

~~ACADIAN~~BRIDGE CITY CENTER FOR YOUTH
~~ST. MARTINVILLE~~AT WEST FELICIANA
TRANSITIONAL TREATMENT UNIT

PROGRAM SUMMARY

~~September 2021~~August 2022

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OVERVIEW

The Transitional Treatment Unit (TTU) at the AeadianaBridge City Center for Youth at St. MartinvilleWestFeliciana is able to house up to eighteentwenty-four (1824) youth. It is a maximum custody unit for youth described as violent and very aggressive with a documented history of engaging in behavior which incites aggressive responses from others and creates an unsafe therapeutic environment for staff and youth. The purpose of the TTU is to assist staff in implementing promising strategies for identified youth. The TTU is designed to assist youth in developing the self-regulatory, coping, and social skills needed to safely and successfully engage peers and staff members. The TTU is a specialty program that ensures coordinated programming for youthful participants.

The TTU is a short term program that provides stabilization services for youth who have been described as violent, aggressive and disruptive and in need of temporary separation from other youth. Under optimal conditions, the program duration is four weeks; yet depending upon stabilization, youth may transition from the program in less than four weeks or may remain on the unit longer than four weeks. Some youth may remain on the program for an extended period of time, based on the severity of need. Youth placed in the TTU will have their individualized treatment plans modified to meet new short and long term goals.

MISSION

The mission of the TTU is to provide a structured, therapeutic environment for youth who have demonstrated an inability or unwillingness to discontinue violent and aggressive acts.

GOALS AND OBJECTIVES

The goals of the program are to provide youth with accountability for their actions, to enable them to learn adaptive methods of resolving problems and reaching personal goals, and to provide on-going support to enable youth to generalize and maintain positive changes.

Objectives to achieve these goals are to:

- Engage and motivate each youth to commit to change in their thinking, feelings and actions; by utilizing many therapeutic tools including but not limited to TBRI.
- Identify the youth's dysregulatory emotions, thinking errors, and skills deficits that foster and lead to continuing violent behavior;
- Assist the youth in learning more adaptive ways to solve problems through changing belief systems and teaching self-control, self-management, and problem-solving skills;
- Provide a safe and reinforcing environment for the youth to practice the application of new cognitive constructs and emotional/behavioral skills to solve problems;
- Provide phased reintegration of the youth into the general population with follow-up support services.

THEORETICAL FRAMEWORK

The TTU relies upon a cognitive-behavioral approach with focus on conflict resolution, anger management, aggression reduction, and social skills.

The program is based on a cognitive theory of behavior change. There are three basic processes for change: 1) the youth's behaviors and their reactions to these behaviors in the environment; 2) the youth's internal dialogue (i.e., what they say to themselves before, during and following the behavior) and; 3) the youth's cognitive structures (beliefs) that give rise to internal dialogue. As a brief cognitive-behavioral program, an array of mediation interventions are utilized leading to new and more responsible beliefs, thinking and behavior.

Practically speaking, the unit's operational philosophy adheres to the following principles:

- Structured activities should occur throughout the day rather than restrictive living;
 - Implementation of the incentive program for weekend rewards should be implemented;
 - Rigorous program schedule should be adhered to decrease youth boredom;
 - Appropriate staffing should be maintained at all times to implement the program's objectives;
 - Arts and crafts activities should be provided to improve leisure activities (plaster, puzzles, etc);
 - An area will be provided within range of the social service staff and used as a tool to allow the youth to separate themselves in times when they are unable to manage emotions. Youth will have options to engage in self-soothing activities so that conversation can follow about the stressors and ways to prevent them in the future. This is in line with TBRI practices.
 - Whenever possible, TTU staff should be dedicated to the program and receive specialized training appropriate to TTU operations.
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ORGANIZATION

~~MINIMUM STAFFING PATTERN~~

~~Staffing of the TTU, which will consist of one housing wing, are as follows:~~

- ~~• Four (4) staff per shift (1 in the control center, 1 shift supervisor and 1 staff per pod)~~
- ~~• Social Service Staff (maximum individual case load will be 6 youth)~~
- ~~• Virtual Education Program~~
- ~~• 1 para educator or facilitator to provide academic assistance to students, as needed.~~
- ~~• Contracted Health Care Provider~~

