

## **CHAPTER 9:**

### **PLACEMENT**

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# PLACEMENT

## Types of DYS facilities and programs

DYS operates 57 facilities serving detained or committed youths confined to DYS custody. Some of these facilities and programs are operated by DYS and some by private provider agencies that have contracts with DYS.

These facilities can be divided into two categories:

- **hardware secure treatment facilities;** and
- **staff secure treatment facilities/programs.**

Most of these facilities serve youths from 6-9 months, although some serve youths for more than two years.<sup>1</sup> In addition to these two categories, some DYS involved youths are in **other placement options**.

Apart from the above types of facilities and programs (in which youths reside), DYS also operates 29 District and Satellite Offices, through which DYS provides supervision and support to DYS involved youths living in the community with parents, legal guardians, foster families, or in an independent living program.<sup>2</sup> These DYS offices are discussed further in Chapter 21, Supervision in the Community.

The three placement options (secure treatment facilities, residential programs, and placement with other state agencies) are discussed in more detail below.

## Hardware secure treatment facilities

Hardware secure treatment facilities are secured by hardware such as locked doors and windows (in contrast to staff secure facilities which are secured at least in part by staff). Hardware secure treatment facilities may be specialized to treat youths at various stages in the DYS process, including the following four types of units:

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1 "Massachusetts Juvenile Justice Case Study Results" in Blomberg, Thomas G., George Pesta, Colby Valentine. "The Juvenile Justice No Child Left Behind Collaboration Project: Final Report 2008, available at [http://www.criminologycenter.fsu.edu/p/nationalDataClearinghouse/State%20Structures/Massachusetts\\_Case\\_Study.pdf](http://www.criminologycenter.fsu.edu/p/nationalDataClearinghouse/State%20Structures/Massachusetts_Case_Study.pdf), at 7.

2 DYS, Public Information Packet (Oct. 2009), [http://www.mass.gov/Eeohhs2/docs/dys/public\\_info\\_packet.pdf](http://www.mass.gov/Eeohhs2/docs/dys/public_info_packet.pdf), at 1.

## *Detention units*

All DYS detention units are hardware secure.<sup>3</sup> These units may house youths who:

- have been charged and are being held on bail awaiting court action;
- are already committed but are waiting for a placement in another facility or program to have an available opening; or
- were living in the community but violated a provision of a grant of conditional liberty and were placed on a detention unit as a consequence of that violation.

DYS has one specialized secure detention unit. This unit is located on a separate DYS-operated wing within an adult correctional facility in Plymouth, the Plymouth County House of Correction.<sup>4</sup> This unit is solely for juveniles, despite being inside an adult facility. The unit houses juveniles charged with or convicted of murder or juveniles who face adult sentences.

DYS offers the following services at detention units: education, behavior management, medical services, recreational opportunities, violence prevention curriculum, and substance abuse treatment.<sup>5</sup>

## *Assessment units*

These units are a type of DYS hardware secure treatment unit where a youth goes after intake when a bed becomes available in an assessment unit to await DYS caseworker assignment, staffing, and placement. Youth receive a series of assessments on this unit, which includes review and compilation of family involvement, educational history, prior juvenile record, presence or absence of substance abuse, medical and psychiatric history, and review of risk factors related to offending. This assessment should be completed within 30 days, when the staffing will be held.<sup>6</sup> The assessment then is used to develop an individual treatment and service plan and to determine future DYS placements.

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<sup>3</sup> DYS, DYS Responses to MHLAC Questions (Jan. 22, 2010) (on file with MHLAC), at 3.

<sup>4</sup> The Plymouth County Sheriff's Department sets rules for the Plymouth County Correctional Facility. See Plymouth County Sheriff's Department, Inmate Information, [http://www.pcsdma.org/Inmate\\_Information.asp](http://www.pcsdma.org/Inmate_Information.asp). For example, these rules prohibit an inmate from receiving a visit from someone other than an attorney or clergy during his first 10 days of admission to the facility. Plymouth County Sheriff's Department, Visitor Information, [http://www.pcsdma.org/Visitor\\_Info.asp](http://www.pcsdma.org/Visitor_Info.asp). The Sheriff's Department has applied these rules to youth held in DYS facilities located at the Plymouth County Correctional Facility. See, e.g., Maria Cramer and Kristen Green, Answers Sought in School Slaying, *The Boston Globe* (Jan. 26, 2007) at B5. If your child is being subjected to these rules, contact an advocate or lawyer for assistance.

