Using the Youth and Family Rights Guides
Implementation Webinar for Providers and Staff

Youth Residential Placement Task Force
Department of Human Services and Community Behavioral Health
December 9th, 2020; 1-3pm
“Even though sharing rights with the youth is not new, it’s clear that it was not effective in the past. So now we need to be changing the thought about how we are relaying this information to our youth, so they are aware.”

-Residential Provider, shared in a review session
Today’s Agenda

1. Welcome and Introduction
2. Youth and Families’ Perspectives
3. Background and Goals for the Guides
4. Implementation Guidance & Monitoring
5. Specific Rights Content
6. Questions
Virtual Norms

• Webinar-style virtual meeting

• Only presenters will have microphone and camera access

• Use the "Q + A" box at the bottom of the screen to ask a question throughout the presentation. *Please write the name of the presenter the question is directed towards, if possible.*

• Questions will be answered at designated times
Goals for the Webinar

• Understanding the guides
  • Rationale
  • Their content
  • A helping hand for youth and your residential location

• Understand expectations and suggestions for implementation

• Answer questions about the guides
Youth and Family Perspectives
Youth and Family Perspectives

Melodie
If you heard you would get a Rights Guide, what do you hope it would be like?

“Can we see it more than once? Like, repetition is important. Have a follow-up meeting to review it again. I’d want it immediately but also for someone to go over it again.”

“Having this knowledge and awareness would have helped me cope with my transition into the group home.”

“That it would give me an idea on what the laws were, what was allowed...knowing that would help me feel comfortable and supported.”

Quotes from Youth Advocates
Background: Youth Residential Placement Task Force

- Convened by City Council, met for a year
- City partners, School District, Courts & DA, Advocates, provider, youth & family representatives
- 19 recommendations
  - System-Level
    - Reduce the Use
    - Improve Quality
  - Improve Safety
    - Education Quality
- Blueprint for reform work within and across systems
- Created Rights Guides for Youth and Families, part of improving grievance processes
Background: Guides Content

• **What?** Pennsylvania 3800 licensing regulations, CBH Performance Standards and DHS Congregate Care contract scope

• **Who?** Input on format and content from community groups who had experience with the residential placement system
  
  - *Special thanks to:* The Office of Homelessness Services’ Young Adults Leadership Committee, the Juvenile Law Center’s Youth Advocates, DBH’s Family Member Committee, and residential provider forum participants
Goals for the Guides: Youth and Families

The guides will contribute to:

- Youth ...
  - Feeling supported, respected, safe, and informed
  - Being empowered to speak up for their needs or for help

- Families ...
  - Being a respected and informed part of their child’s care
  - Increasing their confidence and trust in the provider to care for their child

Accessible, clear, transparent information
Goals for the Guides: Providers and Staff

The guides will contribute to:

- Providers ...
  - Meeting targets for providing high quality of care to youth & families
  - Building a supportive culture and adhering to licensing standards at the residence

- Staff...
  - Having common language and knowledge to communicate with youth
  - Responding to fewer behavioral challenges on account of youth having access to information, easing their anxiety around unknowns and safety
Implementation Guidance
Implementation Guidance & Monitoring

• The policy and procedures memo/bulletin accompanying the Guides detail expectations for their use
• Guides’ use is effective January 1st, 2021

• Highlights
  • Must provide, review, re-review with youth and families
  • Staff explaining guides need detailed knowledge, with all staff having a familiarity
Implementation: Ideas from Youth/Family Members & Fellow Providers

• Provide staff training on the guides as part of on-boarding
• Have family/youth peers present for explaining the guide
• Post the guides in common areas for accessibility
• Hold ongoing education sessions on the guides for youth as “check-ins”
• Incorporate into house meetings regularly
• Add into guardian and youth intake handbooks
Questions?
Specific Rights Content
### What’s Covered in Each Guide

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<td>• My/my child’s team</td>
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<td>• Being informed</td>
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<td>• Knowing how to make a grievance</td>
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<td>• Having a plan</td>
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<td>• Staying Safe: Preventing abuse and avoiding the use of restraints, exclusion and seclusion</td>
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<th>Youth Rights</th>
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<td>• Being treated in a fair and respectful way</td>
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<td>• Meeting my personal needs</td>
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<td>• Keeping my money and personal items safe</td>
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<td>• Going to school</td>
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<td>• Staying connected and having my privacy</td>
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<td>• Getting health services</td>
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<td>• Staying connected with my child or family member</td>
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<td>• My child’s health plan and treatment</td>
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What to Expect on the Following Slides

• On the next section of slides, you will see screenshots from the actual guides. These Guides:
  • Were emailed before the presentation
  • Can be found online here: https://www.phila.gov/hhs/accomplishments/Pages/youthtaskforce.aspx

• You will have ~20 seconds to skim each slide and page from the guide before we review it. Don’t try to read it all now!

