IDAPA 05 – IDAHO DEPARTMENT OF JUVENILE CORRECTIONS

Quality Improvement Services Bureau

05.02.01 – Rules for Residential Treatment Providers

Who does this rule apply to?
This rule applies to residential treatment providers contracted by the Department to coordinate needed treatment services identified in juvenile offender individual service implementation plans.

What is the purpose of this rule?
This rule ensures services are provided to juvenile offenders in a safe and competent manner in adherence to the principles of accountability, community protection, and competency development.

What is the legal authority for the agency to promulgate this rule?
This rule implements the following statutes passed by the Idaho Legislature:

State Prisons and County Jails -
Juvenile Corrections Act:
- Section 20-504 (10)(12), Idaho Code – Duties of The Department of Juvenile Corrections

Juvenile Proceedings -
Interstate Compact for Juveniles:
- Section 16-1901, Idaho Code – Compacts with Other State Authorized

Who do I contact for more information on this rule?

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000. LEGAL AUTHORITY.
These rules are adopted pursuant to Title 20, Chapter 5, and Title 16, Chapter 19, Idaho Code. (3-20-20)

001. TITLE AND SCOPE.

01. Title. These rules are titled IDAPA 05.02.01, "Rules for Residential Treatment Providers." (4-11-15)

02. Scope. These rules are established to ensure that the juvenile corrections system in Idaho will be consistently based on the following principles: accountability; community protection; and competency development. These rules apply to residential treatment providers (Provider) that coordinate needed treatment services identified in individual service implementation plans. (3-20-20)

002. – 003. (RESERVED)

004. PUBLIC RECORDS ACT COMPLIANCE.
The records associated with the Providers are juvenile records of the Idaho Department of Juvenile Corrections, and are subject to the Idaho Public Records Act, Title 74, Chapter 1, Idaho Code. (3-20-20)

005. -- 009. (RESERVED)

010. DEFINITIONS.
The definitions in Section 20-502, Idaho Code and the following terms apply: (3-20-20)

01. Assessment. The process of gathering information to determine risk and program needs for the purpose of guiding placement decisions and to develop the individualized treatment/service plan. (4-11-15)

02. Body Cavity Search. The examination and possible intrusion into the rectal or vaginal cavities to detect contraband. It is performed only by the medical health professional. (3-25-16)

03. Body Search, Clothed. Also referred to as a Pat Search. A search during which a juvenile offender is not required to remove their clothing, with the exception of such items as a jacket, hat, socks and shoes. (4-11-15)

04. Body Search, Unclothed. Also referred to as a Strip Search. A search conducted by a medical health professional during which a juvenile offender is required to remove all clothing. (3-20-20)

05. Clinical Supervisor. Person who supervises juvenile services coordinators and clinicians in assigned regions and reviews and approves case management documentation. This responsibility also includes oversight of the regional observation and assessment process and assisting in the maintenance and development of programs. (4-11-15)

06. Community Service Hours. Hours of community service performed by a juvenile offender in response to a court order or which may be imposed following a formal disciplinary process within a Provider program for damages to the facility or program. (3-20-20)

07. Community Treatment Team. A team including the juvenile services coordinator, Provider case manager, juvenile probation officer, family, and others, as necessary, who work together to provide input into each juvenile offender's service implementation plan, implement their respective sections of that plan, and monitor and report progress on treatment goals. (3-20-20)

08. Contraband. Any item not issued or authorized by the Provider. (3-20-20)

09. Confidential Information. Information that may only be used or disclosed as provided by state or federal law, federal regulations, or state rule. (4-11-15)

10. Criminogenic Risks and Needs. Assessed juvenile offender risk factors or attributes of juvenile offenders that are directly linked to criminal behavior and, when changed, influence the probability of recidivism. (4-11-15)

11. Education Plan. A written plan for general education students outlining the coursework they will

complete each year towards meeting the Idaho Content Standards recommended coursework for their grade level based on assessed academic, emotional, developmental and behavioral needs, and competencies. Students qualifying for Individuals with Disabilities Education Act (IDEA) services will have an Individual Education Plan (IEP) in lieu of an education plan. (3-20-20)

12. **Escape/Attempted Escape**. Attempting to leave or leaving a facility without permission, or attempting to leave or leaving the lawful custody of any officer or other person responsible for juvenile's supervision without permission. (4-11-15)

13. **Facility**. The physical plant associated with the operation of residential or nonresidential programs. (4-11-15)

14. **Facility Treatment Team**. The group of staff employed by the Department or by the Provider who have input into developing the juvenile offender's service implementation plan, who provide direct services to juvenile offenders, and who monitor and report on the progress on meeting the goals in that plan. The facility treatment team is responsible for working with the community treatment team to develop and implement the service implementation plan. (3-20-20)

15. **General Education Student**. A student who does not qualify for special education services under the IDEA. (3-20-20)

16. **Health Services**. Including, but not limited to, routine and emergency medical, dental, optical, obstetrics, mental health, or other related health service. (3-20-20)

17. **Incident Report**. A written document reporting any occurrence or event, or any other incident, which threatens the safety and security of staff, juvenile offenders or others, or which threatens the security of the program and which requires a staff response. (4-11-15)

18. **Independent Living Services**. Services that increase a juvenile offender's ability to achieve independence in the community. (3-20-20)

19. **Individual Community Pass**. Any instance in which a juvenile offender leaves the Provider's facility for a planned activity, without direct supervision by at least one (1) Provider or Department staff. Regular school or work attendance, regular participation in off-site treatment sessions or groups and other regular off-site activities specifically included in the service implementation plan or written reintegration plan and approved by the juvenile services coordinator are not included in this definition. Individual community passes include, but are not limited to: (3-20-20)

a. Day passes with family or other approved individuals; (3-20-20)

b. Day or overnight home visits; (3-20-20)

c. Recreational activities not otherwise approved as a part of a group activity; and (3-20-20)

d. Funeral leave. (3-20-20)

20. **Individual Education Plan (IEP)**. A written document (developed collaboratively by parents and school personnel) which outlines the special education program for a student with a disability and is based on assessed academic, emotional, developmental, and behavioral needs and competencies. This document is developed, reviewed, and revised at an IEP meeting at least annually. (3-20-20)

21. **Interns**. A paraprofessional staff who is pursuing a degree and who, as a part of documented coursework with a college or university, may provide counseling or other services to juvenile offenders in the Department's custody or their families, under direct supervision of qualified staff. (4-11-15)

22. **Juvenile Records**. Information concerning the juvenile offender's delinquent or criminal, personal, and medical history, behavior and activities. (4-11-15)

23. Juvenile Services Coordinator. An employee of the Department assigned to a particular juvenile as the case worker, licensed in social work. (3-20-20)

24. Mechanical Restraints. Mechanical devices used to prevent an uncontrollable juvenile offender from injuring themselves or others. (4-11-15)

25. Medical Health Assessment. A thorough review to determine a juvenile offender's comprehensive health needs. This information is used to develop the medical terms of a juvenile offender's service plan. (3-20-20)

26. Medical Health Professional. An individual who meets the applicable state's criteria as a licensed LPN, RN, nurse practitioner, physician assistant, physician or the equivalent. (4-11-15)

27. Medical Health Screening. A process used to quickly identify a juvenile offender's immediate health needs and to determine if there are any immediate needs related to a chronic health condition. (3-20-20)

28. Mental Health Assessment. A thorough review to determine a juvenile offender's comprehensive mental health needs. This information is used to develop the mental health terms of a juvenile offender's service plan. (3-20-20)

29. Mental Health Professional. An individual who possesses a master's degree and meets the applicable state's criteria as a licensed LPC, LMFT, LCPC, LCSW, LMSW, psychologist or the equivalent. (4-11-15)

30. Mental Health Screening. A process used to quickly identify a juvenile offender's immediate mental health needs and to determine if there are any immediate needs related to a chronic mental health condition. (3-20-20)

31. Observation and Assessment Evaluation. Written documentation of assessment tool results, observations, interviews, risks, and any special considerations resulting in the creation of the service plan, which includes the initial reintegration plan. (4-11-15)

32. Physical Restraint. Any method of physical control of a juvenile offender that involves staff touching or holding a juvenile offender to limit or control the juvenile offender's actions. (4-11-15)

33. Prison Rape Elimination Act of 2003 (PREA). Public Law No. 108-79, including all subsequent amendments thereto as codified in 34 U.S.C. §§ 30301-30309, and all federal rules and standards promulgated thereunder, which promote zero (0) tolerance of sexual abuse of juvenile offenders by staff or by other juvenile offenders. (3-20-20)

34. Privileged Mail. Mail between the juvenile offender and their attorneys, legal aid services, other agencies providing legal services to juvenile, or paraprofessionals having legitimate association with such agencies; judges and clerks of federal, state and county courts; public officials and their authorized representatives acting in their official capacities; and the communications with clergy of the juvenile's faith. (3-20-20)

35. Program Director. The administrator of the residential treatment provider for juvenile offenders. (4-11-15)

36. Progress Report. A written report summarizing progress toward the goals and objectives set in the service implementation plan. (4-11-15)

37. Quality Improvement Services Bureau. Department employees responsible for overseeing Provider's compliance with contract terms and these rules. (3-20-20)

38. Referral Packet. The information necessary for a potential residential treatment provider to determine whether the program can appropriately meet the identified criminogenic risks and needs of the juvenile being referred. (4-11-15)

39. **Region**. Subunits of the Department organized by geographical areas and including all services and programs offered by the Department in that area. (4-11-15)

40. **Regional Facility**. Department-operated juvenile correctional centers located in each region of the state. (4-11-15)

41. **Reintegration Placement**. The placement of a juvenile offender receiving independent living and reintegration skills services from the Provider. This placement may be with a host family, in a group setting, or in an apartment. (3-20-20)

42. **Reintegration Plan**. That part of the juvenile offender's service plan which specifically addresses the terms, conditions, and services to be provided as the juvenile offender moves to a lower level of care or leaves the custody of the Department. (4-11-15)

43. **Relapse Prevention Plan**. A document completed by the juvenile, used to identify interventions for problem behavior, positive supports, and high-risk people and places. (4-11-15)

44. **Release from Department Custody**. Termination of the Department's legal custody of a juvenile. (4-11-15)

45. **Residential Treatment Provider**. Also known as Provider. A residential program under contract with the Department to supervise juvenile offenders and provide accountability and competency development in the least restrictive setting, consistent with public safety. (4-11-15)

46. **Restitution**. Financial payment intended to reimburse victims for loss, damage, or harm caused by a juvenile offender. Restitution must be court ordered. Providers may not impose restitution against a juvenile offender without a court order. (4-11-15)

47. **Restricted Clinical Information**. Any record, document, or other information legally protected from dissemination to the general public by statute or rule, such as psychological evaluations, therapy notes, therapy journals, sex histories, polygraph results, psychological testing, or other legally confidential information. (4-11-15)

48. **Room Confinement**. Instances in which juvenile offenders are confined in the room in which they usually sleep, rather than being confined in an isolation room. (4-11-15)

49. **Separation or Isolation**. Any instance when juvenile offenders are confined alone for over fifteen (15) minutes in a room other than the room in which they usually sleep. (4-11-15)

50. **Service Implementation Plan**. A written document produced and regularly updated by a Provider with input from the community treatment team. This plan describes interventions and objectives to address the service plan goals including the areas of community protection, accountability, and competency development. (3-20-20)

51. **Service Plan**. A written document produced during the observation and assessment period following commitment to the Department that defines the juvenile offender's criminogenic needs and risks, strengths, goals, and recommendations for family and reintegration services. The service plan addresses the relevant needs and services for each juvenile offender in areas such as mental health, medical, education, substance abuse, and social skills. (4-11-15)

52. **Sexual Abuse**. Includes any type of contact, that is sexual in nature and directed toward a juvenile offender by staff or by juvenile offenders as well as sexual harassment, which includes repeated and unwelcomed sexual advances, comments, gestures, voyeurism, implied threats, and coercion. (4-11-15)

53. **Staffings**. Regularly scheduled meetings of the community and facility treatment team members to review progress on treatment goals and objectives identified in each juvenile offender's service implementation plan. (4-11-15)

54. **Subcontractor**. A person or business which has contracted with the Provider for provision of some portion of work or services. (3-20-20)

55. **Suicide Risk Assessment**. An evaluation performed by a mental health professional to determine the level of immediate risk of a juvenile offender attempting suicide, and to apply this information in developing a safety plan for the juvenile offender. (4-11-15)

56. **Suicide Risk Screening**. An evaluation used to quickly determine, based upon known history and current behavior, whether a juvenile offender presents any identifiable risk of immediate suicidal behavior, and to call in a mental health professional to complete a suicide risk assessment. (4-11-15)

57. **Superintendent**. The person who has responsibility and oversight of a regional facility and over the region of the state where the regional facility is located. (4-11-15)

58. **Transfer**. Any movement of a juvenile offender in the custody of the Department from one (1) Provider to another without a release from Department custody. (3-20-20)

59. **Treatment**. Any program of planned services developed to meet risks and needs of juvenile offenders and their families, as identified in an assessment, and as related to activities designed to teach alternate behaviors and to support change in the beliefs that drive those behaviors. Treatment as referenced in this context also includes the maintenance of conditions that keep juvenile offenders, staff, and the community safe. (4-11-15)

60. **Variance**. The means of complying with the intent and purpose of a Provider rule in a manner other than that specifically prescribed in the rule. (3-20-20)

61. **Vocational Services**. Any service provided related to assessment, education, guidance, or training in the area of work or basic living skills. (4-11-15)

62. **Volunteer**. A person from the community who freely chooses to do or provide both direct and indirect services to juvenile offenders or staff at a facility or juvenile correctional center. This person is not compelled to do so and is not compensated for the services. (3-20-20)

63. **Waiver**. The non-application of one (1) or more of these rules based upon a request by the Provider and a written decision issued by the Department. (3-20-20)

011. -- 099. (RESERVED)

SUBCHAPTER A – RULES FOR ALL RESIDENTIAL TREATMENT PROVIDERS

100. INITIATION OF SERVICES.
Juveniles are committed to the Department under the provisions of the Juvenile Corrections Act (Sections 20-501 through 20-547, Idaho Code). (4-11-15)

101. WAIVER AND VARIANCE.
Minimum program standards established herein apply to all services provided by the Provider. A waiver and variance from the standards stated in these rules must receive prior written approval from the Department and must be attached as a formal amendment to the contract. (3-20-20)

102. APPLICABILITY.
This chapter applies to all Providers that coordinate needed treatment services identified in individual service implementation plans. Providers must also abide by Subchapter B, “Rules for Staff Secure Providers” and Subchapter C, “Rules for Reintegration Providers,” as applicable. (3-20-20)

103. -- 109. (RESERVED)

110. AUTHORITY TO INSPECT.

01. Inspections. The Department has the authority to conduct reviews of programs, program operations, and facilities to ensure the Provider's compliance with these rules. The Provider shall cooperate with the Department's review and provide access to the program or facility and all juvenile records for juveniles in Department custody, as deemed necessary by the Department. However, in order to more fully assess the operation of the program, aggregate data and information for all juveniles must be made available, upon request. (3-20-20)

02. Notification of Program Changes. Providers must notify the Department as soon as possible, but no later than thirty (30) calendar days, before there is a change in the name of the organization, type of service, characteristics of juveniles being served, changes in the licensed capacity of the program, closure of the program, changes in ownership or in the organizational structure. (3-20-20)

03. Emergency Closure of Program. In the event of a natural disaster, fire, flood, or other emergency in which the Provider may be closed temporarily, the Provider will immediately notify the regional juvenile correctional center in its respective region. (3-20-20)

04. Notification of Death of a Juvenile Offender. In the event of the death of a juvenile who is in the Department's custody, the Provider must immediately notify the regional facility, juvenile offender's parent or guardian, and law enforcement. Other notifications will be coordinated between the Provider and the Department. (3-20-20)

05. Additional Incident Reporting. The Provider must report to the Department all incidents of the type normally requiring immediate notice to the Department, as identified in Subsection 156.01, that occur in their program or facility regardless of whether or not the juveniles involved are in the Department's custody. Any such reports regarding juveniles not in Department custody must include the type and scope of the incident without any information identifying the juvenile, and be made available to the Department's Quality Improvement Services Bureau. (3-20-20)

a. The Provider must report to the Department all incidents of staff misconduct relating to juvenile care and that result in any type of suspension or termination of employment, revocation or suspension of a professional license, or revocation or suspension of driver's license of any staff who transports juveniles. (3-20-20)

b. All instances of battery committed on staff must be documented and, whenever appropriate, charges filed with the appropriate authorities. Each such incident must be reported to the juvenile offender's juvenile services coordinator as an incident report according to Subsection 156.01 of these rules. (4-11-15)

06. Additional Reporting Requirements. The Provider shall maintain the overall safety, security, and order of a program for the protection and well-being of the juvenile offenders at all times. Therefore in situations where the Department has determined necessary to ensure compliance, more frequent and more detailed reporting may be required by the Quality Improvement Services Bureau. (3-20-20)

111. COMPREHENSIVE AND CURRENT PROGRAM DESCRIPTION.

01. Program Description. Providers must provide, and keep current with the Department, a program description detailing the range of services to be provided and the methods for providing these services. (3-20-20)

02. Minimum Requirements. At a minimum, the program description must include: (4-11-15)

a. Target population and specific admission criteria; (4-11-15)

b. Primary and secondary treatment modalities; (4-11-15)

c. Outline of daily schedules for juvenile offenders and staff; (4-11-15)

d. Description of educational services provided; (3-20-20)

e. Description of emergency and routine medical and mental health services, including psychotropic medication monitoring, unless this population is specifically excluded from admission to the program; (4-11-15)

f. Description of religious services, recreation services, and other specialized services provided, as indicated by the needs of the identified target population; (4-11-15)

g. Written criteria for successful completion of the program and written criteria for termination from the program prior to completion; (4-11-15)

h. A thorough description of all services offered as a part of the program, including a description of the frequency of service delivery; (4-11-15)

i. A detailed description of each individual treatment intervention, such as treatment group, psycho-educational group, cognitive restructuring group, and peer group including: (4-11-15)

i. The overall goals of the treatment intervention or service area; (4-11-15)

ii. The average length, total length, and number of sessions in the treatment intervention or service area; (4-11-15)

iii. The facilitator education and training requirements; and (4-11-15)

iv. The specific curriculum used in the treatment intervention or service area. (4-11-15)

j. A detailed description of the behavior management component of the program. (4-11-15)