~~OPTIMAL STAFF ORGANIZATION AND ROLES (whenever feasible)~~

~~Staffing of the TTU, which includes expansion to three housing wings, are as follows~~Staffing Pattern:

- Program~~Facility~~ Director, Deputy Director and Assistant Director (administrative authority over all staff assigned to the unit and oversight of programming)
- ~~Group Leader~~Program Monitor
- Social Services Staff (~~maximum individual case load will be eight youth~~)
- ~~One Officer per wing per shift; one officer per unit at night~~Juvenile Justice Specialists and Supervisors
- ~~One Control Center Officer per shift (3 total)~~Staff
- ~~Three Teachers and or virtual~~Regular and Special eEducation Teachers or virtual education program
- One Special Education Aide whenever needed
- ~~• Recreational Therapist~~
- Contracted Health Care Provider

While functioning as one treatment team, staff members have differentiated roles and responsibilities based on their primary discipline. However, *all* staff is considered vital to the creation of a milieu that constantly guides and reinforces the youth's ability to learn new skills. Consequently, all staff will be simultaneously trained in the integrated cognitive-behavior therapy approach and the management of aggressive behavior. Staff must be proficient in behavior assessment, motivation and engagement, treatment planning, skills sets, and documentation requirements of the program.

The “core model” of the unit is to provide a framework for the implementation of a safe and effective treatment environment for youth. The treatment environment is consistently staffed by a multi-disciplinary team of professionals and driven by best-practices treatment values that afford youth the skills necessary to function in their environment. The core model supports staff members to motivate and engage youth.

Environmental Structure

Because of the potential violence posed by this population, the TTU is considered a “self-contained” unit. However, the purpose of the program is behavioral change; therefore, youth are involved in planned activities that consider normalizing and developmental perspectives. Except for occasions when a youth on the unit is exhibiting behaviors which are dangerous, threatening, or disruptive to the milieu, youth shall be restricted to their rooms solely during night-time hours.

When the youth have integrated new skills, a transition process will be employed to allow the youth to return to their assigned facility. Before final transition from the unit, each youth will participate in the development of their reintegration plan.

ADMISSION PROCESS

ADMISSION CRITERIA

To be considered for transfer to TTU, a youth must meet at least one of the following criteria and must undergo all of the due processes involved in the unit transfer.

- Has exhibited a pattern of battery on other youth which has not been substantially reduced by prior intervention efforts (i.e., difficult case staffing, behavioral plan, code of conduct);
- Has committed a single battery/predatory act of such serious consequence that the potential of reoccurrence must be actively prevented;
- Has exhibited a substantially physical battery on staff that has been documented;
- Has a documented history (i.e. UORs, Youth Statements, Code of Conduct) of engaging in behavior that causes major disruption to programming (ie. gang activity) or incites predatory responses from other youth;
- Has been in possession of a significant weapon (i.e., gun, knife, bomb);
- Has created a dangerous situation for other peers by bringing in contraband (i.e., drugs, medication, substantial pornography with motivation to distribute);
- Has marijuana or other illegal substances in possession or has a substantial amount with motivation to distribute;
- Youth who display a chronic pattern of public masturbation. Based upon the severity and frequency of the issue, the sex offender protocol shall be initiated.
- Has been involved in AWOL, AWOL attempt, and escape.

*Upon release from the TTU, the youth's placement will be best determined by the needs of the youth and not necessarily the unit from which the youth was transferred from.

ADMISSION PROCEDURE

PROCEDURES:

A Difficult Case Staffing may be conducted outside of the regularly scheduled Quarterly Reclassification Staffing if there are immediate concerns about a youth. Issues that may prompt the scheduling of a difficult case staffing would consist of medical, mental health or behavioral issues that have caused the youth to have difficulty functioning in general population or have caused safety concerns.