<sup>5</sup> DYS, Public Information Packet (Oct. 2009), [http://www.mass.gov/Eeohhs2/docs/dys/public\\_info\\_packet.pdf](http://www.mass.gov/Eeohhs2/docs/dys/public_info_packet.pdf), at 3.

<sup>6</sup> DYS, Case Management Practice and Procedure Manual (June 14, 2010), at 26.

## *Committed units*

These hardware secure units house committed youths with grid level 4-6 offenses.<sup>7</sup> DYS will also consider youths committed on grid level 3 offenses involving fire arms and sex offenses for hardware secure units.<sup>8</sup> Initial time recommendations in these placements range from 6 to 24 months.<sup>9</sup>

These hardware secure facilities provide a cognitive behavioral approach to treatment including clinical, educational and behavioral components.<sup>10</sup> Individual treatment progress is monitored by criteria-driven behavioral goals.<sup>11</sup> Youths graduate from such facilities when he has acknowledged his criminal behavior, understands what led to his offending, has developed a relapse prevention plan, has engaged in reducing risk to the community, and has demonstrated a pattern of pro-social behaviors in confinement.<sup>12</sup>

## *Revocation units*

These hardware secure units hold youths that have violated a grant of conditional liberty and have been returned to DYS confinement.

## Staff secure treatment facilities and programs

Staff secure treatment facilities typically serve committed youth with grid level 1-3 offenses.<sup>13</sup> Initial time recommendations in these placements range from 3 to 8 months.<sup>14</sup> These community-based programs provide a cognitive behavioral approach to treatment including clinical, educational and behavioral components.<sup>15</sup> Examples of these programs include group homes and (Chapter 766) residential school programs.<sup>16</sup> Average lengths of stay are shorter in group home settings and longer in residential school settings. Staff secure facilities emphasize accountability, pro-social skill development, and planning for community re-entry.<sup>17</sup>

## Other placement options

7 DYS, Case Management Practice and Procedure Manual (June 14, 2010), at 29.

8 DYS, Case Management Practice and Procedure Manual (June 14, 2010), at 29-30.

9 DYS, Case Management Practice and Procedure Manual (June 14, 2010), at 30.

10 DYS, Case Management Practice and Procedure Manual (June 14, 2010), at 30.

11 DYS, Case Management Practice and Procedure Manual (June 14, 2010), at 30.

12 DYS, Case Management Practice and Procedure Manual (June 14, 2010), at 30.

13 DYS, Case Management Practice and Procedure Manual (June 14, 2010), at 30.

14 DYS, Case Management Practice and Procedure Manual (June 14, 2010), at 30.

15 DYS, Case Management Practice and Procedure Manual (June 14, 2010), at 30.

16 DYS, Case Management Practice and Procedure Manual (June 14, 2010), at 30.

17 DYS, Case Management Practice and Procedure Manual (June 14, 2010), at 30.

DYS offers other placements in certain cases. These options include the youth being placed at home with DHS supervision, foster care, transitional living, Job Corps, and revocation facilities and programs.<sup>18</sup>

In addition, DHS committed youths who are involved with other state agencies may also be placed within programs operated by those agencies. As of January 1, 2009, 6% of DHS committed youths were placed with other agencies.<sup>19</sup> These agencies include, but are not limited to:

- the Department of Children and Families (i.e., foster care, residential placement);
- the Department of Mental Health (i.e., Intensive Residential Treatment Program, psychiatric hospitalization);
- the Department of Public Health (i.e. residential substance abuse programs); and
- the Department of Correction (i.e., adult correctional facility).<sup>20</sup>

Department of Mental Health involved youths are discussed further in Chapter 13, Mental Health and Substance Abuse Services During Confinement.

## Selecting a DHS facility or program

There are many different DHS facilities and programs where a youth may be placed. While DHS facilities and programs fall into general categories of secure treatment, residential and community and while the level of security and type of treatment needed will be foremost in DHS's consideration, there are still choices to be made based on multiple factors.

