

U.S. Department of Justice - New York State Settlement on Juvenile Justice Findings

HIGHLIGHTS OF SUBSTANTIVE OBLIGATIONS¹

I. Protection from Harm – Restraints and Use of Force

OCFS will place priority on behavior de-escalation methods, tools, and techniques and limit the use of restraints

Revise and train policies and procedures for when restraints may be used.

Require modifications to restraint practices where physical/psychological needs require it.

If prone restraint is used, limit the “face down” period to 3 minutes; train staff to monitor for distress; require medical notification and post restraint review within 4 hours.

Prohibit use of psychotropic medication solely for restraint.

Permit only staff with current training to engage in restraints

Require a system for review of use of force and child abuse by senior management to inform policy, training and supervision.

Require staff who show deficiencies in use of force to refrain from use of force until staff are instructed in the area of deficiency.

Train staff in conflict resolution

Require supervisory staff who respond to incidents to evaluate use of force and provide such evaluations in incident reports.

Revise and train emergency response procedures to promote an appropriate level of response.

II. Protection from Harm – Investigations and Fitness to Work

Require prompt reporting of staff misconduct relating to use of force and supervision of youth; appropriate safeguards pending investigation; prompt, thorough and neutral investigation by trained investigators; and prompt and appropriate penalties.

Require updating of SCR clearances for all staff who have contact with youth every two years.

III. Mental Health Care and Treatment – Behavioral Treatment Program

Provide an adequate behavioral treatment program that is integrated with mental health consultation

¹ Emphasis is placed on obligations not already undertaken by OCFS.

Generally, provide, modify and document adequate individualized treatment plans for youth, centering treatment meetings on youths' needs.

Require the youth's treating psychiatrist, if any, to participate in every other treatment team meeting.

Provide appropriate treatment for substance abuse

Provide adequate transition planning for youth with mental health and substance abuse issues

IV. Mental Health Care and Treatment – Staff Training

Train all staff in facilities on strategies to address immediate mental health crises such as self-harmful behavior

Provide competency based training to all staff in Facilities on psychiatric disabilities and psychiatric medication

V. Mental Health Care and Treatment – Crisis Response, Evaluation and Treatment

Require referral to mental health services where youth exhibit maladaptive coping strategies such as self injurious behavior.

Require procedures for contacting qualified mental health staff after hours

Generally, require mental health screening, mental health assessment where necessary and referral to a more appropriate setting for care if necessary. Evaluations must be consistent with generally accepted professional standards.

Require standardization of documentation for prescribing psychiatric medication and monitoring of the effects of the medication

Require medication refusals to be communicated by youth in person to medical staff unless the youth resists; procedures to address refusal to cooperate; notification, documentation and treatment team review.

Require informed consent for psychiatric medication be obtained by someone with prescriptive authority according to generally accepted professional standards.

VI. Quality Assurance

Incorporate the agreement by reference in contracts with non-governmental providers engaged to carry out any obligation of the agreement.

Institute a quality assurance program consistent with generally accepted professional standards for each substantive area of the agreement and create action plans to address deficiencies.