The multi-disciplinary treatment team shall meet to develop a future plan for the youth to best meet their needs and assign specific staff to monitor and enforce the treatment plan. A specific Behavior Improvement Plan shall be developed by the youth's assigned Case Manager. It must be approved by the Case Manager Supervisor within five (5) days of the staffing for youth with mental health or behavioral issues that are preventing the youth from progressing in treatment or are causing disruptions to programming. The behavioral plan shall be behaviorally specific, measurable, time limited and reviewed weekly with the youth and documented on how well he is doing or not doing in working towards successful completion of the plan.

Unless there are exigent circumstances, a difficult case staffing must be held and a Behavior Improvement Plan implemented for a period of 30 days and show a lack of documented success in disrupting or stopping the behavior prior to referring a youth to the TTU.

Referral Process

1. A referral for admission to the TTU can be made by the Facility Director, Deputy Director, Assistant Facility Director, Facility Treatment Director, the youth's assigned Case Manager or the youth's assigned dorm Group Leader.

Prior to making a referral to the TTU, a multidisciplinary team (MDT) shall conduct a difficult case staffing to discuss the specific circumstances of the youth's pattern of aggressive behavior, current Behavior Improvement Plan and its appropriateness to modify the youth's behavior. The MDT shall also review all documentation to support the referral to the TTU including, UOR(s), Code of Conducts, and A&I reports and speak with the youth about the consideration of a referral to TTU.

The multidisciplinary treatment team shall consist of the Facility Deputy Director and Treatment Director, youth's assigned Social Services Counselor and Group Leader and educational representative. The assigned Wellpath qualified MH professional and Wellpath psychiatrist if the youth is currently under Wellpath mental health care must also be included.

2. If the multidisciplinary team deems a referral to the TTU is appropriate, within two (2) working days, excluding holidays and weekends, the youth's Case Manager shall complete the TTU Referral Form in JETS and send to the Director of Treatment and Rehabilitation along with documentation to support the youth meets the admission criteria, i.e. UOR(s), Code of Conducts, and A&I reports. The referral will be reviewed to verify the youth meets the admission criteria for transfer to the TTU.

Within one (1) working day of receiving the referral, the Director of Treatment and Rehabilitation will notify the referring Facility Director, Deputy Director, Assistant Facility Director, Facility Treatment Director, and the youth's assigned Case Manager of the outcome.

3. Within five (5) days of verifying the youth meets the admission criteria to the TTU, a transfer staffing shall be held with the multidisciplinary treatment team. The Director of Treatment and Rehabilitation will notify all members of the MDT of the staffing date at least three (3) days prior to being held.

The multidisciplinary treatment team shall consist of the following: Facility Deputy Director and Treatment Director of the sending facility, youth's assigned Social Services Counselor and Group Leader, TTU Dorm Leader and Case Manager, and the Director of Treatment and Rehabilitation. The youth's Wellpath assigned qualified MH professional and Wellpath psychiatrist if the youth is currently under Wellpath mental health care shall also be included.

The youth's Case Manager shall invite the youth's parent/guardian to the MDT staffing, which shall be documented on a "Weekly Contact Progress Note" in JETS by the youth's assigned Case Manager of the requesting facility within three (3) working days.

4. At least two (2) days prior to the staffing, the youth's assigned Case Manager shall forward the following to all members of the multidisciplinary team: completed TTU Behavioral Staffing Form supporting documentation such as UORs and Code of Conduct hearing, A&Is, Behavior Improvement Plan, along with notes regarding how the youth did meeting the goals of the behavior plan.
5. The MDT staffing may take place telephonically. The staffing shall be recorded in its entirety, and maintained by the Facility Treatment Director for a minimum of one (1) year in a secured location.
6. A written record of the MDT staffing shall be prepared by the sending facility utilizing the "Individualized Intervention Plan Summary of Staffing" form in JETS, within three (3) working days of the staffing. Only the signature page of the "Individualized Intervention Plan Summary of Staffing" form shall be placed in the youth's Master Record.

