscal Recording

- 1. Financial Management System: In accordance with OMB Circular A-110, Uniform Administrative Requirements for Grants and Agreements with Institutions of Higher Education, Hospitals, and other Nonprofit Organizations, LSP contractors must maintain a financial management system that provides for the following:
 - a) Accurate, current and complete disclosure of the financial results of each federally-sponsored project or program in accordance with the reporting requirements. If a

Federal awarding agency requires reporting on an accrual basis from a recipient that maintains its records on other than an accrual basis, the recipient shall not be required to establish an accrual accounting system. These recipients may develop such accrual data for its reports on the basis of an analysis of the documentation on hand.

- b) Records that identify adequately the source and application of funds for federally-sponsored activities. These records shall contain information pertaining to Federal awards, authorizations, obligations, unobligated balances, assets, outlays, income and interest.
 - c) Effective control over and accountability for all funds, property and other assets. Recipients shall adequately safeguard all such assets and assure they are used solely for authorized purposes.
 - d) Comparison of outlays with budget amounts for each award. Whenever appropriate, financial information should be related to performance and unit cost data.
 - e) Written procedures to minimize the time elapsing between the transfer of funds to the LSP contractor and payment to satisfy any accounts receivables.
 - f) Written procedures for determining the reasonableness, allocability and allowability of costs in accordance with the provisions of the applicable Federal cost principles and the terms and conditions of the award.
 - g) Accounting records including cost accounting records that are supported by source documentation.
2. Accounting System: LSP contractors should have accounting systems which outline the methods, procedures, and standards followed in accumulating, classifying, recording, and reporting financial events and transactions. The accounting system should include the formal records and original source data and should also be able to produce financial information and financial statements.
- a) A LSP contractor's accounting system must make it possible to:
 - i. Present fairly and with full disclosure the funds and activities of the LSP contractor in conformity with generally accepted accounting principles; and
 - ii. Determine and demonstrate compliance with financial-related legal and contractual provisions.
3. General Ledger: The general ledger contains all of the financial accounts of a LSP contractor; and contains offsetting debit and credit accounts (including control accounts).

The general ledger is the core of the LSP contractor's financial records. These constitute the LSP contractor's central "books", and every transaction flows through the general ledger. These records remain as a permanent track of the history of all financial transactions since day one of the life of an organization. A LSP contractor's accounting system will have a number of funds. All the entries that are entered (called posted) to these funds will transact through the general ledger account.

- a) The two primary financial documents of any organization are the Statement of Position or the balance sheet and the Statement of Activities or the profit and loss statement. Both of these are drawn directly from an organization's general ledger. The order of how the numerical balances appear is determined by the chart of accounts, but all entries that are entered will appear. The general ledger accrues the balances that make up the line items on these reports, and the changes are reflected in the profit and loss statement as well.
4. Fund Accounting: A LSP contractor's accounting system must be organized and operated on a fund basis. A fund is a group of functions combined into a separate accounting entity having its own assets, liabilities, equity, revenue and expenditures/expenses. The types of funds used are determined by generally accepted accounting principles. The number of funds established within each type is determined by sound financial administration.
 - a) LSP contractors should establish and maintain funds received by ACS through sound financial administration. Only the minimum number of funds consistent with legal and operating requirements should be established. Unnecessary funds result in inflexibility, undue complexity, and inefficient financial administration.
 5. Generally Accepted Accounting Principles for LSP Contractors: All LSP contractors are to adhere to Generally Accepted Accounting Principles (GAAP). GAAP is a uniform minimum standard of and guidelines to financial accounting and reporting. The GAAP are the framework within which financial transactions are recorded and reported resulting in financial statements that provide comparability between entities, consistency between accounting periods and reliability for internal and external users of financial statements. The Financial Accounting Standard Board (FASB) sets the General Accepted Accounting Principles (GAAP) for Nonprofit Organizations. LSP contractors should follow FASB announcements in order to ensure their accounting systems are up to date with new GAAP requirements.
 6. Basis of Accounting: An entity's accounting basis determines when transactions and economic events are reflected in its financial statements. Listed below is the basis for recording financial transactions. All LSP contractors should follow the accrual basis of accounting.