112. DISPOSITION OF REFERRALS FROM THE DEPARTMENT.
A juvenile offender's admission into the program shall be based on an assessment of the juvenile offender's strengths, risks, needs, and on the anticipated ability of the program to reasonably address those issues. Providers must ensure that the juvenile offender and parent or guardian are provided an opportunity to participate in the admission process and related decisions. (3-20-20)

01. Accepting Referral. Upon receipt of a complete referral packet from the Department, the Provider has four (4) business days in which to decide whether to accept or decline the referral. Upon acceptance, the Referral Acceptance/Denial Form must be completed, signed, and returned to the regional referral coordinator. By accepting the referral, the Provider agrees to address the identified treatment goals and the anticipated length of stay. Once the acceptance has occurred, the juvenile offender's transportation will be made. (3-20-20)

02. Declining Referral. If a Provider denies a referral, the specific reason for denial must be documented on the Department's Referral Acceptance/Denial Form and the form returned to the regional referral coordinator. The Provider must then destroy the referral packet. (3-20-20)

03. Change in Admission Criteria. Any change in the Provider's admission criteria must be reflected in the Provider's admission policy and requires a written amendment to the contract with the Department. Temporary exceptions are covered under Section 101 of these rules. (3-20-20)

04. Reservation of Program Slots. When a program slot is to be reserved, the Department will contact the Provider and request that the slot be reserved. Unless the Department gives specific approval, the maximum time for which a program slot may be reserved, and the Provider continue to receive payment, is forty-eight (48) consecutive hours. (3-20-20)

113. SAFETY AND MAINTENANCE OF BUILDINGS AND GROUNDS.

01. Compliance with State and Local Codes and Ordinances. The Provider must maintain compliance with all state and local building, life safety, and zoning requirements and make documentation of compliance available to the Department. (3-20-20)

02. Accessibility. The program buildings, parking lots, and other structures must provide access as required by the Americans with Disabilities Act, as amended, and other applicable federal and state laws and

regulations. (4-11-15)

03. Maintenance. The Provider must ensure that all structures are maintained, are in good repair, and are free from hazards to health and safety. The grounds must also be maintained and be free from any hazard to health and safety. The Provider must have a written plan for preventive and ongoing maintenance of its building and grounds. (3-20-20)

04. Construction Considerations. When designing or acquiring any new program or facility and in planning any substantial expansion or modification of existing facilities, the Provider shall consider the effect of the design, acquisition, expansion, or modification upon the Provider's ability to protect residents from any harm, including sexual abuse. (3-20-20)

05. Program Safety. Each Provider must have a designated staff member who is responsible for the safety of the program. This individual must conduct monthly inspections of the program, with copies of the inspections kept on file for review by the Department, to identify: (3-20-20)

a. Fire safety; (4-11-15)

b. Existing hazards; (4-11-15)

c. Potential hazards; and (4-11-15)

d. The corrective action that should be taken to address these hazards. (4-11-15)

06. Emergency Procedures. The Provider will utilize and maintain a current emergency procedure manual, which includes, at a minimum, procedures pertaining to: (3-20-20)

a. Fire safety and escape; (4-11-15)

b. Emergency medical care; (4-11-15)

c. Notification and filing charges on escape; (4-11-15)

d. Incidents of violence within the program; (4-11-15)

e. Suicide prevention; (4-11-15)

f. Child abuse reporting; and (4-11-15)

g. Sexual abuse disclosures. (4-11-15)

114. VEHICLES.

01. Condition. Vehicles used to transport juveniles must be mechanically sound, in good repair, and meet the Department's requirements for insurance coverage. (4-11-15)

02. Compliance with Applicable Laws. All vehicles must possess current state licenses and comply with all applicable state laws. When in use, all vehicles must carry a standard first aid kit and a fire extinguisher. (4-11-15)

03. Maintenance and Equipment Checklist. The Provider must have a vehicle maintenance and equipment checklist, which includes a listing of all critical operating systems and equipment inspections, the date of the last inspection, and the type of service or action taken. All repairs required to critical operating systems, such as brakes and headlights, must be made immediately. All worn or missing critical equipment such as tires, jacks, and seat belts must be replaced immediately. (3-20-20)

115. TRANSPORTATION.

01. Transportation for Service Plan. The Provider will provide all transportation associated with the juvenile offender's service implementation plan. The family may be relied upon to provide transportation for passes and some other community contacts as long as this does not present any undue risk or burden to the juvenile offender, family, or community. (3-20-20)

02. Transportation for Court Proceedings. The Provider and the juvenile services coordinator will make timely arrangements for transportation related to court appearances, and for transfer or release of juvenile offenders from Department custody. (3-20-20)

116. DRIVERS.

01. Juvenile Transport. All drivers of vehicles transporting a juvenile offender must possess a valid driver's license from the applicable state and the proper licenses required by state law for the type of motor vehicle operated. All such operators' driving records must be checked through the Department of Motor Vehicles for the preceding three (3) years and annually after date of hire. During that time, the operator must not have had any felony traffic convictions or withheld judgments. Any incidents of suspended licenses during that time must be specifically reviewed by the Provider. Personnel files must contain evidence of training to transport a juvenile offender as well as other appropriate documentation. (3-20-20)

02. Parent or Guardian Transport. When parents or guardians are allowed to transport a juvenile offender for any reason, the Provider will ensure that the individual possesses a current and valid driver's license and insurance coverage. (3-20-20)

117. -- 119. (RESERVED)

120. ADMINISTRATIVE RECORDS.

01. Documentation Retention. The Provider must document and retain documentation of all information related to the following items: (3-20-20)

a. Program consultation provided, such as technical assistance on program design and implementation; (4-11-15)

b. Training provided to staff; (4-11-15)

c. All alleged instances of child abuse; (4-11-15)

d. Program audits or reviews, including corrective actions required and taken; (4-11-15)

e. Reports of sexual abuse disclosures to the applicable state licensing authority or law enforcement; (4-11-15)

f. Juvenile offender and staff grievances; (4-11-15)

g. Copies of all completed incident reports; and (4-11-15)

h. Copies of background checks for all current employees, contractors, volunteers and interns who may have contact with residents. (4-11-15)

02. Employee Files. Employee personnel files must contain the following: (4-11-15)

a. Minimum qualifications for the job held; (4-11-15)

b. Hiring information; (4-11-15)

c. Copies of all required licenses or certificates related to the job function; (4-11-15)

d. Copies of academic credentials, driving record, and background checks, as required by state law; (3-20-20)

e. Current training records; and (4-11-15)

f. Performance evaluations and copies of personnel actions, such as disciplinary action taken and acknowledgments of outstanding performance. (4-11-15)

121. STAFF QUALIFICATIONS.

01. Licenses. All individuals providing services to juveniles in the custody of the Department must possess all licenses or certifications for their particular position as required by statute, rule, or by the applicable state licensing authority. (4-11-15)

02. Education or Experience. All individuals providing services must be qualified to do so, based on knowledge, skills, and abilities. In addition, certain program and professional caregivers must meet specific minimum standards for education or experience. These standards constitute, in part, the basis for determining the adequacy of program and professional services delivered under contractual agreement with the Department. (3-20-20)

03. Position Descriptions. Providers must maintain written position descriptions for every job class established in the organization. In all cases, the particular job titles used by the Provider to provide counseling, therapy, direct care, and supervision of juvenile offenders, as well as staff supervision and management, must be specifically cross-referenced with the job titles in these rules. (3-20-20)

122. POSITION DESCRIPTIONS AND QUALIFICATION CRITERIA.

01. Clinician, Counselor, or Therapist. An individual who conducts a comprehensive assessment of the psychological, behavioral, social, or familial deficits or dysfunctions presented by the juvenile offender, then establishes and implements a plan for therapeutic services. The plan must specify diagnosis and treatment of problems to be addressed, an estimate of the time needed, and a schedule of the frequency and intensity of the services to be provided. The individual may also provide individual, group, or family counseling. At a minimum, the individual must have a master's degree and be currently licensed by the applicable state as a Licensed Professional Counselor (LPC), Licensed Marriage and Family Counselor (LMFT), Licensed Master Social Worker (LMSW), or certified school psychologist. (4-11-15)

02. Juvenile Services Coordinator or Social Worker. An individual who is responsible for the assessment of treatment progress, and the provision and monitoring of therapeutic or rehabilitative treatment services to juvenile offenders participating in a treatment program. Individuals providing this function must possess, at a minimum, a bachelor's degree from a fully accredited college or university in social work, psychology, or counseling and must be licensed as a social worker in the applicable state. (4-11-15)

03. Recreational Specialist. An individual who develops and implements an individualized and goal-directed recreational plan for a juvenile offender in connection with the overall service implementation plan. The individual providing this function must possess a bachelor's degree in recreational therapy, health and physical education, or a related field, or have a high school diploma and two (2) years related experience in providing recreational services to juvenile offenders. (4-11-15)

04. Rehabilitation Specialist or Facility Case Manager. An individual, under direct supervision, who assists the juvenile offender in implementing the service implementation plan, evaluates the juvenile offender, and maintains the case record with respect to all nonclinical matters. The rehabilitation specialist or facility case manager also assists in presenting the case in staffings, communicates with appropriate individuals, including community interests, regarding the juvenile offender, and prepares written communications, under supervision, including final progress reports. The rehabilitation specialist or facility case manager may also serve as the social worker if properly licensed in the applicable state. Individuals providing this function must possess a bachelor's degree from a fully accredited college or university in the social sciences or a related field, or have a high school diploma and four (4) years related experience in providing services to juvenile offenders. (4-11-15)

05. Rehabilitation Technician or Direct Care Worker. An individual who is responsible for providing individual or group rehabilitative therapeutic services, supervising juvenile offender's day-to-day living activities and performing such duties as preparing nutritious meals, supervising and training juvenile offenders in basic living skills, and providing some community transportation. Such individual must have a high school diploma or its equivalent. (4-11-15)

06. Special Education Teacher. An individual who provides a modified curriculum for those students who are eligible for services under the IDEA. This individual must hold a valid standard exceptional child certificate with an endorsement as a generalist. (4-11-15)

07. Teacher. An individual who provides basic educational services as required by state and federal statutes. This individual must hold a valid teaching credential in the appropriate instructional field. (4-11-15)

123. PROGRAM STAFFING REQUIREMENTS.

01. General Staffing Ratios. The Provider must ensure that an adequate number of qualified staff are present at all times to provide rehabilitation and treatment services, supervise juvenile offenders, and provide for their health, safety, and treatment needs. Staffing patterns must ensure that professional staff is available to juvenile offenders at all times when they are in the program. The Provider staff should provide consistency and stability so that the juvenile offenders know the roles of each staff member. Specific staffing ratios shall be determined in each contract and must be based on the level of intervention of the program and the risk level of the juvenile offender population. (3-20-20)

02. Emergency Staffing Ratios. At all times, at least one (1) staff member on duty per twenty (20) juvenile offenders in the program must be currently certified to administer first aid and cardiopulmonary resuscitation (CPR). (4-11-15)

124. GENERAL REQUIREMENTS FOR TRAINING.

01. Training Plan. Training for staff must be conducted in accordance with a written plan approved by management and coordinated by a designated staff member that includes: (3-20-20)

a. Annual in-service training for all staff to include, but not be limited to: (4-11-15)

i. Identifying and responding to suicide risk; (4-11-15)

ii. Infectious diseases, blood borne pathogens, and universal precautions; (3-20-20)

iii All training as outlined in section 115.331 of the PREA standards; (4-11-15)

iv. Prohibition of abuse and mandatory reporting of abuse; (4-11-15)

v. De-escalation of juvenile behavior and appropriate physical restraint techniques; and (4-11-15)

vi. Incident reporting. (4-11-15)

b. Those areas of practice and operations requiring a current certification; (4-11-15)

c. Prior to being assigned sole responsibility for supervision of juvenile offenders, rehabilitation technicians or direct care staff must have training in the following areas: (4-11-15)

i. Principles and practices of juvenile care and supervision; (4-11-15)

ii. Program goals and objectives; (4-11-15)

iii. Juvenile offender rights and grievance procedures; (4-11-15)

iv. Procedures and legal requirements concerning the reporting of abuse and critical incidents and compliance with the PREA as outlined in these rules; (4-11-15)

v. Infectious diseases, blood borne pathogens, and universal precautions; (3-20-20)

vi. Handling of violent juvenile offenders (use of force or crisis intervention); (4-11-15)

vii. Security procedures (key control, searches, contraband); (4-11-15)

viii. Medical emergency procedures, first aid, and CPR; (4-11-15)

ix. Incident reporting; (4-11-15)

x. How to recognize and respond to suicidal behavior; (4-11-15)

xi. How to access emergency medical and mental health care; (3-20-20)

xii. Proper storage and dispensing of medications, as well as general signs and symptoms of adverse reactions, including identification of the individual who will dispense medications in the facility; (4-11-15)

xiii. Appropriate response to health-related emergencies; (4-11-15)

xiv. Ethics and professional boundaries; and (4-11-15)

xv. Appropriate and safe transportation of all juvenile offenders. (4-11-15)

d. In-service training for all first-year staff must include: (4-11-15)

i. Program policies and procedures; (4-11-15)

ii. Job responsibilities; (4-11-15)

iii. Juvenile offender supervision; (4-11-15)

iv. Safety and security emergency procedures (fire, disaster, etc.); (4-11-15)

v. Confidentiality issues including the Health Insurance Portability and Accountability Act of 1996 (HIPAA); (4-11-15)

vi. Behavioral observation, adolescent psychology, and child growth and development; (4-11-15)

vii. Effective interventions with juvenile offenders including criminogenic risk and need factors; (4-11-15)

viii. Juvenile Corrections Act, balanced and restorative justice and this chapter, as applicable; (3-20-20)

ix. Basic security procedures; (4-11-15)

x. Signs and symptoms of chemical use or dependency; (4-11-15)

xi. Drug-free workplace; (4-11-15)

xii. Diversity training to include cultural awareness; and (4-11-15)

xiii. Juvenile offender searches for contraband. (4-11-15)

02. Trainer Qualifications. (4-11-15)

a. Individuals who provide instruction in areas of life, health, and safety, including but not limited to first aid, CPR, and physical intervention techniques, will have appropriate certification, which must be documented in their personnel or training file. (4-11-15)

b. Individuals who provide instruction in treatment must have appropriate training, education, and experience documented in their personnel or training file. (3-20-20)

03. Documentation of Training. Staff and volunteer training records must be maintained by a designated staff member and include: (3-20-20)

a. Name; (4-11-15)

b. Job title; (4-11-15)

c. Employment beginning date; (4-11-15)

d. Annual training hours required; and (4-11-15)

e. A current chronological listing of all training completed. (4-11-15)

04. Training Records. Training records may be kept separately within each individual personnel file or in a separate training file. Access to curriculum materials must be made available. (4-11-15)

125. SUBCONTRACTORS, VOLUNTEERS, AND INTERNS.
The Provider will identify the intended use of the subcontractor, volunteer, or intern. If the subcontractor, volunteer, or intern is providing direct services to juveniles, the Provider must adhere to the rules in this Section. The Provider must notify the Department's Quality Improvement Services Bureau promptly, in writing, of any proposed changes in the use of subcontractors, volunteers, or interns providing direct services to juveniles. (3-20-20)

01. Subcontractors. The Provider will ensure that any subcontractor providing direct services to juveniles meets at least the minimum staff qualifications and terms of the original contract and these rules. The Provider must maintain a list of all subcontracted service providers and their qualifications. Documentation of services provided by subcontractors must include the scope and frequency of services. (3-20-20)

02. Volunteers and Interns. Programs should consider soliciting the involvement of volunteers and interns to enhance and expand their services. However, volunteers and interns recruited to supplement and enrich a program may not be substituted for the activities and functions of program staff. Volunteers and interns must not be assigned sole supervision of juvenile offenders. (4-11-15)

a. Programs that utilize volunteers and interns regularly must have a written plan that includes stipulations for their use and training, and training of program staff on the role of volunteers and interns. Training provided must include all of the information necessary for the volunteers and interns to successfully perform their roles within the program. (4-11-15)

b. Recruiting of volunteers is conducted by the program director or designee. Recruitment is encouraged from all cultural and socio-economic segments of the community. (4-11-15)

c. Volunteers and interns must complete an application for the position and be suited for the position to which they are assigned. (4-11-15)

d. Written job descriptions must be provided for each volunteer and intern position. (4-11-15)

e. Interns must be documented to be enrolled in an accredited school or program for the profession. (4-11-15)

f. Interns must have a fully developed internship or practicum agreement that details their activities for the period, and relates these to learning objectives developed with the academic institution and program in which they are enrolled. The internship agreement must include the signatures of the intern, supervising residential treatment provider staff, and a representative of the academic institution in which the intern is enrolled. (4-11-15)

g. Interns must agree in writing to abide by all policies and standards of conduct, and agree to meet the ethical standards for the profession for which they are training. (4-11-15)

h. Volunteers and interns must be at least twenty-one (21) years of age, of good character, and sufficiently mature to handle the responsibilities involved in the position. (4-11-15)

i. Volunteers and interns must agree in writing to abide by all program policies. (4-11-15)

03. Subcontractor, Volunteer, and Intern Requirements. Subcontractors, volunteers, and interns who perform professional services must be licensed or certified as required by state law or rule, or be documented to be supervised directly by staff meeting those credentials. (4-11-15)

a. Subcontractors, volunteers, and interns must have background and record checks as prescribed by state law. (3-20-20)

b. Minimum training for subcontractors, volunteers, and interns must include: (4-11-15)

i. Program goals and objectives; (4-11-15)

ii. The role of the subcontractor, volunteer, or intern and job duties or duties related to the learning plan; (4-11-15)

iii. Subcontractor, volunteer, or intern's role in reporting incidents of sexual abuse under PREA, as outlined in these rules; (4-11-15)

iv. Basic security procedures; (4-11-15)

v. Recognizing suicidal behaviors; (4-11-15)

vi. Confidentiality issues including the HIPAA; and (3-20-20)

vii. Ethics and mandatory reporting of juvenile abuse. (4-11-15)

04. Volunteers of Minimal Use. Volunteers who meet all of the following criteria may be excluded from Subsection 125.03.a. and Subsection 125.03.b.: (4-11-15)

i. Use of the volunteer by the Provider does not exceed four visits per year; (3-20-20)

ii. Use of the volunteer by the Provider does not exceed four hours per visit; and (3-20-20)

iii. The volunteer is under constant personal supervision of at least one staff member of the Provider during their visit. (3-20-20)

05. Documentation. The Provider must maintain individual personnel files for each volunteer and intern working in the program. The files must contain all documentation of meeting requirements, as described in Subsection 125.03 of these rules. (3-20-20)

06. Supervision of Volunteers. Volunteers will be supervised at all times by a staff member of the Provider who coordinates and directs the activities of the volunteer and evaluates their performance periodically. (3-20-20)