At classification, the Regional Review Team (RRT) must identify a program that best meets the youth's needs and best protects the community at that time. The panel has several factors to consider in reaching this decision. Among these are the following:

First, the RRT must consider the youth's gender. All DHS residential units are single sex (although a building may have both boys' units and girls' units).<sup>21</sup>

Second, the RRT must decide whether the youth needs treatment in a secure setting. If so, the RRT may assign him to a secure treatment

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<sup>18</sup> DHS, Case Management Practice and Procedure Manual (June 14, 2010), at 30.

<sup>19</sup> DHS, Public Information Packet (Oct. 2009), [http://www.mass.gov/Eeohhs2/docs/dys/public\\_info\\_packet.pdf](http://www.mass.gov/Eeohhs2/docs/dys/public_info_packet.pdf), at 2.

<sup>20</sup> DHS, Case Management Practice and Procedure Manual (June 14, 2010), at 30.

<sup>21</sup> Erin Trahan, "Navigating DHS" in Girls' Coalition Newsletter (Fall 2002/Winter 2003), at 8.

program for a specified length of time.<sup>22</sup> The purpose of secure treatment is to rehabilitate the youth by teaching “pro-social attitudes and behaviors using a cognitive-behavioral approach.”<sup>23</sup> In addition to secure treatment programs, DYS has community-based residential programs, “all of which provide clinical and educational services that emphasize accountability and pro-social skill development.”<sup>24</sup> If such a community-based program were appropriate, the RRT could place a youth directly into such a program.<sup>25</sup> It also is possible that DYS decides at classification that the youth doesn’t require placement in either a secure treatment or residential program, but can be released directly back to the community.

Third, the RRT must consider the youth’s treatment needs. The type of treatment administered at these programs varies. There are residential programs that provide drug treatment and employment services, stabilization programs, and group care programs. If a youth has serious mental illness, DYS can send the youth to a facility operated by the Department of Mental Health; this topic is addressed further in Chapter 13, Mental Health and Substance Abuse Services During Confinement.<sup>26</sup>

Fourth, the RRT must consider the duration of the facility-based portion of the youth’s commitment. There are facilities for short-term stays of a few days, weeks or months. There are also facilities for long-term stays of months or years.

## Pursuing community-based settings

While DYS and others may find appropriate an initial placement in secure treatment for many youths, not all youths require such a placement. For some, there may be factual evidence to support an initial placement in a community-based setting. Such evidence should be presented while the youth is before the court during the sentencing hearing, and then again at both the staffing and classification meetings.

For example, a youth might have a mental health problem that clinicians believe would best be treated in a community-based setting. As discussed in Chapter 7, Trial, Adjudication, and Disposition, there is a growing consensus among mental health clinicians that community and home-based services are, in general, more effective at addressing mental

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<sup>22</sup> 109 CMR 4.04(2).


<sup>23</sup> DYS 2005 Annual Report (Mar. 2007), [http://www.mass.gov/Eeohhs2/docs/dys/annual\\_report\\_2005.pdf](http://www.mass.gov/Eeohhs2/docs/dys/annual_report_2005.pdf), at 22.

<sup>24</sup> DYS 2005 Annual Report (Mar. 2007), [http://www.mass.gov/Eeohhs2/docs/dys/annual\\_report\\_2005.pdf](http://www.mass.gov/Eeohhs2/docs/dys/annual_report_2005.pdf), at 22.

<sup>25</sup> DYS 2005 Annual Report (Mar. 2007), [http://www.mass.gov/Eeohhs2/docs/dys/annual\\_report\\_2005.pdf](http://www.mass.gov/Eeohhs2/docs/dys/annual_report_2005.pdf), at 22.

<sup>26</sup> Department of Mental Health & Department of Youth Services, Memorandum of Understanding (1999); DMH, Transfer Protocol Guidelines, available at <http://www.mass.gov/dmh>.

health problems and rehabilitating youth than facility-level care. The argument may be particularly compelling if the youth lives in one of the communities with an initiative to serve youths with mental illness in their homes. These communities and their respective initiatives are listed in Chapter 6 and described in the Resource Guide at the end of this book.

 **Tip for families:** It is important to advocate for appropriate services for youth with mental health issues. Even if you are not successful at eliminating a period of secure confinement for your child, you will nonetheless alert DYS to the youth's mental health needs.