• Today, we will focus on certain rights from that section, shown with a star ★
Why am I getting this guide?

- For dependent, delinquent (non-State secure facilities) and psychiatric residential treatment placements
- Given so youth know their rights
- More information = greater safety
### How should I use this guide?

**I should use this guide to:**

- **LEARN** the rules that the facility must follow to keep me safe
- **FIND ANSWERS** to my questions about what can happen here and ask someone if I can’t find the answer
- **ASK** for something the guide talks about, but I don’t have
- **SPEAK UP** for myself if something is wrong with my care or the facility
- **KNOW** who is on my team and how to get help if I need it

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**How should I use this guide?**

- Shows how the guide is useful to them
- Guides act as information access and tool for self-advocacy
About Me

- Page requested by youth advocates
- Youth are seen & validated
- Prompts that are important to youth & their identity
- They may complete in private
### My Team

- Lists name and contact information for case manager and other key professionals
- Includes case manager supervisor, treatment team or juvenile probation officer, as well as education support
- Information found in placement packet; some may require follow up
What are my rights?

- Offers definition to youth of a “right;” legal protections
- “Should” and “I can ask” indicate best practice, not legal rules
- Rights cannot be earned as reward or lost as punishment
- Family communication is critical to wellbeing; not allowed to be withheld or earned based on behavior
Being Informed

- Must receive paper:
  - Youth Rights Guide
  - Family Rights Guide
  - Facility Grievance Process
- Make multiple family contact attempts
- Review every statement in guide(s)
- Share rules for item or person searches
Knowing How to Make a Grievance (Complaint)

- Right to share what feels wrong, unsafe or unfair with care, without retaliation
- Can get support to write/submit
- Privacy and reporting options
- Residence and outside options need to be discussed
I am free to contact and report my problem to anyone at any time, including my lawyer or Childline. This is just a suggested way to get help.

What’s happening:

I have a problem.
Example: My clothes are starting to get too tight.

I don’t feel safe telling anyone at my facility or the problem got bigger.
Example: I have not gotten bigger clothes.

My problem got worse and I don’t know what to do.
Example: I have no clothes left that fit me.

Who to ask for help:

» Staff I trust at the facility if I feel safe.

If I am in the child welfare system:
» My DHS or CUA case manager; then their supervisor if they don’t answer.

or

If I don’t have a DHS or CUA case manager:
» Community Behavioral Health Member Services 1-888-545-2600
» My juvenile probation officer (JPO)
» My lawyer

and

My rights have been taken away or broken.
Example: The facility tells me I must earn talking time with family.

I can pick how I want to get help:

Call on the phone
Talk to them
Write a note
Send a note in the mail
Send an email

I am being hurt, abused, neglected (not cared for) or feels unsafe in any way.

» Staff I trust at the facility if I feel safe.

If I am in the child welfare system:
» The Philadelphia Department of Human Services Commissioner’s Action Response Office (CARO) (215) 689-5600  or dhscaro@phila.gov

or

If I don’t have a DHS or CUA case manager:
» Community Behavioral Health Member Services 1-888-545-2600
» My juvenile probation officer (JPO)
» My lawyer and child advocate.

and

The Pennsylvania Child Abuse Hotline, Childline at 1-800-932-0313
Childline takes 24/7 and will move to get more help based on the level of immediate risk to me. Action could be right away for abuse claims, to a few days for other concerns.

or

The local police department

and

Anyone on my team I trust a lot. They can tell the right people for help.
Variety of backgrounds, common ground of respect

No additional trauma from stay

Youth psychological wellbeing is critical surrounding gender identity

I must be treated in a fair and respectful way. No one can treat me differently because of my sex, race, color, ethnicity, language, culture, how much money I have, ancestry, gender identity, sexual orientation, religious beliefs, national origin, age or disability.

The facility must not discipline me in a way that causes me physical, emotional or mental harm.

The facility must provide safe housing for me in a way that affirms my gender expression.

Other people should also use my name and pronouns of choice.
I must not be abused by anyone at the facility, including mistreatment, harassment or threats. Abuse can be physical, sexual or emotional and it is never ok for any of these things to happen:

Physical abuse: actions done on purpose or recklessly that leave marks or cause injury, pain, damage, weakening, or disrespect to my body.