07. Supervision of Interns. An intern will be supervised by a paid employee of the Provider who has

the licenses and credentials required by state law and who has been accepted by the intern's school as an appropriate supervisor for the discipline of instruction. This individual shall coordinate and direct the activities of the intern and evaluate their performance periodically. (3-20-20)

08. **Termination**. The Provider must establish a procedure for the termination of volunteers and interns. Termination of interns shall be in collaboration with the academic institution and program in which they are enrolled. (3-20-20)

126. BACKGROUND CHECKS.

The Provider must ensure that all employees, subcontractors, interns, and volunteers, with the exception of those listed in Subsection 125.04 of these rules, have undergone a criminal background check every five (5) years in the manner and form required by IDAPA 16.05.06, "Criminal History and Background Checks." In addition to the crimes listed resulting in unconditional denial, any crime not specified there that requires registration on the sex offender registry in Idaho, or any other state, will also result in an unconditional denial of employment for direct care or services, or assignment where the employee would have any opportunity to have contact with a juvenile offender in the Provider's care, including as a volunteer or intern. Documentation of background checks must be kept in confidential employee personnel files. (3-20-20)

127. -- 129. (RESERVED)

130. JUVENILE RECORDS.

01. **Case Management Documents**. The Provider must maintain individual files on all juvenile offenders, which include: (3-20-20)

a. Observation and assessment evaluation provided by the Department; (4-11-15)

b. Additional assessments; (4-11-15)

c. Service implementation plans; (4-11-15)

d. Progress reports; (4-11-15)

e. Incident reports; (4-11-15)

f. Court documents and dispositions; (4-11-15)

g. Professional correspondence; (4-11-15)

h. Restricted clinical information, kept separately; (3-20-20)

i. Medical records, kept separately; (3-20-20)

j. Educational records and school history, kept separately; (3-20-20)

k. Relapse prevention plan; (4-11-15)

l. Identifying information and physical descriptions; (4-11-15)

m. Last known parent or guardian address and telephone number; (4-11-15)

n. Date of admittance and projected release from the Provider; and (3-20-20)

o. Records of juvenile offender's earnings, restitution payments, and community service hours earned. (4-11-15)

02. **Confidentiality**. (4-11-15)

a. Sections 20-525 and 9-340(2)(b), Idaho Code, and Idaho Court Administrative Rule 32 provide for confidentiality, under certain conditions, of records that contain information about juvenile offenders. (4-11-15)

b. All matters relating to confidentiality of juvenile offender files must also comply with the federal HIPAA and 42 CFR Chapter 1, Sub-Chapter A, Part 2, "Confidentiality of Alcohol and Drug Abuse Patient Records." (4-11-15)

c. Restricted clinical information, as defined, and education and medical records must each be filed separately and stored in a secured area. (4-11-15)

d. For Providers that serve sex offenders, individual treatment assignments, such as journals and detailed sexual histories, must be destroyed at the time the juvenile offender is transferred or released from the program. (3-20-20)

e. The Provider must have written policies and procedures to address the confidentiality of juvenile offender records. In compliance with HIPAA's privacy regulations, written procedures shall designate a privacy officer who will: (3-20-20)

i. Supervise the maintenance of identifiable personal health care information; (4-11-15)

ii. Serve as custodian of all confidential juvenile offender records; and (4-11-15)

iii. Determine to whom records may be released. (4-11-15)

03. Automated Records. Automated records must include a procedure to ensure confidentiality and be in compliance with any state or federal privacy laws pertaining to those records including provisions for backing up automated records. (3-20-20)

04. Restrictions to Records Access. (4-11-15)

a. Access to personal health information must be limited to: (4-11-15)

i. Employees of the Department and the Provider to the extent necessary to perform normal business functions including health treatment and other functions designed to maintain the good order, safety, and security of the juvenile offenders or the program; (3-20-20)

ii. Individuals participating in a staffing for a juvenile offender, who have a direct need to know the information, and who are obligated to or promise to maintain the confidentiality of information disclosed. These individuals may include employees or representatives of law enforcement, the Department, the Provider, probation officer, medical or mental health professionals, and other appropriate individuals; and (3-20-20)

iii. Law enforcement members, emergency medical personnel, the Idaho Department of Health and Welfare or the applicable state licensing authority, and similar court or government officials, as necessary to perform their duties, and only if not otherwise prohibited by state or federal law or rule. (4-11-15)

b. Access to all other confidential juvenile offender records must be limited to the following authorized persons: (4-11-15)

i. Staff authorized by the Provider and members of the administrative staff of the Provider's parent agency; (3-20-20)

ii. A parent or guardian or the juvenile offender, to the extent that disclosure is not privileged and is clinically appropriate; (4-11-15)

iii. Appropriate staff of the Department; (4-11-15)

iv. Counsel for the juvenile offender with signed consent form; (4-11-15)

v. Judges, prosecutors, juvenile probation officers, and law enforcement officers, when essential for official business; (4-11-15)

vi. Other individuals and agencies approved by the Department; and (4-11-15)

vii. Schools, as appropriate. (4-11-15)

05. Withholding of Information. If the Department or the Provider believes that information contained in the record would be damaging to the juvenile offender's treatment or rehabilitation, that information may be withheld from the juvenile offender, parent or guardian, or others, except under court order. (3-20-20)

06. Retention of Juvenile Records. At the time of transfer or release from Department custody, any records not previously submitted are provided to the Department within two (2) business days. (3-20-20)

07. Requests for Information. Requests for information of any kind about juvenile offenders in Department custody, following their release or transfer from a Provider's program must be directed to the Department. (3-20-20)

08. Document Reproduction. The Provider agrees that documents provided by the Department will not be distributed without written permission from the Department. (3-20-20)

131. RELEASE FORMS.

01. Release of Non-medical Information. The juvenile offender, parent or guardian, and Department representative must sign a release of information and consent form before information about the juvenile offender is released to any non-juvenile justice entity. A copy of the consent form must be maintained in the juvenile offender's file at the program and in the case management file maintained by the Department. (4-11-15)

02. Release of Medical Information. Release of medical information requires more specific authorization. The Provider must abide by Subchapters B and C of these rules, as applicable. (3-20-20)

03. Minimum Information. The release of information and consent form must, at a minimum, include the following: (4-11-15)

a. Name of person, agency, or organization requesting information; (4-11-15)

b. Name of person, agency, or organization releasing information; (4-11-15)

c. The specific information to be disclosed; (4-11-15)

d. The date consent form is signed; (4-11-15)

e. Signature of the juvenile offender and the parent or guardian, if the juvenile offender is under the age of 18; (4-11-15)

f. The signature of the person witnessing the juvenile offender's signature; and (4-11-15)

g. Effective and expiration dates. (4-11-15)

132. JUVENILE OFFENDER PHOTOGRAPHS.

01. Limitations. No juvenile offender in the custody of the Department may be used in person or by photograph or any other visual image for the express purpose of any fund raising efforts. (4-11-15)

02. Department Authorization. Permission to release or use the photographs and any other visual

image of juvenile offenders in the custody of the Department must require written authorization from the Department Director or designee. (4-11-15)

133. RESEARCH PROJECTS.

01. Written Policy. The Provider must have a written policy regarding the participation of juvenile offenders in research projects that prohibits participation in medical or pharmaceutical testing for experimental or research purposes. (3-20-20)

02. Voluntary Participation. Policies must govern voluntary participation in non-medical and non-pharmaceutical research programs. However, juvenile offenders may not participate in any research program without prior written approval from the Director or designee. (3-20-20)

134. PROHIBITED CONTACT AND PREA COMPLIANCE.

01. Sexual Abuse of Juvenile Offenders. The Provider must have written policies and procedures mandating zero tolerance toward all forms of sexual abuse and sexual harassment and outlining the agency's approach to preventing, detecting, and responding to such conduct. These policies and procedures must contain, at a minimum, the following: (3-20-20)

a. The prohibition of any sexual abuse or sexual harassment as defined in PREA Standards or as defined in Section 18-6110, Idaho Code; (3-20-20)

b. The appointment of a PREA Coordinator, as outlined in PREA Standards 28 C.F.R. 115.311(c), to be determined by the program director; (4-11-15)

c. Procedures that enable juvenile offenders to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine well-being checks, as outlined in PREA Standards 28 C.F.R. 115.315(d); (4-11-15)

d. The requirement of staff of the opposite gender to announce their presence when entering a housing unit or any area where juvenile offenders are likely to be showering, performing bodily functions, or changing clothing, as outlined in PREA Standards 28 C.F.R. 115.315(d); (4-11-15)

e. The provision of multiple avenues for a juvenile offender or a third party to report sexual abuse and sexual harassment, at least one of which must be external to the agency, as outlined in PREA Standards 28 C.F.R. 115.351; (4-11-15)

f. The process for gathering information to make classification and housing decisions to reduce the risk of sexual victimization, as outlined in PREA Standards 28 C.F.R. 115.342; (4-11-15)

g. The handling of all information regarding sexual abuse or sexual harassment with confidentiality, as outlined in PREA Standards 28 C.F.R. 115.361(c); (4-11-15)

h. The process to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior, as outlined in PREA Standards 28 C.F.R. 115.322; (4-11-15)

i. Policies to protect all residents and staff who report sexual abuse or sexual harassment from acts of retaliation as outlined in PREA Standards 28 C.F.R. 115.367; (4-11-15)

j. The provision of timely and unimpeded access to crisis intervention services, medical, and mental health care to victims, as outlined in PREA Standards 28 C.F.R. 115.382(a); (4-11-15)

k. The provision for and documentation of training to staff, as outlined in PREA Standards 28 C.F.R. 115.331; (4-11-15)

l. The provision for and documentation of age-appropriate education to juvenile offenders, as outlined in PREA Standards 28 C.F.R. 115.333; (4-11-15)

m. Within 30 days of the conclusion of every sexual abuse investigation the Provider must conduct a sexual abuse incident review, as outlined in PREA Standards 28 C.F.R. 115.386; (3-20-20)

n. A process that requires reporting and documentation of any instance of sexual abuse among juvenile offenders or between juvenile offenders and staff or volunteers, according to Subsection 156.01 and Subsection 156.05 of these rules. These must be reported on a form provided by the Department; (4-11-15)

o. A process for an initial internal investigation when sexual abuse is reported; (4-11-15)

p. An expected first response practice of separating the alleged perpetrator from the alleged victim until the investigation is complete; (4-11-15)

q. In addition to completing the form supplied by the Department, the Provider must document all steps taken to ensure the juvenile offender's safety; and (3-20-20)

r. The Provider must report all sexual abuse to appropriate licensing authority or law enforcement when sexual abuse is suspected. (3-20-20)

02. Resident Access to Outside Support Services. The facility must provide residents with access to outside victim advocates for emotional support services related to sexual abuse, as outlined in PREA Standards 28 C.F.R. 115.353. (4-11-15)

03. Sexual Victimization Survey. Providers must participate in all state and federal surveys, and complete and submit the survey and supply the Department with copies. (3-20-20)

135. SUICIDE PRECAUTIONS.

01. Policy Requirements. All Providers must have a written policy for responding to juvenile offenders who present a risk of suicide requiring, at a minimum, that: (3-20-20)

a. Staff are regularly trained to identify, document, and appropriately respond to behavior that may indicate a risk of suicide; (4-11-15)

b. The Provider utilizes medical or other staff trained by a mental health professional to review history, interview, and observe juvenile offenders new to the program in order to complete a suicide risk screening within two (2) hours of admission. The screening is done to identify any immediate threat of suicide or self-harm and the need for a suicide risk assessment; (3-20-20)

c. The Provider utilizes a mental health professional to complete a suicide risk assessment on a juvenile offender who has been identified by staff as presenting a risk of suicide. A suicide risk assessment is a system of structured and documented observation, interview, and review of behavioral and mental health information. It comprises a thorough review of recent behavioral and mental health information and interviews of staff and the juvenile offender concerning the behavior that seems to present the threat of self-harm or suicide. A suicide risk assessment typically involves an assessment of the juvenile offender's determination to act on intentions of self-harm, a determination of the depth of planning for making the attempt, the availability of the items or situations necessary for the juvenile to act on that plan, and the lethality of the plan, as expressed; (4-11-15)

d. The Provider utilizes a mental health professional to develop and disseminate a safety plan for each juvenile offender identified as presenting a risk for suicide. The safety plan includes a detailed supervision plan for the juvenile offender; (4-11-15)

e. Reassessment of suicide risk and whether it is reduced enough to reduce or terminate suicide precautions is made at a time determined by the mental health professional completing the assessment and is ideally

completed by that same mental health professional; and (4-11-15)

f. The Provider prohibits the use of separation and isolation of juvenile offenders identified as presenting a suicide risk, unless constant one-on-one (1 on 1) staff supervision is provided. (4-11-15)

02. Separation or Isolation. All juvenile offenders in separation or isolation are closely monitored to reduce the risk of suicidal behaviors. (4-11-15)

03. Reporting to the Department. All incidents of suicide, attempted suicide, or threat of suicide must be reported to the Department in the manner described in Subsection 156.01 of these rules. (4-11-15)

136. -- 139. (RESERVED)

140. JUVENILE OFFENDER RIGHTS AND RESPONSIBILITIES.

01. Residential Treatment Provider Obligations. The Provider must respect, and not infringe upon, the rights of each juvenile offender in its program. The Provider must also be responsible for understanding the rights and responsibilities of juveniles in custody, and knowing which rights have been forfeited as a result of being placed in custody. (4-11-15)

02. Juvenile Offender Program Responsibilities. The Provider must inform each juvenile offender, upon admission to its program, of each juvenile offender's responsibilities during the program. Additionally, each juvenile offender must have an understanding of the following program expectations: (4-11-15)

a. Requirements needed to complete program; (4-11-15)

b. How to access medical services; (4-11-15)

c. How to file a grievance; (4-11-15)

d. How to report incidents of sexual abuse between juvenile offenders or between staff and juvenile offenders; and (4-11-15)

e. How to contact the juvenile services coordinator and juvenile probation officer. (4-11-15)

141. DISCIPLINE OF JUVENILE OFFENDERS.

01. Written Policies and Procedures. All providers offering treatment services must have comprehensive written discipline policies and procedures, which are explained to all juvenile offenders, families, and staff. These policies must include positive responses for appropriate behavior. They must include a provision for written notice to the juvenile offender being disciplined, a mechanism for a fair and impartial hearing to include at least one staff member not involved in the disciplinary action, and a process for appeal. (4-11-15)

02. Administration of Discipline. Discipline will be administered in a way to create a learning experience for the juvenile offender, and never in a way that degrades or humiliates the juvenile offender. Staff will make every effort to maintain control of juvenile offenders through positive methods. No juvenile offender will supervise nor carry out disciplinary actions over another juvenile offender. (4-11-15)

a. Prior to and upon initiating a disciplinary action, careful attention should be given to ensure the disciplinary sanctions are proportionate with the nature and circumstances of the behavior and the program rules to determine the seriousness of the misbehavior and the appropriate type of discipline. (4-11-15)

b. Disciplinary actions are not the same as the consequences that are spelled out as a part of a service implementation plan for the juvenile offender. A Provider must make every effort to resolve problems with the least amount of formal disciplinary activity possible. Efforts should be made first to instruct and counsel the juvenile offender. (4-11-15)

c. Any restriction of a juvenile offender's participation in a program resulting from a formal disciplinary action must be reported in an incident report. (4-11-15)

03. Prohibited Actions. The Provider is prohibited from using certain actions as disciplinary responses, as listed in the child care licensing rules of the Idaho Department of Health and Welfare. (4-11-15)

04. Denial of Services. Denial of the following are prohibited as disciplinary responses: (4-11-15)

a. Educational and vocational services; (4-11-15)

b. Employment; (4-11-15)

c. Medical or mental health services; (4-11-15)

d. Food; (4-11-15)

e. Access to family, juvenile services coordinator, juvenile probation officer, and legal counsel; and (4-11-15)

f. Religious services. (4-11-15)

05. Appeal of Formal Disciplinary Penalties. Each Provider must have a formal written process through which a juvenile offender can appeal a disciplinary action and receive a review of the case. The Provider shall explain to the juvenile offender how to use the appeal process. The juvenile offender must be informed that the juvenile services coordinator may be included in the disciplinary process at the juvenile's choice. (4-11-15)

142. GRIEVANCE PROCEDURES.

01. Written Procedures. The Provider must have a written grievance procedure for juvenile offenders, which includes the right to appeal disciplinary actions against them if a separate disciplinary grievance procedure is not available. It must be written in a clear and simple manner and allow juvenile offenders to make complaints without fear of retaliation. The grievance procedure must be explained to the juvenile offender by a staff member and such documented in the juvenile's file. (3-20-20)

02. Grievance Process. (3-20-20)

a. Grievance forms must be in a location accessible to juvenile offenders without having to request such a form from staff. Completed forms should be placed in a secure area and collected daily. (3-20-20)

b. The provider must complete a review and discuss findings with the juvenile offender within three (3) business days of receipt of the grievance form. (3-20-20)

c. If the juvenile offender lives independently, the Provider must have a process for the juvenile to submit grievance forms to the program director without having to request such a form from staff. (3-20-20)

143. JUVENILE OFFENDER SAFETY.
Every juvenile offender has the fundamental right to feel safe. Residential treatment providers have the responsibility to ensure that a juvenile offender is safe while in their care. Every juvenile offender must be informed of procedures whereby a professional staff person can be contacted on a twenty-four (24) hour basis if the juvenile offender does not feel safe. The Provider's administration must make periodic contact with juvenile offenders in the program to determine if they feel safe and are comfortable when interacting with peers and staff. (4-11-15)

144. SEARCHES FOR CONTRABAND.

01. Searches of Personal Items. Routine searches of personal items being introduced into the program or residence may be conducted by staff prior to the juvenile offender taking possession of their property, or when the juvenile offender is returning to the program or residence from an individual community pass. Search of a juvenile

offender's belongings or residence may be done at any time and must be minimally intrusive. (3-20-20)

02. Policies and Procedures Governing Consequences. The Provider must have written policies and procedures establishing the consequences for juvenile offenders found with contraband. (3-20-20)

03. Clothed Body Searches. (3-20-20)

a. Clothed body searches of juvenile offenders may be conducted whenever the Provider believes it is necessary to discourage the introduction of contraband into the program, or to promote the safety of staff, juvenile offenders, and visitors. A clothed body search may be used when a juvenile offender is returning from a visit, outside appointment, or activity. (3-20-20)

b. Clothed body searches must be conducted in the manner required in the rules of the Idaho Department of Health and Welfare under IDAPA 16.06.02, "Standards for Child Care Licensing." Clothed body searches of juvenile offenders will be conducted by staff of the same gender as the juvenile offender. Clothed body searches will be conducted using a pat down search outside the juvenile's clothing. The staff member must have had appropriate training in conducting clothed body searches. (3-20-20)