## Pursuing specialized placements

When DYS believes that a committed youth needs intensive treatment that cannot be provided by one of DYS's own or contracted programs, DYS can buy a placement for that youth elsewhere.<sup>27</sup> Sometimes DYS shares the cost of a placement with another entity, such as a local school district.<sup>28</sup> For example, the youth may need intensive services to treat mental health problems, substance abuse, fire-setting behavior or sex offender behavior. This type of placement happens rarely and would only be considered for extreme cases of need.<sup>29</sup>

Thus, a girl who comes to DYS with a history of multiple hospitalizations might be placed in a specialized mental health program outside the DYS system. If after a certain period of treatment, perhaps six months, it is clear that the youth still needs mental health treatment, DYS will complete an application for Department of Mental Health services on the youth's behalf.<sup>30</sup>

## Transition from placement to placement

A youth may well reside at more than one program during his confinement to DYS. For example, DYS first might place a youth in a secure treatment setting. The youth would remain there until he acknowledges his behaviors and their precipitants, develops a plan to

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27 Communication of Edward Dolan, Department of Youth Services to MHLAC (Jan. 17, 2008).

28 DYS panel presentation, "Overview of DYS" in An Overview of DYS Advocacy, Juvenile Justice Center (June 6, 2007). If such a placement is not secure but is an open door setting, DYS would require a youth to sign a grant of conditional liberty prior to going to the placement. DYS correspondence to MHLAC (Jan. 14, 2008).

29 Communication of Edward Dolan, Department of Youth Services to MHLAC (Jan. 17, 2008).

30 Communication of Edward Dolan, Department of Youth Services to MHLAC (Jan. 17, 2008).

avoid future delinquent actions, and demonstrates good behavior.<sup>31</sup> DYS would then transfer the youth to a residential group home, foster home or home to family.<sup>32</sup>

Foster care is used for a limited number of youths who are less criminally involved and are placed in this setting primarily because they do not have a viable home to which to return.<sup>33</sup> In certain cases, family members or others in the community known to the child can be approved to become a foster parent.

To ensure that the youth is properly placed, every program should review each youth's placement monthly at a minimum.<sup>34</sup> Parents should be encouraged to attend these meetings.

The goal at each placement is to prepare for successful re-entry into the larger community.<sup>35</sup>

## Treatment review meetings

DYS conducts monthly treatment reviews for all youths in one of its placements.<sup>36</sup> The treatment reviews will include: the youth, the unit clinician, the clinical director of the unit, an educational liaison from the unit, medical staff, administrative staff, the caseworker, and the youth's family.<sup>37</sup>

Youths have the right to attend and participate in the development of the treatment plan.<sup>38</sup> DYS encourages the parents' and guardians' participation in these meetings as they are essential members of the youth's treatment team.<sup>39</sup>

At the meetings, monthly treatment goals will be reviewed in the following areas:

- counseling;

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31 DYS, Clinical Services Provided by the Department of Youth Services, <http://www.mass.gov/dys>.

32 DYS, Public Information Packet (Oct. 2009), [http://www.mass.gov/Eeohhs2/docs/dys/public\\_info\\_packet.pdf](http://www.mass.gov/Eeohhs2/docs/dys/public_info_packet.pdf), at 3.

33 DYS, Public Information Packet (Oct. 2009), [http://www.mass.gov/Eeohhs2/docs/dys/public\\_info\\_packet.pdf](http://www.mass.gov/Eeohhs2/docs/dys/public_info_packet.pdf), at 3.

34 Correspondence from Jane E. Tewksbury, Department of Youth Services to MHLAC (Dec. 27, 2007).

35 DYS, Clinical Services Provided by the Department of Youth Services, <http://www.mass.gov/dys>.

36 DYS, Case Management Practice and Procedure Manual (June 14, 2010), at 28 (re: placement generally), 32 (re: residential placement).

37 DYS, Case Management Practice and Procedure Manual (June 14, 2010), at 28 (re: placement generally), 32 (re: residential placement).


38 DYS Policy # 2.2.4, Progress Reports (Jan. 1, 1999), Procedures, A.2; DYS Policy # 2.2.1(b), Treatment Plans (Jan. 1, 1999), Procedures, B.9.

39 Correspondence from Jane E. Tewksbury, Department of Youth Services to MHLAC (Dec. 27, 2007); see also DYS Policy # 2.2.1(b), Treatment Plans (Jan. 1, 1999), Procedures, B.9.