If both facilities cannot agree on whether the youth will benefit from placement in the Transitional Treatment Unit, the Assistant Secretary shall make the final decision based upon the safety of the staff and the best needs of the youth.

Transfer Process

1. Arrangements for transfer to the TTU shall be made by designated staff within one working (1) day of the MDT staffing. The youth's Case Manager shall ensure that all appropriate paperwork is completed and processed in accordance with this policy and YS Policy No. B.2.1.
2. The documentation reflecting what precipitated the youth being transferred to the TTU, the strategies utilized to address these behaviors, and all other applicable documentation shall be included in the youth's Master and/or JETS record prior to transfer.
3. The youth's Case Manager on the TTU shall complete the "Transfer Letter to Judge" and "Parental Notification of Transfer" in JETS and send to the youth's judge of jurisdiction, and their family/legal guardian within 48 hours of their admission to the program (excluding weekends/holidays), utilizing the appropriate transfer letters in JETS.

Emergency Transfer

There may be an exigent circumstance when a youth's behavior or single action is so severe it necessitates the need for an emergency staffing and transfer to the TTU. In such rare cases, the following shall occur prior to a youth's assignment to the program.

1. An Emergency Transfer may be considered when:
 - a. The youth poses a substantial immediate threat to the safety of other youth **and/or**
 - b. The youth has caused a serious documented physical injury to staff **and**;
 - c. There is not sufficient time to convene a MDT staffing committee without placing other youth or staff at risk.
2. Prior to an emergency transfer to the TTU, the Facility Director where the youth is currently housed shall send a request to the ~~Assistant Secretary~~ Youth Facilities Director - Statewide for placement in Extended BI as outlined in YS Policy B.2.21. The Director of Treatment and Rehabilitation will be notified once the Youth Facilities Director – Statewide approves the move.
3. Within three (3) working days of the youth's placement in Extended BI, an Emergency Transfer staffing shall be held with the multidisciplinary treatment team. The Director of Treatment and Rehabilitation will notify all members of the MDT team of the staffing date at least two (2) days prior to being held.

The multidisciplinary treatment team shall consist of the following: the Facility Deputy Director and Treatment Director from both the sending and receiving facility, youth's assigned Social Services Counselor and Group Leader, TTU Group Leader and Case Manager, and the Director of Treatment and Rehabilitation. The youth's Wellpath assigned qualified MH professional and Wellpath psychiatrist if the youth is currently under Wellpath mental health care shall also be included. The youth's Case Manager from the referring dorm/facility shall invite the youth's parent/guardian to the MDT staffing, which shall be documented on a "Weekly Contact Progress Note" in JETS by the youth's assigned Case Manager of the requesting facility within three (3) working days.

4. At least two (2) days prior to the staffing, the youth's Case Manager from the referring dorm/facility shall forward the following to all members of the multidisciplinary team:
 - Completed TTU Referral form
 - Behavioral Staffing Form
 - Supporting documentation such as UORs and Code of Conduct hearing, A&Is, and
 - Behavior Improvement Plan, along with notes regarding how the youth did meeting the goals of the behavior plan.

5. The MDT staffing may take place telephonically. The MDT staffing shall be recorded in its entirety, and recorded staffing shall be maintained by the Facility Treatment Director for a minimum of one (1) year in a secured location.
6. A written record of the MDT staffing shall be prepared by the sending facility utilizing the “Individualized Intervention Plan Summary of Staffing” form in JETS, within three (3) working days of the staffing, documenting the decision of the Director of Treatment and Rehabilitation, documentation of the youth’s behavior meeting unit admission criteria, inclusive of prior attempts made to modify the behavior, and any statements made by the youth during the staffing. Only the signature page of the “Individualized Intervention Plan Summary of Staffing” form shall be placed in the youth’s Master Record.
7. The youth’s Case Manager on the TTU shall complete the Transfer Letter to the Judge and the Parental Notification of Transfer and send to the youth’s judge of jurisdiction, and their family/legal guardian within 48 hours in writing of their admission to the program (excluding weekends/holidays), utilizing the appropriate transfer letters in JETS.
8. If the multidisciplinary team determines that transfer to the TTU is not in the youth’s best interest, the team shall develop an appropriate Behavior Improvement Plan and determine the most appropriate facility and housing unit to accommodate the youth’s needs.