04. Unclothed Body Searches. Unclothed body searches of juvenile offenders may only be conducted by a medical health professional and with prior written authorization from the program director or designee. Unclothed body searches must be conducted with an adult in the room, in addition to the medical health professional, who is of the same gender as the juvenile offender being searched. Unclothed body searches must be based upon a reasonable belief that the juvenile is concealing contraband or signs of abuse. Immediately after conducting an unclothed body search the provider must notify the department's regional superintendent and the Quality Improvement Services Bureau. The Provider must complete an incident report according to the requirements of Section 156. (3-20-20)

05. Body Cavity Searches. Body cavity searches of juvenile offenders may only be conducted in a medical facility outside of the Provider, by a medical health professional and with prior written authorization from the program director or designee. Body cavity searches of juveniles will not be performed by staff, interns, or volunteers under any circumstances. Looking into a juvenile's mouth, ears, or nose does not constitute a body cavity search. Body cavity searches must be based upon a reasonable belief that the juvenile is concealing contraband. Immediately after conducting a body cavity search, the Provider must notify the department's regional superintendent and the Quality Improvement Services Bureau. The Provider must complete an incident report according to the requirements of Section 156. (3-20-20)

06. Documentation of Searches. All searches must be documented in terms of reason for the search, who conducted the search, what areas were searched, and what type of contraband was found, if any. If a search yields contraband, the juvenile services coordinator must be notified and the incident reported according to Section 156. If necessary, the appropriate law enforcement agency should be notified. (3-20-20)

07. Contraband Disposal. All contraband found in the possession of juvenile offenders, visitors, or staff must be confiscated by staff and secured under lock and key in an area inaccessible to juvenile offenders. Local law enforcement must be notified in the event illegal drugs, paraphernalia, or weapons are found. It is the responsibility of the program director, in consultation with the Department, to dispose of all contraband not confiscated by police. (3-20-20)

145. RELIGIOUS SERVICES.

The Provider must ensure that attendance at religious services is voluntary. No juvenile offender is required to attend religious services, and no juvenile offender may be penalized for not attending nor given privileges for certain attendance. The Provider's staff schedule must not encourage or discourage participation in general or specific religious services or activities. (3-20-20)

01. Voluntary Practice. All juvenile offenders must be provided the opportunity to voluntarily practice their respective religions in a manner and to the extent that will not compromise the safety, security, emotional, or physical well-being of the juvenile offenders in the program. (3-20-20)

02. Attendance. Juvenile offenders may be permitted to attend religious services of their choice in the community, as long as community safety is ensured. (3-20-20)

03. Transportation. Programs must, when reasonably possible, arrange transportation for those juvenile offenders who desire to take part in religious activities of their choice in the community. (3-20-20)

04. Risk to Community. If the juvenile offender cannot attend religious services in the community because staff has determined that the juvenile is an escape risk, or otherwise presents a risk to the safety of the community, the Provider must make reasonable efforts to ensure that the juvenile offender has the opportunity to participate in religious services of the juvenile's choice at the program. (3-20-20)

05. Visits. Juvenile offenders must be permitted to receive visits from representatives of their respective faiths. (3-20-20)

146. DRUG SCREENS OF JUVENILE OFFENDERS.

Drug screens may be done randomly or on an as needed basis, at the Provider's expense, with the approval of the Provider's program director. A record must be kept of all drug screens and results with positive drug screenings immediately reported to the juvenile services coordinator. (3-20-20)

147. – 149. (RESERVED)

150. EMPLOYMENT OF JUVENILE OFFENDERS.

01. Employment. If juvenile employment away from the program site is a part of the program, written policy and procedure must provide that program resources and staff time are devoted to helping employable juvenile offenders locate employment. Programs must ensure that each employment opportunity meets all legal and regulatory requirements for juvenile employment. The juvenile offender's employer must be consulted at least twice monthly by the Provider concerning the juvenile offender's work abilities and performance on the job site. Additionally, the Provider must perform checks on the job-site at least monthly to ensure the juvenile offender is working under acceptable conditions. Under no circumstances should staff or the families of staff benefit financially, or otherwise, from work done by juvenile offenders in the program. (3-20-20)

02. Employment Opportunities. Every reasonable effort must be made to select employment opportunities that are consistent with the individual interests of the juvenile offender to be employed. Preference will be given to jobs that are related to prior training, work experience, or institutional training, and may be suitable for continuing post-release employment. (3-20-20)

151. COMMUNITY SERVICES AND RESTITUTION.

01. Community Service. Juvenile offenders may have court-ordered community service hours. The Provider must obtain prior approval from the juvenile probation officer to complete any court-ordered community service hours while at the Provider. The Provider will document approved community service hours and report the accumulation of completed hours in the juvenile offender's progress report. (3-20-20)

02. Court Ordered Restitution. The Provider must work with the juvenile probation officer and juvenile services coordinator to determine the amount of restitution owed. The Provider must create a plan for the juvenile offender to submit a portion of a juvenile offender's personal funds or earned income for the payment. When juvenile personal funds are available, the Provider will submit payment to the county until the restitution amount is satisfied. Documentation of the payment is provided to the juvenile services coordinator. (3-20-20)

03. Restitution for Program Damages. Monetary restitution may only be sought through a court order when a juvenile offender has damaged or destroyed property, or has caused or attempted to cause injury to other juvenile offenders or staff. The Provider must not access the juvenile offender's personal funds for program damages. Restitution for damages must begin with a plan for repair by the juvenile offender. (3-20-20)

152. PROGRAMMING.

01. Basic Program Requirements. Providers must provide opportunities and services for juvenile offenders to improve their educational and vocational competence, to effectively address underlying behavior problems, and to prepare them for responsible lives in the community. Programs provided must be gender equitable, gender specific, and culturally competent. The ultimate treatment goal for juvenile offenders involved in these programs is the successful return of juvenile offenders to the community without committing further crimes. (3-20-20)

02. General Requirements. (3-20-20)

a. Providers must provide a range of program services specifically designed to address the characteristics of the target population identified in the comprehensive program description and in the admission policy. (3-20-20)

b. Programs that serve a special needs population, such as developmentally delayed or seriously emotionally disturbed juvenile offenders, and those programs serving sexually abusive juvenile offenders, must be able to demonstrate that the program services offered are supported by research. (3-20-20)

c. Programs providing reintegration services for individual juvenile offenders must target behaviors, needs, or circumstances stated in their final progress report from the sending facility or program. These services must be clearly identified and described within the program description. (3-20-20)

d. Programs serving female juvenile offenders must be able to demonstrate that the services provided include elements of a program specifically designed to address the unique situations and circumstances facing female juvenile offenders. These elements must be clearly identified and described within the program description. (3-20-20)

e. Programs designed to serve juvenile offenders with gang involvement must be able to demonstrate that the services provided include elements of a program specifically designed to address gang involvement. These elements must be clearly identified and described within the program description. (3-20-20)

f. Program services for individual juvenile offenders must be designed based upon the juvenile's service plan, and must target those behaviors or circumstances which have contributed to the juvenile's delinquency and which can reasonably be changed (criminogenic needs). These services must be clearly identified and described within the program description. (3-20-20)

g. Juvenile offenders must always be aware of the status of their progress within the program and what remains to be done to complete the program. Providers must assure that the basic norms and expectations of the program, including any points, levels, or phases that are a fundamental part of a program, are clearly presented to the juvenile offender and that they are understood. (3-20-20)

h. Programs that contract with the Department to serve juvenile offenders and their families must: (3-20-20)

i. Provide humane, disciplined care and supervision; (3-20-20)

ii. Provide opportunities for juvenile offenders' development of competency and life skills; (3-20-20)

iii. Hold juvenile offenders accountable for their delinquent behavior through means such as victim-offender mediation, restorative conferencing, restitution, and community service; (3-20-20)

iv. Seek to involve juvenile offenders' families in treatment, unless otherwise indicated for the safety and benefit of the juvenile offenders or other family members; (3-20-20)

v. Address the principles of accountability to victims and to the community, competency development, and community protection in case planning and reporting; (3-20-20)

vi. To the fullest extent possible, provide balance in addressing the interests of the victim, community,

and the juvenile offender. (3-20-20)

vii. Participate fully with the Department and the community treatment team in developing and implementing service plans for juvenile offenders they serve; and (3-20-20)

viii. Provide juvenile offenders with educational services based upon their documented needs and abilities. (3-20-20)

i. Reintegration services include all aspects of case planning and service delivery designed to facilitate successful return of the juvenile offender to the community. (3-20-20)

153. JUVENILE OFFENDER AND PARENT OR GUARDIAN HANDBOOK.
The Provider must provide each juvenile offender and their parent or guardian with program handbooks that are written in an age-appropriate manner. (3-20-20)

01. Required Content. Handbooks must address, at a minimum, the following: (4-11-15)

a. Requirements needed to complete program; (4-11-15)

b. Juvenile offender rights and responsibilities; (4-11-15)

c. The means available to safely report sexual abuse and harassment; (4-11-15)

d. Grievance procedures; (4-11-15)

e. Religious services; (4-11-15)

f. Search procedures, including a list of what constitutes as contraband and the consequences for its possession; (3-20-20)

g. The Provider's disciplinary process; (3-20-20)

h. Visitation, mail, and phone correspondence; (4-11-15)

i. The Provider's obligation to make reasonable accommodations for any disabilities, language barriers, or other special needs; (4-11-15)

j. The daily schedule for juvenile offenders; and (4-11-15)

k. A description of services or items for which a juvenile offender may be charged by the Provider. (4-11-15)

02. Receipt of Handbook. The juvenile offender and their parent or guardian acknowledge in writing their receipt of the juvenile offender and parent or guardian handbook. (4-11-15)

154. PROGRAM OPERATIONAL REQUIREMENTS.

01. General Requirements. (4-11-15)

a. Providers shall provide vigorous programming that minimizes periods of idle time, addresses behavioral problems of juvenile offenders, and teaches and promotes healthy life choices. Programs should specifically address those factors in juvenile offender's lives that contribute to delinquency and that can be realistically changed. (3-20-20)

b. Providers shall encourage appropriate telephone contact, mail contact, and visitation between juvenile offenders and their families. (4-11-15)

c. Providers must structure and document services offered in the program so that continuity in case planning is obvious. Medical health, mental health, substance abuse, social skills, educational, vocational, independent living, and other special needs identified in the assessment must be clearly addressed in the service implementation plan. Services provided to address those needs must be documented regularly. (3-20-20)

d. Service needs remaining at the time of release from Department custody or transfer must be accounted for in the reintegration plan for each juvenile offender. (4-11-15)

e. The Provider will not admit more juveniles into care than the number specified on the Provider's license. Providers wishing to increase capacity are responsible for contacting the applicable licensing agency. A copy of the written confirmation to the Provider from the applicable licensing agency for verbal approval to exceed the licensed capacity must be forwarded to the Department's Quality Improvement Services Bureau. (3-20-20)

f. The Provider must have and strictly follow a comprehensive policy covering the supervision of juvenile offenders, including a plan for monitoring all movement of those juvenile offenders both in the facility and, as appropriate, within the community. Staff at the facility must be aware of the location of every juvenile offender assigned to that program at all times. (3-20-20)

g. Programs may not, under any circumstances, involve juvenile offenders in plethysmographic assessments. (4-11-15)

02. Use of Polygraphs. (4-11-15)

a. The use of polygraphs for juvenile offenders adjudicated for or documented to have demonstrated sexually abusive behavior, must only be undertaken by court order or under the following circumstances: (4-11-15)

i. With the specific written authorization of the Department's regional clinical supervisor; (4-11-15)

ii. Only with the full, informed consent of the juvenile offender; and (4-11-15)

iii. If the juvenile offender is a minor, only with the full, informed consent of the parent or guardian. (4-11-15)

b. Polygraphers used in this process must be able to provide documentation of certification by the Sexual Offender Management Board in the use of polygraphy with juvenile offenders. (4-11-15)

c. Providers must not make treatment decisions solely on the results of a polygraph. (3-20-20)

d. Polygraph reports must be sent to the juvenile services coordinator by the Provider. (3-20-20)

155. PLANNING FOR RELEASE OR TRANSFER.

01. Aftercare Planning. Programs must promote continuity in programming and services for juvenile offenders after they leave the program by assuring that essential information is forwarded to those agencies that may be providing services to the juvenile offenders, and working closely with Department staff throughout placement to plan for reintegration. (3-20-20)

02. Approval. Reintegration, by release from Department custody or transfer, must not take place without the involvement of the Department's assigned juvenile services coordinator, and the written approval of the regional clinical supervisor and regional superintendent. (3-20-20)

03. Department Concurrence. Preparation for reintegration of a juvenile offender begins with the initial development of a service plan and is an ongoing process throughout the juvenile offender's program. Criteria for the juvenile offender's release from Department custody or transfer must be explained to the juvenile as soon as possible after admission to a program. (3-20-20)

04. Reintegration Staffing. The juvenile services coordinator shall convene a reintegration staffing,

which will include the juvenile offender's probation officer, the Provider, the juvenile offender's parent or guardian, an education representative, and the juvenile offender. At a minimum, a review of the plans to address any ongoing medical or mental health, substance abuse, social skills, education, vocation, independent living, and other special needs will be conducted. The juvenile offender's relapse prevention plan will be reviewed by the juvenile probation officer, the juvenile's parent or guardian, the education representative, and juvenile services coordinator. Based upon the results of that staffing and pending juvenile services coordinator approval of the relapse prevention plan, the Department will make the final decision regarding transfer or release from Department custody. (3-20-20)

05. Check-Out Procedures. Prior to the release from Department custody or transfer, the Provider must have completed a Provider Juvenile Check-Out Form (DJC-180) supplied by the Department. The form must be dated, signed by the juvenile offender, and forwarded to the juvenile services coordinator and any designees on the actual date that the juvenile offender leaves the program. (3-20-20)

a. The Provider must provide the juvenile's Medicaid card and a thirty (30) day supply of all medications or a thirty (30) day prescription signed by the physician to the individual or agency authorized to transport the juvenile offender. (3-20-20)

06. Termination Prior to Completion. (3-20-20)

a. When a Provider believes a juvenile offender is at risk for transfer prior to program completion, the juvenile services coordinator must be notified as far in advance as possible so that a staffing may be held. The purpose of this staffing is to consider the circumstances which may require the transfer, and to make every effort to address the concerns with the Provider to avoid the necessity of making another placement. The Provider must document these efforts at problem solving. The Department will make a decision about transfer based upon the results of this staffing and any subsequent work agreed upon with the Provider. The Provider can request transfer of a juvenile offender in the following circumstances: (3-20-20)

i. A pattern of documented behavior clearly indicating a lack of progress; or (3-20-20)

ii. Commission of one (1) or more serious or violent incidents that jeopardize the safety and security of individuals or the program. (3-20-20)

b. In matters involving life, health, and safety of any juvenile in Department custody, the Department shall remove the juvenile offender immediately. (3-20-20)

c. A final progress report must include, at a minimum, a report on progress or lack of progress on all service implementation plan areas and recommendations for follow-up. The report must be forwarded to the juvenile services coordinator within twenty-four (24) hours of transfer prior to program completion. (3-20-20)

156. INCIDENT REPORTING REQUIREMENTS.

01. Incidents Requiring Immediate Notice to Parent or Guardian and Department. All notifications under this section must be made to the regional facility in the region where the Provider is located. Out-of-state Providers must notify the juvenile correctional center in Nampa. Providers must ensure that a detailed, written incident report is completed and signed by involved staff before the end of the shift during which the incident took place. If any of the following events occur, the Provider must immediately notify the juvenile offender’s parent or guardian, juvenile services coordinator, juvenile probation officer, and the Department’s regional facility by telephone (not by facsimile or electronically). The Department’s regional R.N. must also be notified immediately in the event of all medical and mental health incidents. (3-20-20)

a. Medical and mental health emergencies including, but not limited to: (4-11-15)

i. Every instance of emergency room access; (4-11-15)

ii. Refusal of medications, treatment recommended by a physician, or food for three (3) consecutive days; (3-20-20)

b. Major incidents such as: (4-11-15)

i. Death of a juvenile offender; (4-11-15)

ii. Suicide, attempted suicide, or threat of suicide; (4-11-15)

iii. Attempted escape; (4-11-15)

iv. Sexual abuse among juvenile offenders or by staff including, but not limited to, incidents reportable under PREA; (4-11-15)

v. Criminal activity resulting in arrest, detention, or filing a report with local law enforcement; (4-11-15)

vi. Any other relevant report made to the Idaho Department of Health and Welfare or applicable state agency; (4-11-15)

c. Any incident of restraint that involves the use of medications, chemicals, or mechanical devices of any kind; (4-11-15)

d. Incidents of alleged or suspected abuse or neglect of juvenile offenders; (4-11-15)

e. Incidents involving major disasters affecting location or well-being of the juveniles; and (4-11-15)

f. Any restriction of a juvenile offender's family visitation due to the juvenile's behavior. (4-11-15)

g. A written incident report must also be transmitted within twenty-four (24) hours to the juvenile services coordinator and the juvenile probation officer. Written notification is sent within twenty-four (24) hours to the juvenile offender's parent or guardian unless notification would endanger the juvenile. Transmission of all written incident reports may be electronic or by facsimile. (3-20-20)

02. Escapes Also Require Immediate Notice to Parent or Guardian and Department. In all instances of escape, the Provider must immediately notify the juvenile correctional center in Nampa first, followed by the regional facility, juvenile offender's parent or guardian, juvenile services coordinator, and juvenile probation officer by telephone (not by facsimile or electronically). A written incident report must also be transmitted within twenty-four (24) hours to the juvenile services coordinator and the juvenile probation officer. Written notification is sent within twenty-four (24) hours to the juvenile offender's parent or guardian unless notification would endanger the juvenile offender. Transmission of all written incident reports may be electronic or by facsimile. Upon apprehension, all of the same parties must be notified immediately. (3-20-20)

a. Clothing and other personal belongings must be secured immediately and maintained in a secure place until returned to the Department. (4-11-15)

b. The juvenile offender shall continue to be assigned to the program, although not physically present, for up to forty-eight (48) hours. The program will be reimbursed for the days the juvenile offender was on escape status up to forty-eight (48) hours. Should the program, in consultation with the juvenile offender's treatment team, choose to transfer the juvenile offender after returning, the relevant procedures outlined in Subchapters B and C of these rules apply. (3-20-20)