- education;
- medical and unit behaviors.<sup>40</sup>

These goals will be reviewed and revised monthly as needed and will serve as the basis for the service delivery plan when the youth enters the community.<sup>41</sup>

The caseworker and clinical staff can call additional treatment reviews at any time, such as when there are behavioral issues, changes in family dynamics, issues regarding participation in the program's clinical milieu, or for other matters.<sup>42</sup>

 **Tip for families:** If you have an issue that you believe should be addressed at a treatment review meeting, ask your child's caseworker to put the issue on the agenda for the next monthly meeting. If the issue is more urgent, ask the caseworker to schedule an additional meeting immediately.

The caseworker must document the details of the meetings in the youth's Monthly Report or in a Staffing Note.<sup>43</sup>

## Extension of time assignment

DYS occasionally extends the facility time initially assigned to the youth pursuant to the classification grid.<sup>44</sup> DYS generally takes this step when it believes that the youth has not yet completed treatment successfully or the youth has exhibited violent, dangerous or seriously oppositional behaviors and is not ready to return to the community. The DYS caseworker and staff at the program in which the youth resides make a recommendation to the RRT which decides if the youth should be extended. In such cases DYS will identify a new time frame with a tentative release date for the youth to remain in DYS confinement.

This recommendation is made at treatment review meetings.

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40 DYS, Case Management Practice and Procedure Manual (June 14, 2010), at 28.


41 DYS, Case Management Practice and Procedure Manual (June 14, 2010), at 28.

42 DYS, Case Management Practice and Procedure Manual (June 14, 2010), at 34.


43 DYS, Case Management Practice and Procedure Manual (June 14, 2010), at 28.

44 DYS Policy # 1.1.4(a), Policy Definitions (July 1, 2004) (definition of "extension of time assignment").

 **Tip for families:** Parents always should attend treatment review meetings if possible. Particularly if you believe the treatment team is thinking about extending your child’s duration of confinement, you should attend your child’s treatment team meetings so that you may be involved in the discussion. Unfortunately, the DYS secure detention unit at the Plymouth County House of Corrections does not allow parents to attend treatment team meetings. If this practice is posing a problem for you, contact one of the organizations that provides legal representation listed in the Resource Guide at the end of this book.

 **Tip for families:** Encourage your child to participate actively in the treatment offered by his program. This may help your child get more from the program and come home sooner.

RRTs review and authorize any extension of time assignments for DYS committed youths.<sup>45</sup> If the treatment team wants to pursue an extension, the request and reason for it must be in writing and submitted to the RRT for authorization. The RRT may grant or deny the extension. The RRT will produce a document entitled “Extension of Time Assignment” which indicates that the extension was granted or denied, the length of any extension granted, and the rationale for any denial.<sup>46</sup>

 **Tip for families:** If you are unhappy with the recommendation of the team, you should submit a written explanation outlining your disagreement to the Regional Review Team before they make their decision. Additionally, once the Regional Review Team makes their decision, you have a right to review the Extension of Time Assignment document. If you are unhappy with the decision, contact one of the organizations that provides legal representation listed in the Resource Guide at the end of this book. Some advocates have appealed these decisions.

## Levels of supervision in confinement

Most, although not all, programs serving DYS committed youths operate on a behavior modification model involving a level system.<sup>47</sup>

This system classifies youths according to risk and has a clearly defined

<sup>45</sup> See DYS Regional Review Team, Extension of Time Assignment form (example on file with MHLAC).

<sup>46</sup> DYS Regional Review Team, Extension of Time Assignment form (example on file with MHLAC).

<sup>47</sup> DYS, A User’s Guide, presented at Suffolk University Juvenile Justice Center, Understanding and Accessing Services for Children with Mental Health Needs (Nov. 22, 2002) at 65.

program to provide rewards and consequences to youth based on behavior. The system operates by giving and removing points, which ultimately causes the youth to move up or down levels of privileges.

This system has 8 levels of supervision, with 8 being the most restrictive.<sup>48</sup> Levels 8, 7 and 6 are used in secure treatment facilities.<sup>49</sup> Level 5 is used in residential programs.<sup>50</sup> Levels 4 through 1 are used in the community, with supervision provided by community re-entry centers.<sup>51</sup> These levels are discussed in Chapter 21, Supervision in the Community.