The program is designed for youth with significant delinquency and violence issues. Up to four youth classified as Seriously Mentally Ill may be transferred to the program after a consensus recommendation from an MDT staffing. Youth classified with a Serious Mental Illness (SMI) whose MH stability is not currently well managed shall not be considered for this program. Youth with significant thought disorders (i.e., Schizophrenia, Schizoaffective Disorder, Delusional, Psychotic Disorder Unspecified, Dissociative Identity Disorder, Conversion Disorder, Major Depression with Psychotic Features, Post Traumatic Stress Disorder, Severe, etc.), imminent suicidal ideation, imminent psychotic behavior will not be considered for the program. Upon stabilization, these youths shall be released to the most appropriate unit. Additionally, youth with significant developmental disabilities should be referred to the unit on a case by case basis. These youths may be referred, with concurrence of Mental Health Contractor (Wellpath).

Special Accommodations

1. Any specific accommodations a youth in the program may require due to special needs, such as diagnosis of mental health or medical concern requiring specific medication for treatment, shall be listed in the Behavior and Accommodations Binder (BAB) in the youth's assigned housing unit.
2. The BAB shall direct staff to adhere to the youth's needs. The accommodations may include the Case Manager completing a Unified Behavior Plan for Youth with Special Needs (UBP) form in JETS. The UBP shall developed by the CHP and YS staff in a multidisciplinary treatment team staffing for youth diagnosed with ID, which specifically lists needs and suggested staff interventions.

TREATMENT PLANNING & PROGRESS REVIEW

PROGRAM PHASES:

The TTU is divided into three phases:

Phase I - Orientation to Treatment

Phase II - Treatment

Phase III - Transition

Youth will be promoted to phases based on their individual level of participation in programming. While transfers back to the general population is optimal, there may be some youth who remain on the program until release to the community. However, systematically applied incentives are in place to encourage youth to continue program progress.

PHASE I-ORIENTATION TO TREATMENT

Upon entry to the unit, a youth will go through a formal orientation to treatment. The orientation period is up to seven days during which the youth is familiarized with the rules of the unit and the objectives for treatment. During this phase, youth shall be housed on a tier within the TTU.

Goals/objectives of the orientation to treatment include:

- Learn unit rules, regulations, posted policies and expectations;
- Complete introduction to the group process (when and if feasible group will be integrated), curriculum, stages;
- Introduce to other youth on the unit;
- Introduce to cognitive-behavioral philosophy, particularly the concept of Behavioral Analysis;
- Completion of a Behavioral Analysis Worksheet for the precipitating behavior that led to transfer to the Unit;
 - *A Behavioral Analysis is looking at and evaluating the cause and effect of one's behavior, recognizing any problem areas, and correcting these behavioral environments. Three aspects of behavior include stimulus, response, and reinforcement, also known as the ABCs of behavior. ABC stands for antecedent, behavior, and consequence. The antecedent is the trigger or cause of the behavior. The behavior is the "action" or what the subject does. The consequence is what happens following the behavior. The ABCs can help determine why the behavior continues to happen and how different consequences affect that behavior.
- Review of the TTU Youth Handbook which will contain information on unit rules, regulations, and expectations; the levels system; the unit schedule; and a summary of the treatment and interventions that will be provided;
- Contact by staff with the youth's parents/custodians about the unit program, with encouragement of family involvement/participation in the process;
- Prepare the "Life Story" autobiography to be reviewed daily by social services and justice staff towards the goal of completion and review.

