I. PURPOSE AND SCOPE

This policy establishes guidelines for the systematic approach to the positive development of Juvenile Rehabilitation youth and their families.

All staff, contractors, volunteers, and interns working in the Division of Institution Programs, Division of Community and Parole Programs, and the Division of Operations and Support Services are responsible for reviewing and complying with JR policies.

II. POLICY

PRINCIPLES

1. JR practitioners will model behavior and engage clients in accordance with the rehabilitation principles of Positive Youth Development, Dialectical Behavioral Therapy, Functional Family Therapy and Reentry, as provided through JR-approved training.

PRACTICES

2. JR will maintain a formal system of case management, assessment, treatment, programming and reentry planning.

CASE MANAGEMENT

3. Youth will be assigned a case manager upon intake to an institution, transfer to a community facility, and release to parole.

4. Youth may be assigned to different case managers depending on their location.
5. Assigned case managers will identify and coordinate services for youth on their caseload, as instructed by JR training.

6. Assigned case managers will support youth on their caseload as they go through the transition process, moving through various programs, phases and facilities within the residential continuum of care.

ASSESSMENT

7. JR will assess the strengths and needs of youth in accordance with Policy 3.10, Assessing and Placing Youth in JR.

TREATMENT

8. JR practitioners will provide treatment services consistent with the five functions of treatment in JR and the principles and strategies of the Integrated Treatment Model (ITM), in alignment with the five DBT Standards. The Five Functions are:
   8.1. Motivation and Engagement of Youth and their Families (DBT Standard 01)
   8.2. Motivation and Engagement of Staff and Other Treatment Providers (DBT Standard 02)
   8.3. Structuring the Environment (DBT Standard 03)
   8.4. Skill Acquisition (DBT Standard 04)
   8.5. Skill Generalization (DBT Standard 05)

9. The core treatment modalities are Dialectical Behavioral Therapy (DBT) for youth in residential programs and Functional Family Parole (FFP) for youth receiving parole aftercare in the community.
   9.1. Residential practitioners will deliver DBT, as provided through JR training.
   9.2. Parole practitioners will deliver FFP, as provided through JR training.

SPECIALIZED TREATMENT

10. JR practitioners will provide additional, specialized treatment services based on identified needs, in accordance with Policy 3.10, Assessing and Placing Youth in JR.

11. Specialized treatment services may include, but are not limited to:
   11.1. mental health treatment
   11.2. substance abuse treatment
   11.3. sexual behavior treatment
   11.4. Aggression Replacement Training (ART)
   11.5. Functional Family Therapy (FFT)
   11.6. Family Integrated Transitions (FIT) for youth in the community with co-occurring substance and mental health needs
CORE PROGRAMS

12. JR will offer youth an array of programs that support positive youth development, enhance strengths, build skills, and support successful return to their community.

13. Core programs and services provided to youth in JR residential programs include but are not limited to:
   13.1. family visitation,
   13.2. education,
   13.3. vocational training
   13.4. mentoring,
   13.5. health care services and health education,
   13.6. recreation opportunities,
   13.7. access to cultural programs,
   13.8. opportunities for community service

REENTRY PLANNING

14. Assigned case managers will engage youth and their families, natural supports, community providers and relevant JR practitioners in the reentry planning process as provided through JR-approved training.

FAMILY ENGAGEMENT

15. JR staff will support and facilitate the engagement of the families of JR youth in order to develop, strengthen, and maintain family and pro-social relationships that promote successful reentry to the family and community.

16. Staff skills for engaging families will be enhanced through JR-approved training.

STAFF TRAINING AND SUPPORT

17. JR staff will be provided training.

18. JR supervisors will conduct supervision with their assigned staff consistent with ITM Standard 2, Supervision and JR-approved training.

19. Quality Assurance for treatment and service delivery will be managed consistent with JR-approved training.
III. DEFINITIONS

**Case Management**: A collaborative process for assessing, planning, implementing, coordinating and evaluating treatments, programs, services and resources required to support individualized client needs and goals, in support of successful rehabilitation and reentry. *(Commission for Case Manager Certification)*

**Family**: For purposes of rehabilitation, family means the people the youth lives with or relies on for support and who have a significant role in the youth’s life.

IV. RELATED JR POLICIES

Policy 3.10 – Assessing and Placing Youth in JR

V. REFERENCES

**DBT STANDARDS**:
1. Standard 01 – Individual Session
2. Standard 02 – Consultation Team
3. Standard 03 – Milieu Management
4. Standard 04 – Skills Acquisition
5. Standard 05 – Skills Generalization

**ITM STANDARDS**:
2. Supervision