03. Incidents Requiring Immediate Notice to Department and Three Day Notice to Parent or Guardian. The following incidents require immediate notice to the juvenile services coordinator in the manner described in Subsection 156.01, and require notice within three (3) business days to parent or guardian of the juveniles involved. (4-11-15)

a. Any use of separation or isolation for more than two (2) hours; (4-11-15)

b. Incidents involving the disclosure of criminal behavior by juvenile offenders; (4-11-15)

c. Instances of physical assault or fighting; (4-11-15)

d. Major misconduct by one (1) or more staff against a juvenile offender; (4-11-15)

e. Discovery of contraband that represents an immediate threat to safety and security such as weapons or drugs; (4-11-15)

f. Any instance of an unclothed body search or a body cavity search of a juvenile offender; (4-11-15)

g. Other than incidents described in Paragraph 156.01.e., significant property damage resulting from misconduct, negligence, or from incidents such as explosions, fires, floods, or other natural disasters; and (4-11-15)

h. Any pattern of restraint of a juvenile, which is defined as three (3) or more restraints within a twenty-four (24) hour period. (4-11-15)

04. Incidents Requiring Notice Within Three Days to the Department. (4-11-15)

a. Providers must ensure that a detailed, written incident report is completed and signed by involved staff before the end of the shift during which the incident took place. A copy of the completed incident report must be submitted to the juvenile services coordinator no later than three (3) business days after the incident. (3-20-20)

b. A detailed incident report is also required for each incident of juvenile offender misconduct that is not reportable under Subsection 156.03 and results in any type of: (4-11-15)

i. Instances of lost keys, equipment, or tools; (4-11-15)

ii. Discovery of contraband not posing an immediate risk; or (4-11-15)

iii. A pattern of refusal of program participation that rises to the point of raising questions about the appropriateness of the placement. (4-11-15)

c. A detailed incident report is also required for each incident of staff misconduct relating to juvenile care that is not reportable under Subsection 156.03 and results in: (3-20-20)

i. Any physical restraint that does not involve the use of medications, chemicals, or mechanical devices of any kind; or (4-11-15)

ii. Separation, isolation, or room confinement for more than fifteen (15) minutes but less than two (2) hours. (4-11-15)

05. Incident Report Content. Providers may elect to use the Department's standard incident report form or may use another form that includes the following information: (3-20-20)

a. Juvenile offender's assigned unit or location; (4-11-15)

b. Date, location, and time of the incident; (4-11-15)

c. Witnesses and other staff and juvenile offenders involved; (4-11-15)

d. Persons notified with date and time of notice; (4-11-15)

g. Brief narrative description of the incident; (4-11-15)

e. Type of incident by category, such as assault against staff or juvenile offender, behavioral and psychiatric emergency, contraband, escape, injury or illness, self-harm or suicidal behavior, or sexual abuse; (4-11-15)

f. Action taken by category, such as restraint, separation, isolation, or room confinement with times in and out, visitation restrictions due to juvenile offender behavior, suicide precautions initiated, or escape precautions initiated; (4-11-15)

h. Signature of staff and reviewing supervisor, which may be affixed electronically; (4-11-15)

i. Documentation of injury and medical attention provided; and (4-11-15)

j. If the incident involves sexual abuse, the incident report must include a description of action taken to: (4-11-15)

i. Keep the alleged victim(s) safe from intimidation of further abuse and maintain confidentiality; (4-11-15)

ii. Address any immediate trauma, either physical or emotional; (4-11-15)

iii. Address long-term medical or mental health needs related to the alleged abuse; (4-11-15)

iv. Notify responsible licensing, regulatory, and law enforcement agencies and preserve evidence; (4-11-15)

v. Conduct an initial internal investigation of the incident and as necessary request that an external investigation be completed; and (4-11-15)

vi. Prevent repetition of the abusive situation. (4-11-15)

157. OUT-OF-STATE TRAVEL.

When a Provider is planning an out-of-state trip for any of its juvenile offenders, the facility administrator must obtain prior written authorization from the regional clinical supervisor or designee. The necessary sequence of action and approval is as follows: (3-20-20)

01. Notification. The Provider must notify the juvenile services coordinator in writing fourteen (14) business days in advance of the scheduled trip with the following: (3-20-20)

a. Dates of the scheduled trip; (3-20-20)

b. Location of the trip; (3-20-20)

c. Purpose of the trip; (3-20-20)

d. Transportation arrangements; (3-20-20)

e. Where the juvenile offender will be staying if overnight accommodations are required (address and phone number); and (3-20-20)

f. Who is going, such as juvenile offender, and name and position of staff. (3-20-20)

02. Prior Approval. The program director must obtain all necessary approvals prior to authorizing travel. (3-20-20)

03. Interstate Compact for Juveniles. Any out-of-state travel for more than twenty-four (24) hours requires a travel permit and compliance with the Interstate Compact for Juveniles. (3-20-20)

158. ADDITIONAL PROGRAM POLICY REQUIREMENTS.

01. Written Policies. In addition to other policy requirements listed in these rules, Providers must

have, at a minimum, the following written policies concerning program operations available at the program site: (3-20-20)

a. Program elements and implementation; (4-11-15)

b. Admission policy describing the target population and criteria for admission, and identifying sources of referrals to the program; (4-11-15)

c. Criteria for assigning juvenile offenders to different units within the program, if applicable; (4-11-15)

d. The provision of (or referral for) emergency and routine medical and mental health services for the population; (4-11-15)

e. Behavior management within the program, including use of points and levels, restraints, separation, detention, and other types of special management; (4-11-15)

f. Supervision of juvenile offenders policy that includes managing juvenile offender movement within the program, including the timely transfer of behavioral information about juvenile offenders from staff during shift changes; (4-11-15)

g. Juvenile offender's access to the community policy that includes use of community schools or job sites, and individual or group activities away from the program site. This also includes individual community passes; (4-11-15)

h. Administrative coverage in emergency situations arising after regular work hours; (3-20-20)

i. Documentation and reporting of critical incidents to program administrators, the Department and others on the community treatment team; (4-11-15)

j. Treatment planning and progress reporting to the Department, juvenile offender, family, and others on the community treatment team; (4-11-15)

k. Reintegration policy that describes criteria for successful completion of program, termination from program prior to completion, and the involvement of the Department and community treatment team; and (4-11-15)

l. Emergency procedures in the event of a natural disaster. (4-11-15)

02. Documented Staff Training. Documented staff training on these policies must also be available for review by the Department. (4-11-15)

159. FIRST AID KITS.
Each Provider must maintain first aid kits. Basic first aid kits that do not include medications or sharp tools may be kept unlocked. Any complete first aid kit with medications, wound rinses, scissors, tweezers, or other such objects must be kept locked and placed in areas of the program or facility readily accessible to staff. (3-20-20)

160. – 199. (RESERVED)

SUBCHAPTER B – RULES FOR STAFF SECURE PROVIDERS

200. INITIATION OF SERVICES.
Juveniles are committed to the Department under the provisions of the Juvenile Corrections Act (Sections 20-501 through 20-547, Idaho Code). (3-20-20)

201. WAIVER AND VARIANCE.
Minimum program standards established herein apply to all services provided by the Provider. Any waiver and variance from the standards stated in these rules must receive prior written approval from the Department and be

attached as a formal amendment to the contract. (3-20-20)

202. APPLICABILITY.
This subchapter applies to Providers of treatment services identified in individual service implementation plans. Staff secure Provider must also abide by Subchapter A of these rules. (3-20-20)

203. AUTHORITY TO INSPECT.
The Department has the authority to conduct reviews of programs, program operations, juvenile offender placements, and facilities to ensure the Provider's compliance with these rules. The Provider shall cooperate with the Department's review, and must provide access to the facility and all juvenile records for juveniles in Department custody, as deemed necessary by the Department. However, in order to more fully assess the operation of the program, aggregate data and information for all juveniles must be made available, upon request. (3-20-20)

204. COMPLIANCE WITH RULES REQUIREMENTS.
The Provider must comply with all relevant child care licensing rules of the Idaho Department of Health and Welfare, IDAPA 16.06.02, "Rules Governing Standards for Child Care Licensing," as well as the rules of the Idaho Department of Juvenile Corrections. Providers located outside of the state of Idaho must comply with their state's relevant child care licensing rules as well as the rules of the Idaho Department of Juvenile Corrections. If a conflict exists between Department rules, the more restrictive rule applies. Subcontractors and consultants of the Provider are also subject to these rules. (3-20-20)

205. MINIMUM MANDATORY STAFF TRAINING REQUIREMENTS.
Good professional practice in the area of juvenile offender treatment requires staff to be competently trained. The Provider will ensure all training requirements are met according to Subchapter A of these rules, regardless of the number of training hours required. (3-20-20)

01. Staff Working More Than 24 Hours a Week. Staff who works more than twenty-four (24) hours per week are required to complete: (3-20-20)

a. Eighty (80) hours of training during first year of employment. Up to twenty-five percent (25%) of the eighty (80) hours may be fulfilled by working with an experienced staff mentor, who must verify and document basic competencies for new staff; and (3-20-20)

b. Forty (40) hours of training per year following the first year of employment. (3-20-20)

02. Staff Working 24 Hours or Less a Week. Staff who works fewer than or equal to twenty-four (24) hours per week are required to complete: (3-20-20)

a. Forty (40) hours of training during the first year of employment, and (3-20-20)

b. Twenty (20) hours of training per year following the first year of employment. (3-20-20)

206. CLOTHING AND PERSONAL ITEMS.

01. Clothing Management. Juvenile offenders must have sufficient and appropriate clothing to participate in activities included in their service implementation plan. Juvenile offenders may arrive at the facility with their own clothing and personal items, which shall be inventoried. If the juvenile offender does not have sufficient or appropriate clothing, the Provider must provide or purchase adequate and appropriate clothing for the juvenile offender. The Provider will ensure the proper care and cleaning of clothing in the juvenile offender's possession. Providers shall not request nor require that the juvenile offender, parent, or guardian pay for or purchase clothing. (3-20-20)

02. Release from Facility. All clothing and incidentals become the property of the juvenile offender upon release from the facility. (3-20-20)

03. Replacement Clothing. Clothing provided or purchased as replacement will be at the expense of the Provider. Unique items of clothing not required for program participation may be purchased at the expense of the

juvenile offender. (3-20-20)

207. FOOD SERVICE.
Juvenile offenders must be served a varied and nutritional diet with menus approved or developed by a qualified nutritionist or dietitian and which meet the recommended dietary allowances of the National Research Council or its equivalent. Juvenile offenders must be provided three (3) meals daily in accordance with the child care licensing rules of the Idaho Department of Health and Welfare, or the applicable state's licensing authority. (3-20-20)

208. PERSONAL FUNDS.

01. Funds Handled by a Provider. The Provider will follow generally accepted accounting practices in managing personal funds of juvenile offenders. (3-20-20)

a. The Provider may deposit personal funds collected for the juvenile offender in a public banking institution in an account specifically designated "Juvenile Personal Funds." The Provider must maintain a reconciled ledger showing each juvenile offender's deposits and withdrawals within the "Juvenile Personal Funds" account. If the funds are collected in an interest bearing account, the interest accrued must be credited to the juvenile offender for whom the funds are collected. (3-20-20)

b. If the amount of personal funds maintained for the juvenile offender does not exceed fifty (50) dollars, the Provider may secure the funds locally if the following conditions are met: (3-20-20)

i. The juvenile offender's personal funds are kept in a fire-resistant, combination or digital lock-style safe that is permanently affixed to the floor or wall, or weighs at least 200 (two-hundred) pounds. (3-20-20)

ii. The Provider has a process to clearly separate each juvenile offender's personal funds from one another. (3-20-20)

iii. Access to juvenile offender personal funds is limited to the Program Director or designee. (3-20-20)

c. All withdrawals by a juvenile offender, or expenditures made on behalf of a juvenile offender by the Provider, must be documented, signed, and dated by the juvenile offender and reconciled to the juvenile offender's ledger monthly. (3-20-20)

d. The Provider must develop written procedures governing any limits to the amount of funds a juvenile offender may withdraw from their personal funds. (3-20-20)

e. The Provider shall not require juvenile offenders, parents, or guardians to pay for services and supplies that, by contract, are to be provided by the Provider. (3-20-20)

02. Reporting Requirements. A personal funds report must be submitted every other month to the juvenile services coordinator. The report must show a list of all juvenile offender account balances. The personal fund account is subject to review and audit by the Department or its representatives at any time. Any discrepancies in juvenile offender accounts must be resolved by the Provider within five (5) business days of completion of review. (3-20-20)

03. Juvenile Offenders with Earned Income. The provider is responsible for maintaining and accounting for any money earned by a juvenile offender. There must be a plan for the priority use of the juvenile offender's earned income to pay court ordered restitution and a specific allocation for daily incidental expenses. The Provider must establish a written plan for the juvenile offender to save the funds necessary to be used upon program completion, for purposes such as paying deposits on utilities and housing or the purchasing of resources necessary for employment. (3-20-20)

04. Transfer of Personal Funds. If a juvenile offender is transferred to another program, the balance of the juvenile offender's funds must be given or mailed to the Department's fiscal services within ten (10) business days and documented on the Provider Juvenile Check-Out Form (DJC-180) supplied by the Department, and on the

final progress report. (3-20-20)

209. JUVENILE OFFENDER MAIL.

01. Restrictions. Juvenile offenders shall be allowed to send and receive letters from approved persons, which may include persons in other programs or institutions, unless specifically prohibited by the Department or by court order. All other restrictions of mail must be discussed with the community treatment team and approved in writing by the juvenile services coordinator. There must be no general restrictions on the number of letters written, the length of any letter, or the language in which a letter may be written. Juvenile offenders will be provided with sufficient stationery, envelopes, and postage for all legal and official correspondence, and for at least two (2) personal letters each week. (3-20-20)

02. Inspection of Outgoing Letters. (3-20-20)

a. Outgoing letters are to be posted unsealed and inspected for contraband. (3-20-20)

b. Exception: Outgoing "privileged" mail may be posted, sealed, and may not be opened, except with a search warrant, as long as it can be confirmed to be to an identifiable source. For purposes of this rule, "an identifiable source" means that the official or legal capacity of the addressee is listed on the envelope and that the name, official or legal capacity, and address of the addressee have been verified. (3-20-20)

c. Upon the determination that the mail is not identifiable as privileged mail, said mail will be opened and inspected for contraband. (3-20-20)

03. Inspection of Incoming Letters. All incoming letters must be opened by the juvenile offender to whom it is addressed and may be inspected for contraband by staff and only in the juvenile offender's presence. (3-20-20)

04. Reading of Letters. Routine reading of letters by staff is prohibited. The Department or court may determine that reading of a juvenile offender's mail is in the best interest of the juvenile offender, and is necessary to maintain security, order, or program integrity. However, such reading of mail must be documented and, unless court ordered, be specifically justified and approved by the juvenile services coordinator. (3-20-20)

05. Privileged Mail. Under no circumstances shall a juvenile offender's privileged mail be read. (3-20-20)

06. Packages. All packages must be inspected for contraband. (3-20-20)

07. Publications. Books, magazines, newspapers, and printed matter, which may be legally sent to juvenile offenders through the postal system, may be approved, unless deemed to constitute a threat to the security, integrity, or order of the programs. Juvenile offenders shall not be allowed to enter into subscription agreements while in Department custody. (3-20-20)

08. Distribution of Mail. The collection and distribution of mail must never be delegated to a juvenile offender. Staff must deliver mail within twenty-four (24) hours, excluding weekends and holidays, to the juvenile offender to whom it is addressed. (3-20-20)

210. VISITATION.

01. Visitor Approval. The Provider must develop a written policy governing visitation, which protects the safety of visitors, staff, and juvenile offenders. This policy may restrict visitors below an established age to the program or facility. The Provider must provide a copy of the visitation policy to each juvenile offender, his parent or guardian, and the juvenile services coordinator. If there is reason to believe a visitor is under the influence of alcohol or drugs or possesses illegal contraband, admission into the residence shall be denied. In all cases, the Provider will work with the juvenile services coordinator and juvenile probation officer to identify and approve potential visitors. (3-20-20)

02. Visitor Searches. (3-20-20)

a. Prior to visitors being allowed in the program, they must be given rules established by the Provider that govern their visit and advised that they may be subject to a search by trained staff. They must sign a statement of receipt of these rules and the statement placed in the Provider's file. (3-20-20)

b. Visitors may be required to submit personal items for inspection. If there is reason to believe that additional searches are necessary, admission to the facility shall be denied. Visitors, who bring in items that are unauthorized, but not illegal, will have these items taken and locked in an area inaccessible to the juvenile offenders during the visit. These items will be returned to the visitors upon their exit from the facility. (3-20-20)

c. All visitor searches must be documented. When contraband is found, a written report must be completed and submitted to the juvenile services coordinator. If necessary, the appropriate law enforcement agency will be notified. (3-20-20)

211. SMOKING AND SALE OF CIGARETTES.
Juvenile offenders, regardless of age, are strictly prohibited from purchasing or using tobacco and nicotine products. Staff secure Providers must establish written policies and procedures banning the use of cigarettes and other tobacco and nicotine products by juvenile offenders at the facility. (3-20-20)

212. ROOM RESTRICTIONS.

01. Policy and Procedure. The Provider must have written policies and procedures regulating the use of the juvenile offender's room for room restriction. The Provider's room restriction policy must, at a minimum, address the following: (3-20-20)

a. Procedures for recording each incident involving the use of restriction; (3-20-20)

b. The reason for the room restriction must be explained to the juvenile offender and allow the juvenile offender to have an opportunity to explain their behavior; (3-20-20)

c. Other less restrictive measures must have been applied prior to the room restriction; (3-20-20)

d. A juvenile offender on room restriction must have access to the bathroom; and (3-20-20)

e. Room restriction must not exceed a total of eight (8) hours within a twenty-four (24) hour period. (3-20-20)

02. Monitoring During Room Restriction. Staff must check on a juvenile offender in room restriction a minimum of once every fifteen (15) minutes. Providers must ensure that a juvenile offender with a history of depression or suicidal ideation and those who have exhibited these behaviors while in care, are checked at least every five (5) minutes in order to ensure safety. Even more frequent or constant observation must be maintained if any level of suicide risk is determined to be present at any time during room restriction. All items in the area that might be used to attempt self-harm should be restricted or removed. (3-20-20)

213. USE OF FORCE OR PHYSICAL RESTRAINTS.
Providers licensed by the Idaho Department of Health and Welfare or the applicable state licensing authority, must ensure that all terms of the licensing rules are strictly followed and additionally ensure that: (3-20-20)