Sexual abuse: any sexual contact between me and a staff member. It is also any unwanted sexual contact between me and a peer or wanted contact where our age is much different. Plus, it could be any time I feel like I must watch, do, take part in anything sexual that involves me and others. It is any time I feel like I can’t say “no” because I am worried about getting in trouble.

Emotional abuse: actions or words that make me feel afraid, rejected, harassed, ignored, threatened or bad about myself.

- Tell youth who “anyone” means: peers, aides, staff, etc.
- Explain each type
- Always take their concerns seriously
Questions?
• Individualized goals guide care and services, define what factors impact discharge

• Youth and family have a voice at every step

• Culturally responsive & strengths-based

• Align with other service plans
Free practice, or not, of religion

Specific medical, religious, vegetarian food preferences

Appropriate products needed for cultural responsiveness

3 meals, 1 snack (+seconds) and unlimited water

1x weekly clothes & linen washing
KEEPING MY MONEY AND PERSONAL ITEMS SAFE

My personal items and room are important to me and can help me cope during my time in placement. Like me, they should be respected and cared for at all times.

I have the right to keep all money that I earn or receive because it is my personal property. It might stay in a bank account.
- However, if I am in a juvenile justice facility, I may owe part of the money I earn to the Court. This is called restitution.

I can know:
- How much money is put in and taken out of my account
- What reasonable amount of money I can get out of my account
- How much money I have total

The facility must tell me the rules on why, how and when me, my room or my personal items may get searched.
- The facility must have an important reason and need to look on me, in my room or at my things. For example, there is a reason to believe I have something harmful, or not allowed. The facility cannot look at my things just because they want to. At the RJSC, all rooms and personal property are searched three times a week. My room should be left tidy when they are done.

My money must stay away from money the facility uses. My money cannot be used for other kids, staff, materials, or items for everyone.
- I must get all my money given back to me when I leave a facility.
- The facility must tell me if some items are not allowed at the facility and why.
- I should have the chance to get a paid job, internship, or other career preparation to prepare me for adulthood. But my guardian and sometimes the facility or Court can decide what works for me.
- If I have a job offsite, my facility, team members and I should have a conversation about my work hours because the facility might make rules about a reasonable time I need to be back at night.

How strong the search is should be match the risk of me having what they are looking for. Some items, like a weapon, are more dangerous than others. Staff should be careful with my stuff when they look and never willfully throw away, break or lose my items.

If my personal items get taken, because they are not allowed, the facility must write down what they took. If the items are safe, I should get them back when I leave.
- I can work with my case manager to get my needed documents. These might be my social security card, my health insurance card and my ID card.
My Money & Personal Items

I have the right to keep all money that I earn or receive because it is my personal property.

The facility must tell me if some items are not allowed at the facility and why.

If I have a job offsite, my facility, team members and I should have a conversation about my work hours.

• Right to their money & info about it
• May have restitution

• Offers normalcy
• Support access aligned with facility schedule
The facility must tell me the rules on why, how and when me, my room or my personal items may get searched.

- Eases sense of invasiveness
- Protection from unreasonable search & seizure
- Keep in mind intensity of search

The facility must have an important reason and need to look on me, in my room or at my things.

- Protection from unreasonable search & seizure
- Keep in mind intensity of search

If my personal items get taken because they are not allowed, the facility must write down what they took.

- Record items taken, return if possible
Residential placements can interrupt youth's progress towards graduation.

Required to work with school districts and the Education Support Center.
“to share my opinion in making decisions about my education, including where I go to school.”

I have the right to **take part in fun things like music, sports, or other afterschool clubs.**

I have the right to **get the supports I need to learn and get closer to graduating.**

• Youth input in decisions
• Limit school changes and support access to local schools

• Access to extracurricular activities and needed supports (ex. IEP)
STAYING CONNECTED AND HAVING MY PRIVACY

- Value maintaining family connections, however defined by youth
- Face to face family visits at least every 2 weeks, transportation supported
- Phone and mail access
- Respect confidentiality
Facilities and case managers must work towards successfully bringing my child back home after treatment, helping us reunify or find other permanency, and re-integrating into the community depending on our situation. This includes teaching me skills to help my child and their behaviors back at home.

- Role of organization and DHS/CUA staff
- Successful transition out of care
- Teaching skills
• Assessment soon after entry
• Mental health treatment decisions can be made by youth 14+, or guardian if under 18 yrs.
• No over-medication
• Access to sexual health services
I have the right to approve the facility to provide or connect my child with routine health care, such as health exams, dental care, vision care, hearing care and when hurt or sick. The facility should ask me for this approval at admission if possible.

