This policy defines the SYSC Treatment Planning requirements.

**Required Practices**

*Any deviations to the following information must be documented with Supervisory Approval.*

I. All committed youth and youth expected to be detained longer than 30 days must have a Treatment Plan.

   A. Committed youth’s treatment plan will be documented on Form 2130 Sununu Youth Services Center Treatment Plan; and

   B. Detained youth’s treatment plan will be documented on Form 2130D Sununu Youth Services Center Treatment Plan – Long-Term Detention.

   C. Long-term detained youth will have an abbreviated treatment plan with treatment areas to address assessed needs other than related to their alleged offense. Examples include, but are not limited to:

      1. Emotional regulation;

      2. Stress management; and

      3. Family needs.

II. The initial Treatment Plan Meeting (TPM) must be held within 30 days of the youth’s admission to SYSC to develop the Treatment Plan.

III. Subsequent TPMs must be held:

   A. Every month for committed youth; or

   B. Every 6-8 weeks for long-term detained youth.
IV. Treatment plan objectives, goals and interventions must be monitored and reviewed at subsequent TPMs.

V. TPMs must include:

A. Review of assessments including the youth’s Form 2197 PREA Vulnerability Assessment Instrument;

B. Identification of treatment areas;

C. Measurable goals and objectives across all domains that is consistent with the youth’s Case Plan;

D. Identification of transitional barriers and assignment of tasks;

E. Review of viable exit guidelines, including any reparations that remain in the youth’s community; and

F. Review of Form 2138 Quarterly Review of Appropriateness of Continued Secure Care as applicable (not applicable at the initial TPM).

VI. TPMs must reassess the placement and programming assignments for youth identified as transgender or intersex at least twice each year to review any threats to safety experienced by the youth.

VII. The Form 2130 or 2130D developed or revised shall be immediately distributed by the Clinical Coordinator (CC) as follows:

A. A copy is delivered to the:
   1. Youth;
   2. Parent/guardian;
   3. Assigned JPPO; and
   4. Any other identified parties;

B. A copy of Form 2130 or 2130D shall be placed in the youth’s residential unit binder;

C. The signed, original Form 2130 or 2130D will be scan and electronically stored in the secure SYSC drive; and

D. The signed, original Form 2130 or 2130D will be placed in the youth’s clinical record.

VIII. In the event that a youth who was previously admitted to SYSC returns:
A. The youth’s previous treatment plan will be in effect upon readmission from Administrative Release or Parole;

B. The youth’s CC will schedule a TPM within 10 days of the readmission;

C. Revisions to the treatment plan will be subject to any outcomes from an administrative hearing, parole revocation hearing, or family court hearing that orders the youth to be readmitted; and

D. The youth’s Treatment Team may consider reclassification based upon the youth’s current assessed needs.

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