01. Minimal Use of Force. Only the minimum level of force necessary to control a juvenile offender's destructive behavior shall be used. (3-20-20)

02. Physical Force. Physical force, at any level, may only be used to prevent injury to the juvenile offender or to others and to prevent serious damage to property or escape. Physical force must never be used as punishment. (3-20-20)

03. Reporting Requirement. All instances of use of force must be documented in an incident report

and submitted according to the terms of Section 156. Incidents of inappropriate use of force must be reported to the state's applicable licensing authority or law enforcement, as required by law. (3-20-20)

214. – 219. (RESERVED)

220. GUIDELINES FOR SPECIFIC SERVICES.

01. Counseling Services. (3-20-20)

a. All counseling services provided to juvenile offenders, whether individual, group, or family must be performed by a clinician, counselor, or therapist, as defined in these rules. (3-20-20)

b. Counseling should be planned and goal directed. (3-20-20)

c. Notes must be written for each service provided and include documentation of who provided the service. The notes must be dated and clearly labeled either individual, group, or family counseling. (3-20-20)

d. The methods and techniques applied in counseling and the frequency and intensity of the sessions should be determined by assessment. (3-20-20)

e. Counseling should be reality-oriented and directed toward helping juvenile offenders understand and solve specific problems; discontinue inappropriate, damaging, destructive, or dangerous behaviors; and fulfill individual needs. (3-20-20)

f. The minimum standard for the frequency of counseling services must be specified in the comprehensive program description attached to the contract with the Department. (3-20-20)

g. There should be a mechanism developed to monitor and record incremental progress toward the desired outcome of counseling services. (3-20-20)

h. Programs should be able to demonstrate that counseling interventions are shared in general with other program service providers, and there is broad mutual support for the goals of counseling in all service areas of the program. (3-20-20)

i. Programs must provide crisis intervention counseling, if warranted by the assessment and circumstances. (3-20-20)

j. The Provider must furnish adequate space for conducting private interviews and counseling sessions at the facility. (3-20-20)

k. Family counseling services must be available as a part of the juvenile offender's service implementation plan, to the extent that this is supported by the assessment. If the assessment indicates a need for these services, family counseling should specifically address issues that, directly or indirectly, resulted in the juvenile offender's removal from the home and the issue of eventual reintegration back into the family unit. A statement of goals to be achieved or worked toward by the juvenile offender and the family should be part of the service implementation plan. (3-20-20)

02. Substance Abuse Services. As a minimum standard, programs must provide substance abuse services, as determined by assessment and indicated in the service implementation plan. Substance abuse services must have direct oversight by a certified alcohol and drug counselor, or master's level clinician with three (3) years' experience in the substance abuse field. Substance abuse services must be fully described in the detailed program description and have a written curriculum containing a description of each session offered. Juvenile offenders receiving substance abuse services must have an introduction to a community intervention program. Relapse prevention plans must be a component of the substance abuse services provided and be specifically based on the individual needs of the juvenile offender. Notes documenting the service provided must be dated, clearly labeled "substance abuse services," with each entry signed by the counselor performing the service. (3-20-20)

03. Social Skills Training Including Relapse Prevention Skills. Programs must assess each juvenile offender's social skills and document specific services provided to improve functioning in this area. Additionally, every juvenile offender must have developed a written relapse prevention plan prior to successfully completing the program. (3-20-20)

04. Life Skills and Independent Living. Programs must be able to demonstrate that juvenile offenders are taught basic life skills and that age-appropriate juvenile offenders are involved in independent living skills consistent with their age and needs. This program should include, at a minimum, instruction in: (3-20-20)

a. Hygiene and grooming skills; (3-20-20)

b. Laundry and maintenance of clothing; (3-20-20)

c. Appropriate social skills; (3-20-20)

d. Housekeeping; (3-20-20)

e. Use of recreation and leisure time; (3-20-20)

f. Use of community resources; (3-20-20)

g. Money management; (3-20-20)

h. Use of public transportation, where available; (3-20-20)

i. Budgeting and shopping; (3-20-20)

j. Cooking; (3-20-20)

k. Punctuality, attendance, and other employment-related matters; (3-20-20)

l. Vocational planning and job finding skills; and (3-20-20)

m. Basic health education. (3-20-20)

05. Recreational Services. Programs should have a written plan for providing recreational services based on individual needs, interests, and functional levels of the population served. (3-20-20)

a. The recreational program should include indoor and outdoor activities. Activities should minimize television and make use of a full array of activities that encourage both individual entertainment and small group interaction. An appropriately furnished area should be designated inside the facility for leisure activities. (3-20-20)

b. Programs should have staff educated and experienced in recreational programs to ensure good planning, organizing, supervision, use of facility, and community activities. Recreational activities considered part of the service implementation plan must be funded by the Provider. The use of community recreational resources should be maximized, as long as community safety is assured. The Provider must arrange for the transportation and provide the supervision required for any usage of community recreational resources. No juvenile offender may be required to pay to participate in recreational activities made available through the program. (3-20-20)

06. Transportation Services. In all transport situations there must be at least one (1) assigned staff of the same gender, or two (2) assigned staff of the opposite gender, as the juvenile offender being transported. (3-20-20)

07. Transport in Personal Vehicles. Juveniles in the custody of the Department will not be transported in Provider employee personal vehicles unless an emergency exists and is substantiated by documentation. (3-20-20)

221. CASE MANAGEMENT REPORTING REQUIREMENTS.

Each juvenile offender's progress, or lack of progress, must be clearly documented and be related to documented behavior. Recommendations for release from Department custody or transfer should be substantiated by a documented pattern of behavioral change over a period of time. Recommendations for transfer to a higher level of custody must be substantiated by a documented lack of progress over time, or by a serious or violent incident which threatens the safety of others or the stability of the overall program. (3-20-20)

01. Service Implementation Plan. Within thirty (30) calendar days of the juvenile offender's admission into the program, a written service implementation plan must be developed. The service implementation plan must address the specific goals identified in the service plan from the observation and assessment report. The service implementation plan should, at a minimum, address the following areas as indicated by need: (3-20-20)

a. Education and employment; (3-20-20)

b. Personality and behavior; (3-20-20)

c. Substance abuse; (3-20-20)

d. Attitudes, values, and delinquent orientation; (3-20-20)

e. Family circumstances and parenting; (3-20-20)

f. Peer relations; (3-20-20)

g. Leisure and recreation; (3-20-20)

h. Sexual misconduct; and (3-20-20)

i. Specialized needs. (3-20-20)

02. Juvenile Offender and Family Involvement. Each juvenile offender and, to the fullest extent possible, the family, should be involved in developing the service implementation plan and in adjusting that plan throughout the course of commitment. (3-20-20)

03. Service Implementation Plan Adjustments. The service implementation plan should be adjusted throughout placement with the concurrence of the juvenile services coordinator following communication with the community treatment team. Specifically, the service implementation plan should be adjusted as new needs are identified, as goals are achieved, and as plans for reintegration are finalized. (3-20-20)

04. Department Assessments. Assessments provided by the Department shall not be repeated by the Provider at the time of admission into the program without specific justification provided to the regional clinical supervisor. (3-20-20)

05. Participation in Staffings. The Provider must participate in staffings with Department staff to discuss the juvenile offender’s service implementation plan development and progress in treatment. (3-20-20)

06. Participation in the Progress Assessment/Reclassification. The Provider may be asked by the juvenile services coordinator to provide input necessary for periodic reassessments of the juvenile offender's progress and current risk level. In all cases, the Provider must participate to the fullest extent possible. (3-20-20)

07. Progress Report. A written progress report must be submitted to the juvenile services coordinator and any designees at least every two (2) months. The progress report should focus on areas of positive change in behavior and attitudes, as well as on the factors required for a successful program completion (progress in community protection, competency development, and accountability). Areas of need that were included in the service implementation plan and identified in Subsection 221.01 of these rules should also be referenced in the progress report. Each progress report should also detail the level of involvement of the parent or guardian in the juvenile’s treatment. (3-20-20)

08. Relapse Prevention Plan. Prior to completing the program, the Provider shall supply the juvenile with the relapse prevention plan form (DJC-271) provided by the Department. The plan must address areas of risk identified in the juvenile's service implementation plan, as well as interventions the juvenile will use to prevent future problems. While in treatment, the Provider will solicit feedback from the juvenile services coordinator every thirty (30) calendar days regarding the development of the juvenile's relapse prevention plan. The final relapse prevention plan is due to the juvenile services coordinator, or designee, no earlier than the date of the juvenile offender's reintegration staffing. (3-20-20)

09. Final Progress Report. A final progress report must be submitted to the juvenile services coordinator and any designees no earlier than fourteen (14) calendar days and no later than ten (10) calendar days prior to the juvenile offender's anticipated completion of the program. This report must include: (3-20-20)

a. A current summary of the juvenile offender's progress; (3-20-20)

b. A summary of the efforts to reach the juvenile offender's goals and objectives, including education; (3-20-20)

c. Any unresolved goals or objectives; (3-20-20)

d. Recommendation for continuing services, including education, in the home community; and (3-20-20)

e. The current address of the juvenile. (3-20-20)

10. Report Distribution. Copies of the service implementation plan, progress reports, relapse prevention plan, and final progress report must be distributed by the Provider to the juvenile offender and the juvenile services coordinator and any designees. The juvenile services coordinator will review and forward the progress report to the juvenile probation officer, appropriate court, and parent or guardian, unless the juvenile offender's family has been excluded from treatment by the juvenile services coordinator and the respective clinical supervisor for a well-documented reason. (3-20-20)

222. INDIVIDUAL COMMUNITY PASSES.

Prior to granting any individual community pass to a juvenile offender, the Provider must contact the juvenile probation officer and the juvenile services coordinator, to ensure that neither the court nor the Department has placed restrictions on the juvenile offender's pass privileges. All requests for passes must be approved by the juvenile services coordinator. Any pass involving an overnight stay away from the facility, or involving special circumstances such as a sexual abuse victim in the home, requires a written plan detailing supervision and safety measures to be taken, an itinerary for the visit, transportation plan, and must be approved in writing five (5) business days in advance by the juvenile services coordinator. Each time a juvenile offender leaves on and returns from an individual community pass, the Provider must notify the juvenile correctional center in Nampa of this movement, promptly at the time that the juvenile offender leaves and returns. (3-20-20)

01. Potential Risk to Public Safety. Individual passes for juvenile offenders assigned to residential facilities should be considered as an integral part of the service implementation plan. However, in all cases, the potential risk to public safety and adequacy of home supervision must be considered prior to allowing a juvenile offender to return home. It is also important that passes not interfere with the ongoing treatment and supervision needed by juvenile offenders. Providers must provide parents or guardians with clearly written guidelines for approved passes, which must be signed by parents or guardians indicating their understanding and willingness to comply with those guidelines. The Department's pass form may be used for this purpose. If the Department's form is not used, the form signed and agreed to by the individual assuming responsibility for supervision must contain at least the following information: (3-20-20)

a. The juvenile offender's name and date of birth; (3-20-20)

b. The name, address, and telephone number of the individual assuming responsibility; (3-20-20)

c. Authorized days, dates. and times for the pass, including the specific date and time of departure and

of return; (3-20-20)

d. A complete listing of the anticipated locations and activities in which the juvenile offender is expected to be involved; (3-20-20)

e. Specific plans for supervision and telephone checks to verify compliance with the pass conditions; (3-20-20)

f. A complete listing of the activities required during the pass; (3-20-20)

g. Specific stipulations prohibiting: (3-20-20)

i. The use of alcohol, tobacco, and drugs; (3-20-20)

ii. Involvement in any illegal activity or association with others who may be or have been involved in illegal behavior; (3-20-20)

iii. Participation in sexual relations of any kind; (3-20-20)

iv. Possession of any kind of firearm or weapon; and (3-20-20)

v. Any violation of the terms of probation. (3-20-20)

h. Specific stipulations about search and drug testing upon return, and the possible consequences for violation of any of the terms of the pass agreement. (3-20-20)

02. Eligibility. A juvenile offender must be in placement a minimum of thirty (30) calendar days to be eligible for any pass. Any exceptions due to extenuating circumstances must be approved by the juvenile services coordinator. (3-20-20)

03. Frequency. Frequency of passes must be consistent with the terms of the juvenile offender's service implementation plan and Provider's contract with the Department. (3-20-20)

04. Documentation. Documentation of the exact date and time of the juvenile offender's departure from the program for a pass, and return, must be maintained along with complete information about the individual assuming physical custody, transportation, and supervision during the pass. (3-20-20)

223. GROUP ACTIVITIES OFF FACILITY GROUNDS.
An activity plan and itinerary covering activities to be engaged in, when and where the group is going, how they will travel, how long they will stay, and why the activity is being planned must be submitted to the juvenile services coordinator at least five (5) business days prior to the activity. The activity plan must identify the specific risk elements associated with the activity and provide a safety plan for each of those risk elements. Routine, low risk activities within the local community adjacent to the facility do not require prior notice, and are to be conducted at the discretion of and under the responsibility of the Provider. (3-20-20)

01. Recreational Activities. A pass authorizing the participation of juvenile offenders in outdoor recreational or work activities with an increased risk, such as overnight trips, must be signed by the juvenile services coordinator and juvenile probation officer prior to the activity. Any proposed activity that involves horseback riding, boating, rappelling, rock climbing, or higher risk activity must also have the prior approval, in writing, of the Department's regional superintendent. (3-20-20)

02. Staff Requirements. (3-20-20)

a. A basic first aid kit will be taken with the group. At least one (1) person certified in first aid and CPR must accompany the group. (3-20-20)

b. Swimming, boating, or rafting will only be allowed when a staff in attendance has certification in

rescue and water safety, or if a lifeguard is on duty. All juvenile offenders involved in boating or rafting activities must wear an approved personal flotation device. (3-20-20)

c. A staff to juvenile offender ratio of one to six (1:6) will be adhered to as a minimum unless there is a reason to require more staff. The risk level of the activity, as well as any physical disabilities, high client irresponsibility, mental deficiencies, or inclusion of groups of juvenile offenders under age twelve (12), are some reasons to consider additional staff. (3-20-20)

d. All participants will be recorded in the activity plan and identified as program clients, staff, or volunteers. The individual staff or volunteer satisfying the above first aid and CPR requirements must be identified in the plan. (3-20-20)

e. There will be no consumption of alcoholic beverages or illicit drugs by staff or juvenile offenders, interns, or volunteers while engaged in any agency-sponsored trip or activity. (3-20-20)

03. Consent Forms. Recreational activities identified as presenting a higher risk require prior written approval in accordance with Subsection 223.01 of these rules. Each juvenile offender must have prior written consent from a parent or guardian, if available, and the Department's regional superintendent, including: (3-20-20)

a. Permission for the juvenile offender's participation; (3-20-20)

b. Acknowledgment of planned activities; and (3-20-20)

c. Permission for the Provider to seek or administer necessary medical attention in an emergency. (3-20-20)

04. Activity Reports. At the conclusion of each overnight or high risk recreational activity pass, the Provider must document in the juvenile offender's file and include in the progress report, any significant positive or negative events that transpired while the juvenile offender was on pass. Any unusual occurrences must be reported to the juvenile services coordinator and documented on an incident report as identified in Subchapter A. A drug screening urinalysis may be conducted on each returning juvenile offender, at the expense of the Provider, and the results of that exam reported to the juvenile services coordinator. (3-20-20)

224. EDUCATION SERVICES.

01. Appropriate Services. The Provider must ensure that each juvenile offender is given appropriate educational and vocational services that are consistent with the juvenile offender's abilities and needs, taking into consideration age, level of functioning, and any educational requirements specified by state or federal law. Providers must assure that educational services provided as a part of an overall program play an integral part in the process of reclaiming juvenile offenders to responsible roles in society. Educational services must strive to facilitate positive behavior change by helping juvenile offenders to develop abilities in academic, workplace, and technological areas; to restructure harmful or limiting cognitive patterns; and, to adopt appropriate social interactions skills. Educational services provided must use whatever combination of approaches and motivations that will best facilitate the learning process in conjunction with the service implementation plan. All educational services provided must meet all mandates of the Elementary Secondary Education Act (ESEA), the IDEA, the Family Educational Rights and Privacy Act (FERPA), and the Rehabilitation Act of 1973 (Section 504). (3-20-20)

02. Mandatory Enrollment. Providers must ensure that all juvenile offenders involved in their programs who are of mandatory school age in the applicable state, or who have not yet obtained a General Educational Development (GED) or high school diploma, are enrolled in a school system or in a program approved and certified by the applicable state's Department of Education to provide both special education and other services. For those who have obtained a GED or high school diploma, an appropriate educational and vocational service must be provided in accordance with the service implementation plan. (3-20-20)

03. Cooperative Relationships. Providers may provide educational services through a cooperative agreement with the local education agency or through an in-house educational program administered by the Provider. If a local education agency provides the services, it is expected that the Provider will have a written agreement with a

local education agency that clearly defines the services that will be provided in the contract facility. The written agreement must include, at a minimum, all of the following: (3-20-20)

a. Level of participation in reintegration planning for each juvenile offender; (3-20-20)

b. That grades will be submitted to the Department within two (2) business days of transfer or release from Department custody; (3-20-20)

c. Curriculum for special education services, if appropriate; (3-20-20)

d. A plan for the provision of state required testing; and (3-20-20)

e. Types of services that will be provided beyond the established limits of the regular school year for that school district. (3-20-20)

04. Costs of Educational Services. If a local education agency agreement is developed, the Idaho Department of Education will flow education funds to the local education agency in a manner consistent with current legislative funding mandates. A copy of the memorandum of understanding between the Provider and the local education agency must be provided to the Department, and the source of funds to cover the costs for educational services clearly accounted for in the budget. If the Provider elects to provide the services in-house, the cost of educational services will be included in the daily contract rate. The Provider will not be eligible to receive educational funding through both of these sources. (3-20-20)

05. Accreditation Requirements. Each Provider serving juvenile offenders, who have been committed to the Department, will have, or contract with, an education program that will meet the accreditation standards of a Department-approved accreditation agency or the applicable state's Department of Education. (3-20-20)