7. **Accrual Basis:** A system recording financial transactions when they occur, irrespective of when actual cash is received or paid. Revenues are recorded when **earned** or when the LSP contractor has the right to receive the revenue. Expenses are recorded when **incurred**. Expenses for which the LSP contractor is liable within the fiscal year are counted in that fiscal year.
8. **Accounting Calendar:** The accounting calendar is a schedule of anticipated dates for financial activities through-out the month. It is important that LSP contractors establish an accounting calendar and adhere to the schedule in order to ensure all financial transactions are appropriately recorded. The accounting calendar is divided into two sections:
 - a) **Management Reports**
 - i. Report Month
 - ii. Report Date
 - iii. Scheduled Closing Date
 - b) **Transaction Due Date**
 - i. Departmental Deposits
 - ii. Journal Entries
 - iii. Interface Billings & Reallocation
9. **Bookkeeping - Defined:** Bookkeeping is the practice of recording the transactions of a business; financial transactions which are either monetary-cash, or non-monetary inventory or volunteer's time.
10. **Accounting – Defined:** Accounting is the bookkeeping methodology involved in creating a financial record of a business transaction. It includes the preparation of statements concerning assets, liabilities (Balance Sheet), expenses and revenue (Income Statement) and operating results of a business. Accounting is the management of assets and financial information.
11. **Chart of Accounts:** LSP contractors should establish a chart of accounts that list asset, liability, net asset, revenue and expense accounts used to record financial transactions in the general ledger.
12. **Monthly Close:** Every organization should close their financial books every month, produce a trial balance, adjusting entries, closing entries and financial statements.
13. **Bank Account:** The LSP contractor shall establish and maintain a bank account in a New York Chartered Bank located in New York City and/or a bank authorized to do business in New York State to be used solely in connection with funds received from ACS. The LSP

contractor should establish one bank account to receive all ACS payments made to the LSP contractor. LSP contractors can request a waiver from this requirement from ACS. This request should be sent to the ACS Budget Department and must be approved by the Assistant Commissioner of Finance. If approved the LSP contractor may use a general bank account or a set of accounts for deposits and disbursements.

- a) The bank account must have a minimum of three signatories with access to the bank account. At least two of the signatories must be Board Members. The LSP contractor will provide to ACS immediately upon request, copies of all bank records including bank statements and cancelled checks. The LSP contractor will also inform ACS within five business days of any change or substitution of a person authorized by the LSP contractor to receive, handle, or disburse monies.

14. Bank Credit Line: ACS encourages all LSP contractors to seek a bank line of credit to fill temporary or seasonal needs. This credit line is generally an unsecured loan made on the basis of the borrower's financial strength. Banks usually require compensation for offering a credit line in the form of balances and/or fees. The interest rate on a loan may be negotiated depending on the level of balances held at the bank.

15. Cash Transaction: Some activities of organizations may be most easily handled with cash. This may result in large amounts of cash being handled at one time. Some simple procedures can limit the possibility of theft or any accusations of theft.

- a) Have cash receipts counted and recorded as soon as possible from the time that the receipts are received.
- b) Always ensure that there are at least 2 people present when cash is being handled.
- c) Once cash has been counted, lock it up in a location that can only be accessed by authorized individuals.
- d) Make bank deposits regularly to avoid having significant amounts of cash on hand.
- e) In cases where cash is being distributed, request receipts or have the individuals receiving the cash sign a form stating that they have received it.

16. Checks: Checks provide an easy-to-follow paper trail for organizations. One risk with checks is the possibility of forgery. While this risk may be relatively small, the increasing popularity of automated teller machines (ATMs) and the accompanying trend toward less personal banking can make it more tempting for some individuals to attempt to pass forged checks. The following actions can help reduce this risk.

- a) Keep all blank checks in a secure and preferably locked location.
- b) Keep signed cancelled checks that are returned from the bank in a secure and preferably locked location.

17. Signing Authority: A standard safeguard in a LSP contractor's organization is to require two authorized officers to sign all checks. In many organizations three or four persons will be

authorized to provide the two (2) signatures so that if an authorized person becomes ill or goes on an extended trip, the organization always has at least two other authorized persons to sign checks.

- a) This procedure is ineffective if one (1) of the officers signs a quantity of blank checks in advance. While probably well intentioned, this person has abdicated their duty as an officer and director and has put the organization's funds at risk. Signing officers and the entire board should always insist on all checks being completely filled in before anyone signs. Officers with signing authority may also want to verify the checks against the corresponding invoices before signing.

