

## **Policy Considerations: CARE (CRISIS AWARENESS RESPONSE EFFORT) TEAM**

The intent of this policy consideration is to evoke discussion within your jurisdiction regarding best practices and key elements to include in policies and procedures. Jurisdictions should consider these policies in the context of their unique juvenile justice system structure; state and local mandates; risk tolerance level; and other individual needs.

\*\*Throughout the policy considerations the acronym “PP” is used. This stands for “policy and/or procedure.”\*\*

### **General**

- The PP has a clear statement that describes the importance and intent of the policy and/or procedure and/or how it relates/ties to the agency’s mission.
- The PP includes clear definitions of key concepts in the policy and/or procedure (i.e. can be understood, differences between related words/concepts are clear, etc.) – CARE Team, crisis intervention, de-escalation, Primary Responder, Secondary Responder, etc.
- The PP mentions how staff will be trained on relevant topic areas – new employee and ongoing training.
- The PP clearly describes an effective quality assurance process such as include quarterly case file reviews, annual onsite audits, regular performance evaluations from supervisors, staff skills assessments, etc.
- The PP includes a description of how the agency will use data to ensure it is meeting targets required by the policy and/or procedure area (i.e. indicators of success, how often these data will be reviewed, how the data will be used and by whom, etc.).
- The PP will be available to staff for review.
- The PP reviewed for revision/modifications at least annually.

### **Purpose/Goal**

- The PP establishes a CARE Team made up of individuals responsible for responding using a therapeutic approach to youth in crisis.
- The PP clearly explains the purpose of the CARE Team is to de-escalate the situation, attempt to resolve the youth’s issue and assist youth in regulating emotions for the ultimate purpose of preventing the use of force or isolation/room confinement.
- The PP requires the CARE Team to be staffed and available to provide support to youth 24 hours a day, 7 days a week.

### **Membership and Qualifications**

- The PP specifically directs who will serve as members of the CARE Team to include at a minimum, one treatment staff member (youth counselor/case manager, mental health clinician) between normal business hours (Monday – Friday between 7:30 AM – 8 PM). After business hours, trained direct care staff will serve as members of the CARE Team.

- The PP requires facility management staff to identify members of the CARE Team and explains the frequency that staff will serve on the CARE Team.
- The PP holds the Facility Superintendent or designee responsible for creating the schedule of CARE Team assignments one month in advance of the assigned shift. The CARE Team schedule shall be posted for staff.
- The PP requires the CARE Team to stay informed of youth crisis intervention plans and medical concerns/restrictions – i.e. triggers, effective strategies used in the past, asthma/difficulties breathing, etc.
- The PP explains the process for how CARE Team members will stay informed of crisis plan information - i.e. mental health clinician will email the CARE Team members the youth's crisis intervention plan; all CARE Team members have access to youth's crisis intervention plans; etc. Crisis plan includes behavior management strategies to utilize with youth that include input from youth and their family.

### **CARE Team Response**

- The PP provides clear guidance on when staff should call upon the CARE Team (i.e. staff have attempted to de-escalate youth and have been unsuccessful, etc.).
- The PP requires a minimum of two CARE Team members to respond to a youth in crisis – Primary and Secondary Responders both required to respond immediately.
- The PP clearly defines the roles of each CARE Team member during the crisis response – i.e. during normal business hours (Monday – Sunday, 7:30 AM – 8 PM) the Mental Health Clinician serves as the Primary Responder; after hours the Primary Responder is XXX.
- The PP clearly defines the responsibilities of the Primary and Secondary Responders – i.e. talk with youth; observe interactions; etc.
- The PP provides details and clear directives on how staff request CARE Team assistance – i.e. use radio to make request to Control Center by stating “Care Team request” and providing the location.
- The PP requires the Control Center to document the request immediately in the facility log and Shift Report (or other designated areas as per agency/facility policy).
- The PP directs the CARE Team to assess safety first upon arriving and gather critical information about the situation and youth by talking with staff.
- The PP directs CARE Team members to communicate with one another to confirm who will be the primary (talker) and the backup (i.e. if the mental health clinician is available, s/he will be the Primary Responder).
- The PP instructs onsite staff to disengage and step away from the situation to allow the CARE Team to engage with youth.
- The PP requires if the resident is unwilling to move to another location, the unit staff should direct all other youth away from the area.
- The PP provides clear direction and specific strategies on how the CARE Team should engage the youth – i.e. use calm, low, and controlled tone of voice; maintain personal space; ask the resident to walk to another location away from other youth; use approved de-escalation techniques; step back and provide youth time to think; offer youth time in a safe room; etc.
- The PP requires if youth cannot be de-escalated and there is a threat to youth and staff safety, the CARE Team to call for assistance and specifies who to contact.

- The PP states that if the situation escalates to an imminent risk of injury, the CARE Team is required to follow the agency/facility approved use of force continuum (agency PP should be referenced). *Refer to restraints policy considerations for additional recommendations.*
- The PP requires staff to maintain radio communications as needed throughout the incident but at a minimum, radio to Control Center when safety is restored.
- The PP requires designated staff to complete the appropriate documentation as per agency/facility policy (i.e. logbook entry; note in youth case file; CARE Team Shift Report etc.)
- The PP directs to whom staff must submit CARE Team incident related documentation and sets clear timeframes (i.e. by the end of the shift).

### **Training**

- The PP requires all new staff receive training on de-escalation techniques, conflict management, crisis intervention, trauma-informed care, and adolescent brain development. Staff receive annual refresher training on the topics.
- The PP requires all staff who serve as CARE Team members to receive specialized training at least annually (or more frequently, i.e., every six (6) months) on de-escalation techniques and related topics.
- The PP requires designated staff formally document training completion and directs where this documentation should be housed (i.e. staff training records).
- The PP holds specific staff member(s) responsible for scheduling the training; conducting the training; and tracking and monitoring training completion (and when staff members are required to be re-certified).

### **Quality Assurance and Data**

- The PP directs performance measures be developed to determine CARE Team performance and level of effectiveness – i.e. number of CARE Team responses; time needed to de-escalate situation; types of strategies used; etc.). Track the activation of CARE Team to determine effectiveness – situations de-escalated without use of restraint or isolation/room confinement.
- The PP requires reviewing CARE Team data to identify any trends (for example, frequency for location, particular youth demographics, identified staff members) and address any needed adjustments (i.e. staff training, policy revisions, staff assignments).
- The PP specifically requires reports related to CARE Teams be regularly shared with and discussed among facility administrators and executive leaders (i.e. monthly or quarterly).