These levels are distinct from the grid levels assigned during classification.<sup>52</sup>

The DYS level system is based on cognitive behavioral principles.<sup>53</sup> In addition, DYS uses other intervention tools which are nationally accepted best practices such as Dialectical Behavioral Therapy (DBT) and the Positive Youth Development Model. This means that DYS uses a combination of cognitive therapy and behavior therapy to change a youth's behavior. In cognitive therapy, one examines and addresses thought patterns in order to solve one's problems. In behavior therapy, one replaces learned bad behaviors with better behaviors. DYS uses both of these approaches to teach youths the skills to avoid bad behaviors. The level system reinforces this process.

Thus, movement from level to level depends upon a youth's behavior. Good behavior should result in movement to a less restrictive level.

DYS uses the level system for several reasons.<sup>54</sup> First, it is a way for staff to observe and document youth behavior. Second, it provides a way to give youth feedback on a day to day basis. Finally, it provides a way for DYS to chart a youth's behavior and determine why a youth may not be succeeding.

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48 DYS, A User's Guide, presented at Suffolk University Juvenile Justice Center, Understanding and Accessing Services for Children with Mental Health Needs (Nov. 22, 2002) at 65.

49 DYS, A User's Guide, presented at Suffolk University Juvenile Justice Center, Understanding and Accessing Services for Children with Mental Health Needs (Nov. 22, 2002) at 65.


50 DYS, A User's Guide, presented at Suffolk University Juvenile Justice Center, Understanding and Accessing Services for Children with Mental Health Needs (Nov. 22, 2002) at 65.

51 DYS, A User's Guide, presented at Suffolk University Juvenile Justice Center, Understanding and Accessing Services for Children with Mental Health Needs (Nov. 22, 2002) at 65.

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53 DYS, A User's Guide, presented at Suffolk University Juvenile Justice Center, Understanding and Accessing Services for Children with Mental Health Needs (Nov. 22, 2002) at 65.


54 DYS panel presentation, "Overview of DYS" in An Overview of DYS Advocacy, Juvenile Justice Center (June 6, 2007).

 **Tip for families:** If you believe that behavior management being applied to your child is failing to promote good behavior, ask for a meeting to review the system and discuss your child’s case. It is appropriate to look carefully at such practices and seek outside assistance if necessary.

## Dual status youths

If a committed youth is released from DYS custody and then is re-arrested for another offense that leads him back to DYS, he is called a “dual status youth.” If such a youth is held on bail in an adult correctional facility or is held in a psychiatric facility, DYS will lodge a “detainer” (in the form of a temporary warrant) to prevent the youth from being released.<sup>55</sup> Instead, the youth will be turned over to DYS custody. If, on the other hand, the youth is held on bail in a DYS detention unit, the youth who is able to post bail will instead remain in DYS custody.

The effect of the DYS detainer is that, if the youth makes bail on the new charge, he will be released to DYS custody for consideration of revocation of his grant of conditional liberty. A hearing, following the procedures for a revocation hearing discussed in Chapter 17, Grant of Conditional Liberty, must be held within seven business days of DYS receiving notice of the intended release.<sup>56</sup> If the hearing officer concludes that valid reasons exist to detain, the detainer will continue; otherwise, it will be removed.<sup>57</sup>

 **Tip for families:** This practice is generally used on a new arrest, juvenile or adult. A detainer is usually lodged at arraignment and stays in place if the defendant is held in an adult facility or a mental health facility. Parents and legal guardians should seek to ensure that a hearing is actually held and attend this hearing.

If such a youth is then re-committed for the new offense, he will be re-assessed, have another staffing, and be reclassified. The most serious offense will inform the decisions regarding his course of treatment at DYS. The new offense may result in a modification of the treatment response or may alter the treatment mode to focus on a more serious risk.

<sup>55</sup> 109 CMR 8.13; DYS Policy # 1.3.6(a), Violation of Conditional Liberty (Nov. 1, 2004), Procedure, L.1.

<sup>56</sup> 109 CMR 8.13; DYS Policy # 1.3.6(a), Violation of Conditional Liberty (Nov. 1, 2004), Procedure, L.2.

<sup>57</sup> 109 CMR 8.13; DYS Policy # 1.3.6(a), Violation of Conditional Liberty (Nov. 1, 2004), Procedure, L.3.