If my child is over the age of 14, they can give permission for mental health treatment. If I think it is best for my child, I can also make the decision for them to get mental health treatment even if they don’t want it, if they are under 18.

The facility must ask my permission to give my child additional treatment, like surgery. If the facility can’t get in touch with me after many tries, the facility must get a court order. If it is an emergency and waiting would put my child in danger, they don’t need to ask me first, but they still need to tell me.

I have the right to help plan for my child’s care and treatment needs because I know them best. The facility must try hard to get in touch with me and invite me into the conversation when they are thinking about changing my child’s behavioral or medical treatments, school or learning supports.

- If my child needs special education, myself or their education decision maker must sign off on the Individualized Education Program (IEP) and recommended school.

I have the right to get updates about how my child is doing and their progress.

The facility must tell me if they think my child would do better at a different facility or has made enough progress on their goals to be discharged. If possible, the facility and I should talk about this before my child goes to a new facility.

Health Plan—Family Member Guide

- Highlights communication and notification to family members
- Consent for treatment
- Kept involved and updated on progress and plans
THE FACILITY’S CONDITIONS

- The look here should be home-like and calm, with youth ideas on decorations. The facility must let me have choice and self-expression in my room decorations. This is as long as they are not against facility rules.

- The facility must be clean and without harmful, threatening, or unsanitary conditions. This means no mice, rodents, bedbugs and infestations of bugs or insects.

- Safe and clean building
- Expectations regarding upkeep
- Youth input where possible
- Incorporate shared ownership and responsibility
Sometimes, I might feel a lot of emotions. I could need help with these feelings and calming down in ways that work for me. It is the facility’s job to help me learn the skills I need to take care of my feelings in healthy ways.

First, staff must let me try many ways to calm down.

Then, if I can’t get calm and I start using dangerous behaviors, everyone’s safety is important.

As a last resort, staff might use a “restrictive procedure” to protect me from harming myself or others. It is a last resort because nothing else helped me get calm and it doesn’t feel good for anyone.

The three types are:
1) Restraining: stopping my movement temporarily
2) Exclusion: being removed from an activity to stay in a room alone
3) Seclusion: staying locked in a room alone

If staff use one of the types, it must happen in a safe way for the shortest time needed.

When I am calm again, staff must stop right away.

I must have a personalized plan** if my health and personal past show that I need one to keep me or other people safe. This will list information about any unsafe behaviors I have had before, ways to stop my unsafe behaviors before they happen, and ways to keep me safe if a restrictive procedure is used. I (with my parent or guardian if I want) can help make of the plan and get a copy of it.

My team and I must review the plan at least every 6 months. We can talk about the plan sooner if we don’t think it is helping keep me or others safe.

A NOTE ABOUT STAFF

Staff cannot use one of the types to punish me or to make their job easier.

Staff who do any type of restrictive procedure MUST have had training in the last year. Some of the things staff must learn are: ways to de-escalate, behavior reactions to stress that are normal for my age, and safe ways to do a restrictive procedure if needed. Staff must never ask or make another youth do one of these procedures to me.

Facilities must also use special trainings and have plans that research proves helps lower and stop the use of these procedures.
• Last resort to protect harm, deescalate first
• Never to punish, youth-youth, or longer than needed
• System move towards reduction and elimination
• Explain Restraint, Exclusion and Seclusion as applies to that setting
STAYING SAFE IN CRISIS
Preventing the Use of Restraints, Exclusion and Seclusion

NEVER ALLOWED

» “Hands on me” restraint where I can’t breathe. Staff MUST NOT put weight on my mouth, nose, neck, chest, belly or back because this could cause extreme danger. A chokehold is NOT allowed.

» “Hands on me” restraint with me face down on the floor. Staff must also not put me to the floor or anywhere else in a violent way as punishment or trying to get back at me for anything I did.

» Pressure point techniques (causing pain to get me to follow a direction, example: pulling or twisting ears or squeezing arms or wrists)

» Aversive conditioning (Using things that are startling, painful or harmful to my senses example: splashing water in my face)

» Using drugs to relax me when it is not an emergency
ALLOWED AT ALL FACILITY TYPES

(ONLY to keep me or others safe and if there is absolutely no other option)

A “hands on me” restraint
- The staff or kind of a “hands-on-me” restraint must change every 10 minutes until I am calm again.
- I must be able to breathe if staff use a “hands-on-me” restraint. Staff MUST NOT put weight on my mouth, nose, neck, chest, belly or back because this could cause extreme danger. A chokehold is NOT allowed.
- Another person must watch the staff doing the restraint to make sure they are not hurting me. This person will take notes on how I am doing while they use the restraint.