06. Educational Assessment. Federal and state laws mandate that juvenile offenders be provided with an appropriate education. Providers are responsible for providing an educational track that will best serve the needs of each juvenile offender, as determined by the assessment provided by the Department through the observation and assessment process, or as determined by an assessment completed by a local school district. A copy of the relevant assessment and related current and valid education plan, as well as all supporting documentation for each juvenile offender, must be maintained in a separate file and be available to the Department and to the Idaho Department of Education. A copy of the IEP and all supporting documentation must be sent to the Department within ten (10) business days or less of its completion for inclusion in the juvenile offender's permanent school records that are maintained by the Department. (3-20-20)

a. Providers are responsible for ongoing, yearly reassessment of each juvenile offender's progress within the education program as well as documenting and reporting that progress. This responsibility extends to completing a reassessment just prior to release from Department custody or transfer, and reporting academic gain both for individual juvenile offenders as well as composite data for the education program overall. (3-20-20)

b. Consistent with statewide educational standards, Providers are responsible for assuring that each juvenile offender is tested in accordance with the applicable state's assessment schedule and all required measures. Any fees associated with the testing services are paid by the Provider. Results of testing must be submitted to the Department within ten (10) business days after the Provider's receipt of the scores. (3-20-20)

07. GED Eligibility. Providers must assure that GED tests are administered to juvenile offenders meeting the criteria established in the administrative rules of the applicable state's Board of Education for school districts. All GED testing application fees will be paid by the Provider. Test results must be submitted to the Department within ten (10) business days after the receipt of the scores. (3-20-20)

08. Special Education Services. (3-20-20)

a. The Provider must ensure that the special educational needs of juvenile offenders are addressed. The Provider's in-house program or cooperating local education agency program must comply with Section 504 and

the IDEA, as well as any other applicable state or federal laws. Under no circumstances will the Provider or its teaching staff make modifications in the juvenile offender's Section 504 or the IDEA educational program without conducting a Child Study Team meeting in consultation with the Department's educational coordinator, or designee. (3-20-20)

b. Providers must make every reasonable effort and thoroughly document all efforts to contact parents or guardians of juvenile offenders identified as eligible for special education. If it is not possible to involve the natural parents or guardians, a surrogate parent must be appointed by the agency providing special educational services. This surrogate cannot be the director or other employee of an agency, institution, or community-based residential facility who is involved in providing care or education to a juvenile offender, or an employee of a state agency or agency volunteer, such as caseworker, social worker, or court-appointed special advocate who has been appointed by the state to provide for the welfare of the student. A surrogate parent is used only for special educational requirements and has no other legal authority. (4-11-15)

09. Standards for Instructional Time. Providers must assure that the school day is consistent with at least the minimum standard established for high schools by a Department-approved accreditation agency. The length of the school day will further meet all requirements established by state and federal laws, regulations, and accreditation standards. Providers must provide an appropriate educational or vocational program for each juvenile offender for twelve (12) months of the year. At a minimum, this involves four (4) hours per day, five (5) days per week throughout the full calendar year. Juvenile offenders involved in any disciplinary process must not be denied their right to education and other related services. If security or other related concerns are present that may prohibit a juvenile offender's participation in educational programming, an education plan review will be completed and documented in an incident report. If the juvenile offender is eligible for services under the IDEA or Section 504, a Child Study Team will meet to make a determination as to whether or not the behavior is a result of the juvenile offender's handicap. All due process procedures will be followed according to the administrative rules for special education. (3-20-20)

10. Educational Records and Confidentiality. (3-20-20)

a. Educational records must be maintained by the Provider at all times in accordance with FERPA with, at a minimum, the following information included in the record: (3-20-20)

i. Subjects taken; (3-20-20)

ii. Grades by subject and explanation of the grading system; (3-20-20)

iii. Units of credit with explanation; (3-20-20)

iv. Attendance records; and (3-20-20)

v. Any standardized test scores. (3-20-20)

b. Reports of the juvenile offender's educational progress (report cards) must be provided to the Department within ten (10) business days after the end of the school's grading periods (midterm, semester, trimester, etc.). (3-20-20)

c. Providers must ensure that juvenile offender educational files are consistently maintained to ensure compliance with FERPA. (3-20-20)

d. The Provider will provide final withdrawal grades and credits within twenty-four (24) hours or next business day after the juvenile offender is released from Department custody or transferred. The Provider must notify the Department that the final grades have been entered into the software program. Working educational files must be returned to the Department within ten (10) business days of the juvenile offender's release from Department custody or transfer. (3-20-20)

225. PROVISION OF MEDICAL SERVICES.

01. Medical Care. Each juvenile offender must be provided with medical, dental, optical, mental health, emergency or any other related health services while in the Provider's care. Each Provider must have access, on a twenty-four (24) hour basis, to a licensed general hospital, clinic or physician, psychiatrist, and dentist to provide juvenile offenders with professional and qualified physical or mental health services, including medications. Medical and mental health screenings must be provided within two (2) hours of a juvenile offender's admission to a program. Comprehensive and professional medical and mental health assessments must be provided by the Provider within thirty (30) calendar days of admission, unless these are provided by the Department. A copy of these assessments must be forwarded to the Department's regional R.N. (3-20-20)

02. Medical Consent. As part of the admission process, the Provider must have a copy of the Department's Release of Information and Consent form signed by a juvenile offender's parent, guardian, or committing authority. The consent form must be filed in the juvenile offender's medical file maintained by the Provider. (3-20-20)

03. Emergency Medical Treatment. In cases of emergency medical treatment requiring signed authorization for juveniles in the custody of the Department, reasonable efforts must be made to obtain the consent of the parent or guardian. The signature of only one (1) parent or guardian is sufficient to form consent or authorization. Should the parent or guardian not be available or refuse to sign, the authorization may be signed by the Department's regional R.N., or designee. This does not restrict the Provider from taking action in life and death situations. (3-20-20)

04. Reimbursement Sources. The Provider must utilize private insurance or Medicaid, if available, for funding medical, dental, optical, mental health, or related services, and pharmaceutical products for any juvenile offender. The Provider cannot seek reimbursement from private insurance or Medicaid for health services that are the fiscal responsibility of the Provider pursuant to its contract with the Department. Any health services not listed in these rules, other than emergency treatment, which was not approved in advance by the Department's regional R.N., or designee, will be at the expense of the Provider. (3-20-20)

226. ADMISSION AND ANNUAL HEALTH SERVICES AND TREATMENT RECORDS.

01. Compliance with Child Care Licensing Rules. Admission and annual health services must be provided to juvenile offenders in accordance with the child-care licensing rules of the Idaho Department of Health and Welfare, unless otherwise provided in these rules. (3-20-20)

02. Prior Approval. No prior approval or review from the Department's regional R.N. is required for admission and annual health services. Examples of admission and annual health services for which no prior approval or review is required are: (3-20-20)

a. Admission physical exams, including STD exams and treatment; (3-20-20)

b. Admission dental exams, including x-rays and cleanings (no panoramic x-rays or sealants); (3-20-20)

c. Admission eye exams and glasses, if needed; (3-20-20)

d. Annual physical exams, including STD exams and treatment; (3-20-20)

e. Annual dental exams with x-rays and cleanings (no panoramic x-rays or sealants); and (3-20-20)

f. Annual eye exams, if needed, and new glasses, only if needed. (3-20-20)

03. Medical Records. Any time a juvenile offender receives treatment under this section or for any similar service, the Provider must retain the original medical record regarding treatment and immediately send a copy to the Department's regional R.N. (3-20-20)

227. PRIVACY OF MEDICAL RECORDS AND INFORMATION.

01. Confidentiality. Confidentiality of personal health information of each juvenile offender must be maintained in accordance with the Privacy Regulations promulgated under HIPAA or, if more stringent, the laws of the applicable state. Compliance with these regulations is the responsibility of the Provider. Staff may be provided information about a juvenile offender's medical condition only when that knowledge is necessary for the performance of their job duties. (3-20-20)

02. Privacy Officer. The Provider must appoint a privacy officer to oversee that the control and maintenance of all juvenile offender health and medical records is in compliance with the federal Privacy Regulations, 45 Code of Federal Regulations Sections 160 and 164. (3-20-20)

03. Separate Records. All juvenile offender medical and health records must be kept in files that are physically separated from other juvenile offender files and information, and under a system of security against unauthorized access. (3-20-20)

228. NOTIFICATION OF CRITICAL HEALTH INCIDENTS.

The Provider must immediately report critical medical and mental health incidents according to Subchapter A of these rules. (3-20-20)

229. INFECTIOUS DISEASES.

01. Policies. (3-20-20)

a. The Provider must establish policies and procedures for serving juvenile offenders with infectious diseases such as tuberculosis, hepatitis, and HIV or AIDS. These policies and procedures should address the management of infectious diseases, provide an orientation for new staff and juvenile offenders concerning the diseases, and ongoing education for staff and juvenile offenders regarding these diseases. Policies and procedures should be updated as new information becomes available. Individual health information or counseling will be made available by a medical health professional for juvenile offenders diagnosed with an infectious disease. (3-20-20)

b. The Provider must comply with the child-care licensing rules of the Idaho Department of Health and Welfare, or applicable state's licensing authority, regarding universal precautions. (3-20-20)

02. HIV Testing. In accordance with law, a juvenile offender over age fourteen (14) may request to be tested for the presence of HIV. Any such juvenile offender requesting to be tested should be taken to a public health facility or, if available, a facility which accepts Medicaid reimbursement for administration of the test. (3-20-20)

03. Examinations. Examinations must be performed by medical professionals on any juvenile offender for all symptomatic cases of infectious diseases such as tuberculosis, ova and parasites, infectious hepatitis, and sexually transmitted diseases. Juvenile offenders will be tested and, if indicated, treated. (3-20-20)

04. Notifications. The Provider must notify the Department's regional R.N. within three (3) business days of any positive test results, treatment recommendations, and follow up care. (3-20-20)

230. PREGNANCY.

01. Individual Medical Plan. Within the individual medical plan, specific goals and objectives will be developed when a pregnancy has been diagnosed. The plan must be based on the orders of the juvenile offender's licensed healthcare provider and include special care, location for delivery, a plan for infant care after delivery, regular medical check-ups, and special dietary and recreational needs. At no time may the infant remain in the Provider's facility. A copy of the individual medical plan will be sent to the Department's regional R.N. (3-20-20)

02. Parenting Classes. Parenting classes must be an integral part of the individual medical plan for all pregnant female juvenile offenders. This service should also be offered as a priority to male juvenile offenders in Department custody who are already fathers or whose spouse or girlfriend is expecting a child. (3-20-20)

03. Medicaid Reimbursement. Medical services relating to pregnancy must be provided by a licensed healthcare provider and facility accepting Medicaid reimbursement, unless medical expenses are paid by the juvenile

offender's family. (3-20-20)

231. REFUSAL OF TREATMENT.
Refusal of medications or treatment recommended by a physician for three (3) consecutive days requires immediate notification to the Department's regional R.N. according to Subchapter A of these rules. (3-20-20)

01. Refusal of Recommended Treatment by Physician. If a juvenile offender chooses to refuse treatment or medication recommended by a physician, the juvenile offender must sign a detailed statement refusing this care. A Provider staff member must witness the juvenile offender's signature. This refusal form will be filed in the juvenile offender's medical record and a copy sent to the Department's regional R.N. within twenty-four (24) hours. (3-20-20)

02. Where Refusal Poses Significant Risk. If a juvenile offender refuses a treatment or medication for a condition that poses a significant risk of death or permanent physical impairment, the Provider must ensure the juvenile receives immediate medical attention. The Provider will notify the Department's regional R.N. by phone as soon as possible. (3-20-20)

232. USE OF MEDICATIONS.

01. Written Policy. The Provider must have written policies and procedures governing the use and administration of medication to juvenile offenders that conform to all applicable laws and regulations including, but not limited to, those of the Idaho Department of Health and Welfare or the applicable state's licensing authority. (3-20-20)

02. Notification. If initiating or modifying any medication, the Department's regional R.N. must be notified of the following: (3-20-20)

a. The name of the prescribed medication; (3-20-20)

b. The name and phone number of the prescribing doctor, nurse practitioner, or physician's assistant; and (3-20-20)

c. The reason the medication is being prescribed. (3-20-20)

233. – 299. (RESERVED)

SUBCHAPTER C – RULES FOR REINTEGRATION PROVIDERS

300. INITIATION OF SERVICES.
Juveniles are committed to the Department under the provisions of the Juvenile Corrections Act (Sections 20-501 through 20-549, Idaho Code). (3-20-20)

301. WAIVER OR VARIANCE.
Minimum program standards established herein apply to all services provided by the Provider. Any waiver or variance from the standards stated in these rules must receive prior written approval from the Department and be attached as a formal amendment to the contract. (3-20-20)

302. APPLICABILITY.
This subchapter applies to Providers of reintegration and independent living skills that coordinate needed treatment services identified in individual service implementation plans. Reintegration Providers must also abide by Subchapter A of these rules. (3-20-20)

303. AUTHORITY TO INSPECT.

01. Inspections. The Department has the authority to conduct reviews of programs, program operations, juvenile offender placements, and facilities to ensure the Provider's compliance with these rules. The Provider shall cooperate with the Department's review, and provide access to the facility and all juvenile records for

juveniles in Department custody, as deemed necessary by the Department. However, in order to more fully assess the operation of the program, aggregate data and information for all juveniles must be made available, upon request. (3-20-20)

02. Site Visit. If the juvenile offender is living independently, the juvenile services coordinator, or designee, shall conduct site visits of the residence prior to occupancy. (3-20-20)

304. CLOTHING AND PERSONAL ITEMS.
The Provider must ensure that the juvenile offender has sufficient clothing. The Provider shall not require the juvenile offender to purchase clothing with the juvenile's personal funds unless the purchase is above and beyond the basic requirements of the Provider. Any clothing purchased with the juvenile offender's personal funds must be documented. The Provider will ensure the juvenile is provided education and resources needed for proper care and cleaning of clothing in the juvenile offender's possession. All clothing and incidentals become the property of the juvenile offender upon release. (3-20-20)

305. FOOD SERVICE.
The Provider must ensure that the juvenile has sufficient food at all times. The Provider may not require the juvenile offender to purchase food with the juvenile's personal funds unless the purchase is above and beyond the basic requirements of the Provider. Shopping, meal preparation, planning, and proper nutrition must be part of the independent living skills. (3-20-20)

306. PERSONAL FUNDS.

01. Funds Handled by a Provider. The Provider will follow generally accepted accounting practices in managing personal funds of juvenile offenders and must be able to demonstrate appropriate measures of internal fiscal controls related to the juvenile's personal funds. (3-20-20)

a. The Provider must establish a written budget for a juvenile, as part of the service implementation plan, for the use of the juvenile offender's personal funds. There must be a specific allocation for daily incidental expenses. (3-20-20)

b. If the amount of personal funds maintained for the juvenile offender does not exceed one hundred (100) dollars, the Provider may secure the funds locally, if the following conditions are met: (3-20-20)

i. The juvenile offender's personal funds are kept in a fire resistant combination or digital lock-style safe that is permanently affixed to the floor or wall, or weighs at least 200 (two-hundred) pounds. (3-20-20)

ii. The Provider has a process to clearly separate each juvenile offender's personal funds from one another. (3-20-20)

iii. Access to juvenile offender personal funds is limited to the Program Director, or designee. (3-20-20)

c. Upon the juvenile offender's personal funds exceeding one hundred (100) dollars, the reintegration Provider will assist the juvenile offender in opening an account in the juvenile's name at a public banking institution. Supported living Providers are required to deposit all personal funds collected for the juvenile offender in a public banking institution in an account in the juvenile's name. (3-20-20)

d. The Provider must ensure that the juvenile offender saves at least thirty percent (30%) of income to be used at program completion for purchasing the resources for independent living and employment. (3-20-20)

e. All withdrawals by a juvenile offender, or expenditures made on behalf of a juvenile offender by the Provider, must be documented, signed, and dated by the juvenile offender and reconciled to the juvenile offender's ledger monthly. (3-20-20)

f. The Provider must develop written procedures governing any limits to the amount of funds a juvenile offender may withdraw from their personal funds. (3-20-20)

g. The Provider may not require juvenile offenders, parents, or guardians to pay for services and supplies that, by contract, are to be provided by the Provider. (3-20-20)

h. There must be no commingling of juvenile personal funds with Provider funds. Borrowing or moving funds between juvenile personal accounts is prohibited. (3-20-20)

02. Reporting Requirements. A personal funds report that shows a list of all juvenile offender account balances must be submitted monthly to the juvenile services coordinator. The personal fund account is subject to review and audit by the Department or its representatives at any time. Any discrepancies in juvenile offender accounts must be resolved by the Provider within five (5) business days of completion of the review. (3-20-20)

03. Transfer of Personal Funds. If a juvenile offender is transferred to another program, the balance of the juvenile offender's locally secured funds must be given or mailed to the Department's fiscal services within ten (10) business days and documented on the Provider Juvenile Check-Out Form (DJC-180) supplied by the Department, and on the final progress report. (3-20-20)

307. JUVENILE OFFENDER MAIL.

01. Restrictions. Juvenile offenders must be allowed to send and receive letters from approved persons, which may include persons in other programs or institutions, unless specifically prohibited by the Department or by court order. All other restrictions of mail must be discussed with the community treatment team, approved in writing by the juvenile services coordinator, and documented in the juvenile offender's service implementation plan. There must be no general restrictions on the number of letters written, the length of any letter, or the language in which a letter may be written. Juvenile offenders will be provided with sufficient stationery, envelopes, and postage for all legal and official correspondence. (3-20-20)

02. Reading of Letters. Routine reading of letters by staff is prohibited. The Department or court may determine that reading of a juvenile offender's mail is in the best interest of the juvenile offender, and is necessary to maintain security, order, or program integrity. However, such reading of mail must be documented and, unless court ordered, must be specifically justified and approved by the juvenile services coordinator. (3-20-20)

03. Privileged Mail. Under no circumstances shall a juvenile offender's privileged mail be read. (3-20-20)

04. Packages. Packages may be inspected for contraband but only in the presence of the juvenile offender. (3-20-20)

05. Publications. Books, magazines, newspapers, and printed matter which may be legally sent to juvenile offenders through the postal system may be approved by the Provider, unless deemed to constitute a threat to the security, integrity, or order of the programs. (3-20-20)

06. Distribution of Mail. The collection and distribution of mail must never be delegated to a juvenile offender. Staff must deliver mail within twenty-four (24) hours, excluding weekends and holidays, to the juvenile offender to whom it is addressed, unless the juvenile is living independently. (3-20-20)

308. VISITATION.

01. Visitation Policy. The Provider must develop a written policy governing visitation, which protects the safety of visitors, staff, and juvenile offenders. This policy may restrict visitation to the residence of visitors below an established age or provide for higher levels of supervision in circumstances where safety of visitors, staff, and juvenile offenders may be at risk. The Provider must provide a copy of the visitation policy to each juvenile offender, his parent or guardian, and the juvenile services coordinator. In all cases, the Provider will work with the juvenile services coordinator and juvenile probation officer to identify and approve potential visitors in accordance with the Provider's criteria. (3-20-20)