During this first week, the youth's assigned social worker/counselor will meet with the youth to introduce them to the cognitive-behavioral approach and to explain the concept of behavioral analysis. Behavioral analysis is an essential element of the program in the development of treatment plans that will be effective in reducing maladaptive thought, feelings and behaviors. The social worker/counselor/group leader will coach the youth in preparing a Behavioral Analysis Worksheet (BAW) for the precipitating behavior that

led to transfer to the unit. Also, during this phase, an inter-disciplinary treatment team staffing will be conducted within seven working days following the youth's admission to the Program for the purpose of modifying their individualized intervention plan (IIP) to reflect their identified target objectives and the interventions included in the unit program. Observations and information collected by the social worker/counselor during orientation will be used in the development of the IIP. Composition of the team will be consistent with current OJJ policy. The youth's social services staff person from their original area/facility will also attend.

PHASE II-TREATMENT

Upon leaving the orientation phase of treatment, youth will enter the treatment phase. The treatment phase of treatment is designed for up to two weeks in duration (or more, depending on specific circumstances). During this phase, youth will complete therapeutic homework assignments. These assignments will be facilitated during both group and individual counseling sessions and or group when groups are feasible.

During the minimal staffing stage of the TTU program, group counseling may not be feasible. Group counseling will be integrated into programming when TTU is at an optimal staffing pattern.

The following treatment modalities occur during this phase:

Milieu Counseling

Milieu Therapy is structuring the environment so that events and interactions are therapeutically designed for the purpose of enhancing skills and building confidence. It is in the milieu or "on the floor" that staff will consistently guide and reinforce the youth's ability to learn new skills, while at the same time offering a safe place for these skills to be practiced and integrated into the youth's repertoire of strategies. While attempting to accept youth as they are, staff will also be looking for adaptive responses to reinforce while extinguishing maladaptive responses. The constant focus is essentially supporting replacement of unskilled (maladaptive) behaviors with more skillful, effective behaviors.

Behavioral Techniques

Techniques for breaking the maladaptive behavior chain are part of the treatment plan and are employed in the milieu when the problem behavior occurs. Techniques that may be employed include:

- **Reinforcement** – any event that maintains or increases the future occurrence of a behavior that it follows. To be reinforcing, the event must be something the individual likes and responds to. Reinforcers might include positive statements about the behavior, additional attention given to the person when the behavior is demonstrated, or a simple thank you.
- **Shaping** – consists of selecting the target behavior; select the initial behavior that the youth currently performs and that resembles the target behavior in some way; select powerful reinforcers with which to reinforce the target behavior; determine successive approximations or small steps of the target behavior; and reinforce the initial behavior until it occurs frequently.
- **Redirection** – A method of intervention that involves asking or telling the youth to stop the inappropriate behavior, orienting them to appropriate behavior, and warning them of the consequences for not redirecting their inappropriate behavior to appropriate behavior.

- Extinction – is a procedure in which the reinforcement that has been maintaining increasing an inappropriate behavior is withheld entirely. A common practice of the extinction process is ignoring behavior that is reinforced by attention.
- Contingency Management – is based upon a simple behavioral principle – if a behavior is reinforced or rewarded, it is more likely to occur in the future. Positive performance rewards would be an example, when used, of “catching a youth doing something good”.
- Coaching and Role-Playing – Feedback with instructions or acting out the instructions given or practicing new skills.
- Cognitive Restructuring – the basic idea is that people’s emotions and behavior can be greatly affected by what they think. If people can consciously change their habits of what they say to themselves and what mental images they present to themselves, they can make themselves more productive or can accomplish any of several other positive changes. It is a way of giving you more control over your own thoughts, feelings, and behaviors.
- Cool Down -- An area will be provided within range of the social service staff and used as a tool to allow the youth to separate themselves in times when they are unable to manage emotions. Youth will have options to engage in self-soothing activities so that conversation can follow about the stressors and ways to prevent them in the future. This is in line with TBRI practices.

Individual Counseling

The youth will be assigned a social services staff member for individual counseling which will occur at least one time per week, which may include crisis services. Individual counseling will focus on individual vulnerabilities and risk factors that increase the chance of the youth responding or acting in maladaptive ways. Additionally, the youth’s Mental Health Contractor (MHTP for SMI youth) will counsel with the youth once weekly.