Emergency use of drugs to relax me if I can’t be calmed down. This is only allowed if a doctor examines me first, approves it and a medical professional gives the drugs.

Having me leave one place to be in a room alone (Exclusion)
- Staff cannot use a “hands-on-me” restraint when I am in the room.
- This cannot last more than 60 minutes in a 2-hour period. I cannot be in a room by myself more than 4 times in 24 hours.
- Someone needs to be check on me every 5 minutes, so I am ok.
- The room must be bigger than a closet (at least 40 square feet), with light, air, a view outside the room, and nothing in it that could hurt me.

Bite release (pushing on my jawbone to make me stop biting someone)

ALLOWED ONLY AT A SECURE FACILITY

(ONLY to keep me or others safe and if there is absolutely no other option)

A secure facility means I am involved in the juvenile justice system and the facility has locked doors or fences that stop me from leaving.

Being locked in a room by myself (Seclusion/Isolation)
- A boss must give approval before seclusion starts. A “floor staff” cannot order me into seclusion.
- Two different people need to check on me. One person checks on me every 5 minutes. A supervisor must check on me every 2 hours to see how I am doing emotionally and physically.
- Seclusion must be for less than 4 hours if I am still not calm, a medical staff must make sure I am safe and write that I can stay another 4 hours at most. If it is longer than 8 hours in a 48-hour period, there must be a court order and a reason to keep me there.
- The room must be bigger than a closet (at least 40 square feet), with light, air, a view outside the room, and nothing in it that could hurt me.

Mechanical Restraint (a device to stop my movement)
- The only types that are allowed are behind the back handcuffs and leg restraints. Handcuffs in front of me are allowed with a transportation waist bolt.
- A supervisor must give approval before they are used. A “floor staff” cannot order me to wear them.
- I cannot have them on if I am in seclusion.
- I cannot be handcuffed to another person or thing.
- I must be able to eat, use the bathroom or meet my other physical needs.
- I can only have them on for 2 hours in a row, unless a medical staff makes sure I am ok and writes that it is safe for another 2 hours.
- I cannot wear them longer than 4 hours in a 48-hour period unless there is a court order and a reason to keep using them.
- The restraints must come off for a 10-minute break every 2 hours.
Address a primary parent/guardian concern—child’s safety

Staff requirements and training, communication to families about safety onsite
Choosing the Least Restrictive Safety Option

Sometimes, my child might feel a lot of emotions. They could need help with those feelings and calming down in ways that work for them. It is the facility’s job to help my child learn the skills they need to take care of their feelings in healthy ways.

It is also their job to make the facility safe and healing. This means that they must work to use the approach and procedures that is the least restrictive to keep my child or others safe. This starts with trying to deescalate any unsafe behaviors and only moving to intrusive procedures if nothing else worked. The staff are never allowed to use one of these procedures because they are mad at something my child did or because they want their job to be easier.

However, it is important for me to know that Pennsylvania still allows the facilities to use some procedures if there is a safety risk. To make sure my child is as safe as possible if one is used, there are rules to follow to avoid harm.

My child and I have the right to help make the plan, along with any person invited by my child or me, or other professionals. Here, we can share our ideas on ways that help my child calm down (including how I could support if I wanted) and also what I want for my child’s safety.

- The plan will also have information about what type of unsafe behaviors my child has, any signs that show the behavior is coming and thoughts about why the behavior happens. It will also talk about ways the behavior can be stopped before a more restrictive procedure is used (like changing who my child is around, the room they are in, or their routine).
- I can ask the facility about what program and types of procedures they use.
- The plan must be reviewed at least every 6 months. We can talk about the plan sooner if we don’t think it is helping keep my child or others safe.
- The facility must contact me if they think changes need to be made to the restraint plan.
- I must have the chance to sign the restraint plan.

- Outlines role of provider in helping teach skills and de-escalate behavior first to avoid restraint procedures altogether
- Discusses guardian’s involvement with making safety plan
Questions?
Recap

• Reflect on goals for meeting and youth/family perspective
• Reflect:
  • *A right already known*
  • *Two rights learned*
  • *One right you still have questions about*
• Questions can be submitted and will be answered in FAQ document
Thank you!

Please direct any follow-up questions to: PhilaYouthResidentialTF@phila.gov

Recording will be available