E. Resolution of Disputes between ACS and the LSP Contractor

1. In the event of a dispute between the LSP contractor's staff and Children's Services' staff relating to case planning, case practice and service planning, and positions to be taken at any court or administrative hearing, Children's Services and the LSP contractor shall follow the steps below to resolve such disputes expeditiously, and cooperate with each other in such situations and/or inquiries to the fullest extent possible. Disputes involving positions on Court cases must be resolved prior to appearing in Court. If the dispute cannot be resolved because of time constraints, the LSP provider must endeavor to minimize any conflict with Children's Services while appearing in Court. If the LSP contractor fails to report the presence of any dispute or submit an appeal within the time frames indicated below shall constitute a *waiver* of any such dispute.
2. If after the performance of an internal review of its position, the LSP contractor's executive director disagrees with Children's Services on a decision relating to case planning, case practice and service planning, and/or a position to be taken at any court or administrative hearing, the LSP contractor shall present its position and recommendation in writing ("Notice of Dispute") within five (5) business days of the occurrence of an event giving rise to the dispute to the appropriate Children's Services Assistant/Associate Commissioner for the Children's Services organizational unit involved. The Notice of Dispute shall include all the facts, evidence, documents, or other basis upon which the LSP contractor relies in support of its position. The Children's Services Assistant/Associate Commissioner will make every reasonable and good faith attempt to resolve the dispute after due consideration of the opinion, expertise and professional judgment of the LSP contractor, and render a written decision within five (5) business days from the date the dispute was referred to him/her. If the Children's Services Assistant/Associate Commissioner is unavailable to meet or unable to render a decision within such five (5) business days, the time for decision-making may be extended at the sole discretion of Children's Services.
3. If the Children's Services Assistant/Associate Commissioner fails to act or if the dispute remains unresolved after the decision of the Children's Services Assistant/Associate

Commissioner, the LSP contractor, within five (5) business days of receipt of such decision may appeal the decision by submitting its appeal in writing to the Children's Services Deputy Commissioner responsible for the Children's Services organizational unit involved. A copy of the LSP contractor's appeal must be submitted simultaneously to the Children's Services Assistant/Associate Commissioner making the initial decision. The written appeal must contain the following information and documentation (i) a brief statement of the substance of the dispute and the reason(s) the LSP contractor contends the dispute was wrongly decided by the Children's Services Assistant/Associate Commissioner; (ii) a copy of the decision of the Children's Services Assistant /Associate Commissioner, and (iii) a copy of all materials submitted by the LSP contractor to the Children's Services Assistant/Associate Commissioner. The Children's Services Deputy Commissioner will make every reasonable and good faith attempt to resolve the dispute after due consideration of the opinion, expertise and professional judgment of the LSP contractor, and render a written decision within five (5) business days from the date the dispute was referred to him/her.

4. If the dispute remains unresolved after the decision of the Children's Services Deputy Commissioner or his/her designee, the LSP contractor, within five (5) business days of receipt of such decision, may present a final appeal to the Commissioner. The written final appeal must contain the following information and documentation:
 - a) a brief statement of the substance of the dispute and the reason(s) the LSP contractor contends the dispute was wrongly decided by the Children's Services Assistant/Associate Commissioner and the Children's Services Deputy Commissioner; and
 - b) a copy of the decisions of the Children's Services Assistant/Associate Commissioner and Children's Services Deputy Commissioner, and a copy of all materials submitted by the LSP contractor to the Children's Services Assistant/Associate Commissioner and the Children's Services Deputy Commissioner.
5. The Commissioner will make every reasonable and good faith attempt to promptly resolve the dispute after due consideration of the opinion, expertise and professional judgment of the LSP contractor.
6. The decision of the Commissioner shall be binding upon all parties.
7. At any stage during the above described procedure, where a decision is made which the LSP contractor does not wish to present to the next level of supervision such decision shall promptly be carried out by the LSP contractor to the extent that it is required to do so and to the extent that it is not required to carry out such decision, the LSP contractor shall not impede the carrying out of such decision.

8. During the appeal process described above, the LSP contractor shall take no action which may undermine or impede the then current decision of Children's Services.