



Juvenile Justice Services (JJS) Policies & Procedures (P&P)

Title Individual and Temporary Unit Safety Plans (ISPs and TUSPs)

Category Classification and Programs (cross-reference Safety and Emergency Operations)

Procedure # P.21.18 B

Table of Contents

- 1 Overview Statement
- 2 Purpose
- 3 Individual Safety Plans (ISPs)
- 4 Temporary Unit Safety Plans (TUSPs)
- 5 Components of All ISPs and TUSPs
- 6 Requirements and Approvals for All ISPs and TUSPs
- 7 Monitoring All ISPs and TUSPs
- 8 Room Confinement During ISPs and TUSPs
- 9 Consequences of Noncompliance
- 10 Additional Documentation and Forms
- 11 Issue Date
- 12 Effective Date
- 13 Rescinded Directive
- 14 Applicable Policy (Regulation)
- 15 Authorizing Signatures

1 Overview Statement

- 1.1 When less restrictive levels of care have proven ineffective to promote safe and pro-social behaviors, and individual and/or unit violence is escalating and chronic, employees may implement Individual Safety Plans (ISPs) and/or Temporary Unit Safety Plans (TUSPs), per this Procedure.
- 1.2 During ISPs and TUSPs, regular services and programming are modified for the least amount of time necessary to reestablish a safe environment.
- 1.3 During ISPs and TUSPs, unit employees engage clients (based on an approved safety plan) to address the specific behaviors that triggered the need for the plan.
- 1.4 ISPs and TUSPs are never used for discipline, punishment, or the convenience of employees. Additionally, safety plans are never used to allow for excessive or undocumented room confinement.
- 1.5 Individual Behavior Plans (IBPs) and Suicide Intervention Plans (SIPs) are developed by Behavioral Health (BH) clinicians, psychiatrists, and medical practitioners. IBPs and SIPs are implemented and monitored by BH clinicians per their professional standards and guidelines

and the client's Behavioral Health Treatment Plan (BHTP). They are not governed by this Procedure.

2 Purpose

- 2.1 The purpose of any safety plan is to address clients' unsafe behavior and/or stabilize the milieu.
- 2.2 Specifically, safety plans are expected to reduce the specific behaviors that triggered the need for the plan.

3 Individual Safety Plans (ISPs)

ISPs are developed by the unit Multi-Disciplinary Team (MDT) – including, at a minimum, a BH clinician, a Classification Officer, a Youth Care Specialist (YCS) Supervisor, and employees from medical and education – to protect other clients and employees from an individual client who is a threat to safety and security.

4 Temporary Unit Safety Plans (TUSPs)

- 4.1 TUSPs are developed by the unit MDT – including, at a minimum, a BH clinician, a Classification Officer, a YCS Supervisor, and employees from medical and education – when the entire milieu has become unsafe.
- 4.2 A TUSP includes all clients in the unit.
- 4.3 During a TUSP, the proposed daily schedule establishes parameters for programming access that are as comprehensive as possible for all client groups.

5 Components of All ISPs and TUSPs

To request to program under a safety plan, the unit MDT develops a comprehensive, customized plan. At a minimum, the plan includes these specific components:

- Reason that a safety plan is necessary,
- MDT responsibilities,
- Client(s) responsibilities,
- Positive goals and steps to achieve them identified by the client(s),
- Specific benchmarks to achieve prior to ending the plan identified by the MDT,
- BH, educational, and medical concerns and requirements,
- Proposed daily schedule, and
- Plan's projected end date.

6 Requirements and Approvals for All ISPs and TUSPs

- 6.1 Every safety plan is submitted on a Safety Plan Template for notification, review, and approval. Each plan requires a separate template. For example, a unit may be programming under a TUSP, and an individual living on that unit may also be programming under an ISP.
- 6.2 The Superintendent or OIC, in coordination with the BH and Psychiatry Directors, may implement a safety plan; however, by the first update, all notifications, reviews, approvals, and any changes to the initial plan are in place.
- 6.3 The Superintendent sends the safety plan to the Deputy Director for Facilities and the JJS Director for final review and approval.

- 6.4 ISPs and TUSPs are short-term.
- 6.5 During ISPs and TUSPs, all clients are offered programming and services:
 - Meals and hygiene breaks,
 - BH therapy,
 - Educational programming (however, class attendance may be limited),
 - Medical care (however, non-essential off-site appointments may be rescheduled or delayed), and
 - 1 hour of large muscle exercise daily.
- 6.6 If a client refuses programming or services, that refusal is documented on the safety plan log.

7 Monitoring All ISPs and TUSPs

- 7.1 ISPs and TUSPs are recorded in the unit log and on the safety plan log.
- 7.2 During a safety plan, medical providers, BH clinicians, teachers, and others who provide direct client care sign and make a note on the safety plan log each time they visit the client.
- 7.3 Each morning during a safety plan, the facility leadership emails an updated safety plan log to the Deputy Director for Facilities and the JJS Director.
- 7.4 During a safety plan, the BH clinician, a BH Supervisor, the Classification Officer, a YCS Supervisor, an employee from medical, the Principal/designee, and facility leadership meet at least twice a week to assess the plan. The Superintendent/designee may approve exceptions to the meeting schedule.
- 7.5 After each meeting, facility leadership emails the safety plan update to the Deputy Director for Facilities and the JJS Director.
- 7.6 At the conclusion of the safety plan, facility leadership emails a final update that includes the plan's end date and any modifications to the involved client's Plan of Care (POC).

8 Room Confinement During ISPs and TUSPs

- 8.1 ISPs and TUSPs are not developed and implemented for the purpose of confining clients; however, sometimes ISPs and TUSPs include periods of room confinement in the proposed schedule.
- 8.2 During a safety plan, all room confinements not included in the proposed schedule are documented on the safety plan log and additionally documented and managed per *P.21.18 Room Confinement*.
- 8.3 During room confinements, all clients are offered programming and services:
 - Meals and hygiene breaks,
 - BH therapy,
 - Educational programming,
 - Medical care, and
 - 1 hour of large muscle exercise daily.

8.4 An individual client cannot be singled out for room confinement as part of a TUSP.

9 Consequences of Noncompliance

An employee who fails to follow this Procedure may be subject to disciplinary action in accordance with the CYFD Code of Conduct.

10 Additional Documentation and Forms

Safety Plan Template (and proposed schedule)
Safety Plan Log
Safety Plan Update

11 Issue Date

September 1, 2017

12 Effective Date

October 1, 2017

13 Rescinded Directive

Directive 14-004 Temporary Unit Safety Plans (TUSPs), issued 05/19/2014

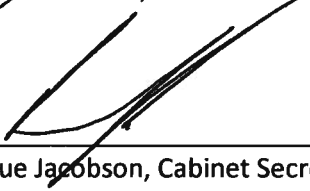
14 Applicable Policy (Regulation)

NMAC 8.14.21.18 Classification and Programs (Crisis Intervention and Behavior Management)

15 Authorizing Signatures



Tamera Marcantel, Director of Juvenile Justice Services



Monique Jacobson, Cabinet Secretary of Children, Youth and Families Department