02. Visitor Admission. If there is reason to believe a visitor is under the influence of alcohol or drugs or possesses illegal contraband, admission into the residence must be denied. Visitors who bring in items that are unauthorized, but not illegal, must either be denied admission into the program or residence or have these items taken and locked in an area inaccessible to the juvenile offenders during the visit. These items will be returned to the visitors upon their exit from the program or residence. All visitors denied access to the program or residence, and the reason for their denial, must be documented. (3-20-20)

309. GUIDELINES FOR SPECIFIC SERVICES.

01. Counseling and Other Outpatient Services. The Provider must schedule all initial outpatient appointments, such as drug and alcohol counseling, for the juvenile offender within five (5) business days of arrival into the program. The Provider should be able to demonstrate that counseling interventions are shared in general with other program service providers, and there is broad mutual support for the goals of counseling in all service areas of the program. (3-20-20)

02. Behavior Assessment. Supported living Providers must use a current assessment of independent behavior capacity to determine the levels of service needed. (3-20-20)

03. Life Skills and Independent Living. Programs must be able to demonstrate that juvenile offenders are taught basic life skills. This program should include, at a minimum, instruction in: (3-20-20)

a. Hygiene and grooming skills; (3-20-20)

b. Laundry and maintenance of clothing; (3-20-20)

c. Appropriate social skills; (3-20-20)

d. Housekeeping; (3-20-20)

e. Use of recreation and leisure time; (3-20-20)

f. Use of community resources, such as identifying medical and mental health providers; (3-20-20)

g. Handling personal finances and issues such as leases, contracts, cell phone usage and agreements, insurance, banking, and credit management with some support and intervention; (3-20-20)

h. Use of public transportation, where available; (3-20-20)

i. Budgeting and shopping; (3-20-20)

j. Cooking; (3-20-20)

k. Punctuality, attendance, and other employment-related matters; (3-20-20)

l. Vocational planning and job finding skills; (3-20-20)

m. Wears clothing appropriate for the weather and activity; (3-20-20)

n. Takes own medication, as prescribed; (3-20-20)

o. Obtains and produces identification, as needed; and (3-20-20)

p. Travels to and from necessary destinations. (3-20-20)

310. CASE MANAGEMENT REPORTING REQUIREMENTS.
Each juvenile offender's progress or lack of progress must be clearly documented and be related to documented behavior. Recommendations for release from Department custody or transfer should be substantiated by a

documented pattern of behavioral change over a period of time. Recommendations for transfer to a higher level of custody must be substantiated by a documented lack of progress over time, or by a serious or violent incident, which threatens the safety of others or the stability of the overall program. (3-20-20)

01. Service Implementation Plan. Within ten (10) business days of the juvenile offender's admission into the program, a written service implementation plan must be developed. The service implementation plan must address the specific goals identified in the most recent progress report and reintegration plan from the sending facility or program. The service implementation plan must address the needs and areas in the reintegration plan. (3-20-20)

02. Juvenile Offender and Family Involvement. Each juvenile offender and, to the fullest extent possible, the family, should be involved in developing the service implementation plan and in adjusting that plan throughout the course of commitment. (3-20-20)

03. Service Implementation Plan Adjustments. The service implementation plan should be adjusted throughout placement with the concurrence of the juvenile services coordinator following communication with the community treatment team. Specifically, the service implementation plan should be adjusted as new needs are identified, as goals are achieved, and as plans for reintegration are finalized. (3-20-20)

04. Participation in Staffings. The Provider must participate in staffings with Department staff to discuss the juvenile offender's service implementation plan development and progress in treatment. (3-20-20)

05. Participation in the Progress Assessment/Reclassification. The Provider may be asked by the juvenile services coordinator to provide input necessary for periodic reassessments of the juvenile offender's progress and current risk level. In all cases, the Provider must participate to the fullest extent possible. (3-20-20)

06. Progress Report. A written progress report must be submitted to the juvenile services coordinator and any designees at least every month, and include current bank statements and reconciled monthly budget. The progress report should focus on areas of positive change in behavior and attitudes, as well as on the factors required for a successful program completion (progress in community protection, competency development, and accountability). Each progress report should also note any changes or further development of the service implementation plan and should detail the level of involvement of the parent or guardian in the juvenile's treatment. (3-20-20)

07. Relapse Prevention Plan. The Provider will receive a working copy of the juvenile offender's relapse prevention plan from the Department. The Provider must work with the juvenile to continue developing the relapse prevention plan provided, as the juvenile experiences increased exposure to the community. The Provider must send the final relapse prevention plan to the juvenile services coordinator and any designees prior to the juvenile offender's release from Department custody. (3-20-20)

08. Final Progress Report. A final progress report must be submitted to the juvenile services coordinator and any designees no earlier than fourteen (14) calendar days and no later than ten (10) calendar days prior to the juvenile offender's anticipated completion of the program. This report must include: (3-20-20)

a. A current summary of the juvenile offender's progress; (3-20-20)

b. A summary of the efforts to reach the juvenile offender's goals and objectives, including education; (3-20-20)

c. Any unresolved goals or objectives; (3-20-20)

d. Recommendation for continuing services, including education, in the home community; and (3-20-20)

e. The current address of the juvenile. (3-20-20)

09. Report Distribution. Copies of the service implementation plan, progress reports, relapse prevention plan, and final progress report must be distributed by the Provider to the juvenile offender and the juvenile

services coordinator and any designees. The juvenile services coordinator will review and forward the progress report to the juvenile probation officer, appropriate court, and parent or guardian, unless the juvenile offender's family has been excluded from treatment by the juvenile services coordinator and the respective clinical supervisor for a well-documented reason. (3-20-20)

311. OVERNIGHT COMMUNITY PASSES.
Any pass involving an overnight stay away from the program or residence, or involving special circumstances such as a sexual abuse victim in the home, requires a written plan detailing supervision and safety measures to be taken, an itinerary for the visit, transportation plan, and must be approved in writing five (5) business days in advance by the juvenile services coordinator. Each time a juvenile offender leaves on and returns from an overnight community pass, the Provider must notify the juvenile correctional center in Nampa of this movement, promptly at the time that the juvenile offender leaves and at the time he returns. (3-20-20)

01. Potential Risk to Public Safety. If the pass is to the home of a parent or guardian, reintegration Providers must provide parents or guardians with clearly written guidelines for approved passes, which must be signed by parents or guardians indicating their understanding and willingness to comply with those guidelines. The Department's pass form may be used for this purpose. If the Department's form is not used, the form signed and agreed to by the individual assuming responsibility for supervision must contain at least the following information: (3-20-20)

a. The juvenile offender's name and date of birth; (3-20-20)

b. The name, address, and telephone number of the individual assuming responsibility; (3-20-20)

c. Authorized days, dates, and times for the pass, including the specific date and time of departure and of return; (3-20-20)

d. A complete listing of the anticipated locations and activities in which the juvenile offender is expected to be involved; (3-20-20)

e. Specific plans for supervision and telephone checks to verify compliance with the pass conditions; (3-20-20)

f. A complete listing of the activities required during the pass; (3-20-20)

g. Specific stipulations prohibiting: (3-20-20)

i. The use of alcohol and drugs; (3-20-20)

ii. Involvement in any illegal activity, or association with others who may be or have been involved in illegal behavior; (3-20-20)

iii. Participation in sexual relations of any kind; (3-20-20)

iv. Possession of any kind of firearm or weapon; (3-20-20)

v. Any violation of the terms of probation; and (3-20-20)

h. Specific stipulations about search and drug testing upon return, and the possible consequences for violation of any of the terms of the pass agreement. (3-20-20)

02. Frequency. Frequency of passes must be consistent with the terms of the juvenile offender's reintegration plan and reintegration Provider's contract with the Department. (3-20-20)

03. Documentation. Documentation of the exact date and time of the juvenile offender's departure from the program for a pass, and his return, must be maintained along with complete information about the individual assuming physical custody, transportation, and supervision during the pass. (3-20-20)

312. ACTIVITIES.

01. Recreational Activities. A pass authorizing the participation of juvenile offenders in outdoor recreational or work activities with an increased risk or overnight trips must be signed by the juvenile services coordinator and juvenile probation officer prior to the activity. Any proposed activity that involves boating, rappelling, rock climbing, or higher risk activity must also have the prior approval, in writing, of the Department's regional superintendent. (3-20-20)

02. Staff Requirements for Group Activities. (3-20-20)

a. A basic first aid kit will be taken with the group. At least one (1) person certified in first aid and CPR must accompany the group. (3-20-20)

b. Swimming, boating, or rafting will only be allowed when a staff in attendance has certification in rescue and water safety or if a lifeguard is on duty. All juvenile offenders involved in boating or rafting activities must wear an approved personal flotation device. (3-20-20)

c. A staff to juvenile offender ratio of one to six (1:6) will be adhered to as a minimum unless there is a reason to require more staff. The risk level of the activity, as well as any physical disabilities, high client irresponsibility, or mental deficiencies are some reasons to consider additional staff. (3-20-20)

d. All participants will be recorded in the activity plan and identified as program clients, staff, or volunteers. The individual staff or volunteer satisfying the above first aid and CPR requirements must be identified in the plan. (3-20-20)

e. There will be no consumption of alcoholic beverages or illicit drugs by juvenile offenders, staff, volunteers, or interns. (3-20-20)

03. Consent Forms. Recreational activities identified as presenting a higher risk require prior written approval in accordance with Subchapter A of these rules. Each juvenile offender must have prior written consent from the Department's regional superintendent including: (3-20-20)

a. Permission for the juvenile offender's participation; (3-20-20)

b. Acknowledgment of planned activities; and (3-20-20)

c. Permission for the provider to seek or administer necessary medical attention in an emergency. (3-20-20)

04. Activity Reports. At the conclusion of each overnight or high-risk recreational activity pass, the Provider must document in the juvenile offender's file and include in the progress report, any significant positive or negative events that transpired while the juvenile offender was on pass. Any unusual occurrences must be reported to the juvenile services coordinator and documented on an incident report as identified in Subchapter A of these rules. A drug screening urinalysis may be conducted on each returning juvenile offender, at the expense of the Provider, and the results of that exam reported to the juvenile services coordinator. (3-20-20)

313. EDUCATION SERVICES.

01. Appropriate Services. The Provider must ensure that each juvenile offender is given appropriate educational and vocational services that are consistent with the juvenile offender's abilities and needs, taking into consideration age, level of functioning, and any educational requirements specified by state or federal law. Providers must assure that educational services provided as a part of an overall program play an integral part in the process of reclaiming juvenile offenders to responsible roles in society. Educational services must strive to facilitate positive behavior change by helping juvenile offenders to develop abilities in academic, workplace, and technological areas; to restructure harmful or limiting cognitive patterns; and, to adopt appropriate social interactions skills. Educational services provided must use whatever combination of approaches and motivations that will best facilitate the learning

process in conjunction with the service implementation plan. All educational services provided must meet all mandates of the Elementary Secondary Education Act (ESEA), the IDEA, the Family Educational Rights and Privacy Act (FERPA), and the Rehabilitation Act of 1973 (Section 504). (3-20-20)

02. Mandatory Enrollment. Providers must ensure that all juvenile offenders involved in their programs who are of mandatory school age in the applicable state, or who have not yet obtained a General Educational Development (GED) or high school diploma, are enrolled in a school system or in a program approved and certified by the applicable state's Department of Education to provide both special education and other services. For those who have obtained a GED or high school diploma, an appropriate educational and vocational service must be provided in accordance with the service implementation plan. (3-20-20)

314. PROVISION OF MEDICAL SERVICES.

01. Medical Care. Each juvenile offender must be provided with medical, dental, optical, mental health, emergency or any other related health services while in the Provider's care. Each Provider must have access, on a twenty-four (24) hour basis, to a licensed general hospital, clinic or physician, psychiatrist, and dentist to provide juvenile offenders with professional and qualified medical or mental health services, including medications. The Provider must coordinate services and assist juvenile offenders in interpreting and complying with any follow up care as requested by healthcare provider. Any time a juvenile offender receives treatment under this section or for any health related service, a copy of any medical or dental assessments, treatments, test results, and follow up care must be forwarded to the Department's regional R.N. (3-20-20)

02. Medical Consent. As part of the admission process, the Provider must have a copy of the Department's Release of Information and Consent form signed by a juvenile offender over eighteen (18) years of age. The consent form must be filed in the juvenile offender's case file maintained by the Provider. (3-20-20)

03. Emergency Medical Treatment. In cases of emergency medical treatment requiring signed authorization for juveniles in the custody of the Department, the authorization may be signed by the Department's regional R.N., or designee. This does not restrict the Provider from taking action in life and death situations. (3-20-20)

04. Reimbursement Sources. The Provider must utilize private insurance or Medicaid, if available, for funding medical, dental, optical, mental health, or related services, and pharmaceutical products for any juvenile offender. The Provider may not seek reimbursement from private insurance or Medicaid for health services that are the fiscal responsibility of the Provider pursuant to its contract with the Department. Any health services not listed in these rules, other than emergency treatment, which was not approved in advance by the Department's regional R.N., or designee, will be at the expense of the Provider. (3-20-20)

315. ADMISSION HEALTH SERVICES AND TREATMENT RECORDS.

01. Prior Approval. Prior approval or review from the Department's regional R.N. is required for all non-routine health services, other than emergency services. Prior approval may be given for up to five (5) routine, pre-scheduled medical appointments. (3-20-20)

02. Medical Records. The Provider must assist the juvenile offender in organizing medical information, instructions, prescriptions, and any necessary follow up papers in a designated medical folder. Any time a juvenile offender receives treatment under this section or for any health related service, the Provider must retain the original medical record and immediately send a copy to the Department's regional R.N. (3-20-20)

03. Medical Billing. For uninsured juveniles, the Provider will notify the health care provider to submit medical bills directly to the Department's regional R.N. that approved the provision of services. (3-20-20)

316. PRIVACY OF MEDICAL RECORDS AND INFORMATION.

To the extent the Provider has medical information, confidentiality of personal health information of each juvenile offender must be maintained in accordance with the Privacy Regulations promulgated under HIPAA or, if more stringent, the laws of the applicable state. Compliance with these regulations is the responsibility of the Provider. Staff may be provided information about a juvenile offender's medical condition only when that knowledge is

necessary for the performance of their job duties. (3-20-20)

01. Privacy Officer. The Provider must appoint a privacy officer to oversee that the control and maintenance of all juvenile offender health and medical records is in compliance with the federal Privacy Regulations, 45 Code of Federal Regulations Sections 160 and 164. (3-20-20)

02. Separate Records. All juvenile offender medical and health records must be kept in files that are physically separated from other juvenile offender files and information, and under a system of security against unauthorized access. (3-20-20)

317. NOTIFICATION OF CRITICAL HEALTH INCIDENTS.
The Provider must immediately report critical medical and mental health incidents according to Subchapter A of these rules. (3-20-20)

318. INFECTIOUS DISEASES.

01. Policies. The Provider must establish policies and procedures for serving juvenile offenders with infectious diseases such as tuberculosis, hepatitis, and HIV or AIDS. These policies and procedures should address the management of infectious diseases, provide an orientation for new staff and juvenile offenders concerning the diseases, and ongoing education for staff and juvenile offenders regarding these diseases. Policies and procedures should be updated as new information becomes available. Individual health information or counseling will be made available by a medical health professional for juvenile offenders diagnosed with an infectious disease. (3-20-20)

02. HIV Testing. In accordance with law, a juvenile offender over age fourteen (14) may request that he be tested for the presence of HIV. Any such juvenile offender requesting to be tested should be taken to a public health facility or, if available, a facility which accepts Medicaid reimbursement for administration of the test. (3-20-20)

03. Examinations. Examinations must be performed by medical professionals on any juvenile offender for all symptomatic cases of communicable diseases such as tuberculosis, ova and parasites, infectious hepatitis, and sexually transmitted diseases. Juvenile offenders will be tested and, if indicated, treated. (3-20-20)

04. Notifications. The Provider must notify the Department's regional R.N. within three (3) business days of any positive test results, treatment recommendations, and follow up care. (3-20-20)

319. PREGNANCY.

01. Individual Medical Plan. Within the individual medical plan, specific goals and objectives will be developed when a pregnancy has been diagnosed. The plan must be based on the orders of the juvenile offender's licensed healthcare provider and include special care, location for delivery, a plan for infant care upon delivery, regular medical check-ups, and special dietary and recreational needs. At no time may the infant remain in the Provider's facility. A copy of the individual medical plan will be sent to the Department's regional R.N. (3-20-20)

02. Parenting Classes. Parenting classes must be an integral part of the individual medical plan for all pregnant female juvenile offenders. This service should also be offered as a priority to male juvenile offenders in Department custody who are already fathers or whose spouse or girlfriend is expecting a child. (3-20-20)

03. Medicaid Reimbursement. Medical services relating to pregnancy must be provided by a licensed healthcare provider and facility accepting Medicaid reimbursement, unless medical expenses are paid by the juvenile offender's family. (3-20-20)

320. REFUSAL OF TREATMENT.
Refusal of medications or treatment recommended by a physician for three (3) consecutive days requires immediate notification to the Department's regional R.N. according to Subchapter A of these rules. (3-20-20)

01. Refusal of Recommended Treatment by Physician. If a juvenile offender chooses to refuse treatment or medication recommended by a physician, the juvenile offender must sign a detailed statement refusing

this care. A Provider staff member must witness the juvenile offender's signature. This refusal form will be filed in the juvenile offender's medical record and a copy sent to the Department's regional R.N. within twenty-four (24) hours. (3-20-20)

02. Where Refusal Poses Significant Risk. If a juvenile offender refuses a treatment or medication for a condition that poses a significant risk of death or permanent physical impairment, the Provider must ensure the juvenile receives immediate medical attention. The Provider will notify the Department's regional R.N. by phone as soon as possible. (3-20-20)

321. USE OF MEDICATIONS.

The Provider must have written policies and procedures governing the use and administration of medication to juvenile offenders that conform to all applicable laws and regulations including, but not limited to, those of the Idaho Department of Health and Welfare or the applicable state's licensing authority. (3-20-20)

01. Medication Management Upon Arrival. If the juvenile offender is taking medication, the Provider must schedule an initial medication management appointment for the juvenile offender within five (5) business days of arrival into the program. (3-20-20)

02. Notification. If initiating or modifying any medication, the Department's regional R.N. must be notified of the following: (3-20-20)

a. The name of the prescribed medication; (3-20-20)

b. The name and phone number of the prescribing doctor, nurse practitioner, or physician's assistant; and (3-20-20)

c. The reason the medication is being prescribed. (3-20-20)

322. – 999. (RESERVED)

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