Group Counseling (will occur when optimal staffing pattern is achieved)

Skills training (interpersonal effectiveness, problem-solving, emotional regulation, distress tolerance) will occur in group counseling ~~which will be held a minimum of five times per week for the presentation of new skills, with one additional session for homework review.~~ Homework is an essential part of skills training, as repetition and practice is essential as part of the learning process. Once skills are learned in group, unit staff will reinforce use of the skills, coach youth on applying the skills and reward youth for demonstrating commitment and competence in skills utilization.

Youth will also attend group counseling focusing on anger management, victim awareness/impact, and components of PACT training, which is a cognitive based program, will be utilized.

In the event groups cannot be integrated into the TTU, anger management, victim awareness/impact, and Thinking for a Change will be implemented in individual counseling.

Each youth will be given the opportunity to exercise and participate in outdoor exercise for at least one hour per day, including weekends and holidays. Additionally, leisure activities will be conducted on the unit. In addition to opportunities for relaxation and exercise, recreational activities will be structured as much as possible to provide opportunities to practice and build skills competency.

RELIGIOUS SERVICES

Each youth will be provided the opportunity to voluntarily participate in religious activities.

EDUCATIONAL SERVICES

Educational services will be provided to all youth. Educational instruction will be determined based on each student's needs for courses according to their graduation plan, learning plan and IEP requirements. Students/ youths who are enrolled in school, will complete assigned coursework via online learning with the assistance of a teacher/facilitator.

MEDICAL SERVICES

Unit residents will have equitable access to all medical, nursing, and other physical health services available at TTU. As much as possible, such services shall be provided within the confines of the unit. However, youth will be transported off the unit to receive specialized medical and dental services.

MENTAL HEALTH SERVICES

Unit residents will have equitable access to mental health services as applicable. Unit personnel will follow applicable Mental Health Contractor (Wellpath) policies as it relates to authorization for suicide watch. Mental Health Contractor's staff will make determination whether or not youth's emotional state has deteriorated which dictates need for re-evaluation by Mental Health Contractor and reassessment of placement.

FAMILY INTERVENTION

Family interventions are based on four major assumptions. First, every youth enters the program with a "family", whether absent, distant, functional or dysfunctional and the involvement of their family is a critical component in ensuring compliance and developing skills necessary to build and support productive lifestyle changes. Secondly, the family is seen as the primary socializing unit, and in most cases the most influential system to which the youth belongs. Thirdly, that consistent with systemic thinking, the youth cannot be considered as separate from the social context from which he lives. Lastly, the family remains a family whether reunited or not and family members will often continue to have relationships throughout their lives.

Since the eventual goal of the program is to re-integrate youth back to their home and/or community, family involvement is a strong component to treatment. To ensure successful reintegration of youth back into the community, the home must be a positive, safe and loving place that will foster the youth's display of positive behaviors and rational beliefs. Family interventions may include telephonic counseling sessions and Zoom sessions. These sessions will be facilitated by the youth's case manager on the unit.

INCENTIVES

Youth can earn weekly incentives by successfully participating in daily programming activities. The Daily Participation Chart (Attachment B.2.8 m) is designed to allow all staff who interact throughout the day with the youth to easily and accurately record their accomplishments participating in program activities. The Daily Participation Chart will be maintained in a binder and circulated among staff as the youth move between program activities.

PHASE III-TRANSITION

Phase III is designed for youth who will either transfer to the general population and under some circumstances will transfer back into the community. This phase will last for approximately one week (or more, depending on specific circumstances). During or before Phase III, the youth would have been involved in a mediated meeting with the staff or youth with whom he offended. Until such a process meeting can occur, the youth's release from the TTU should not be considered. When a youth has demonstrated a working knowledge of new skills; is able to apply these skills in everyday situations within the unit with few prompts from staff; and therefore has a significant reduction in the behaviors which resulted in unit admission, he will begin the process of gradual transition. Prior to beginning the reintegration process, a specific general population reintegration plan will be developed by the inter-disciplinary treatment team, with specific objectives and performance indicators specified. The youth's permanent social worker/counselor/group leader will be integrally involved in development and implementation of the general population reintegration plan.

In addition to the aforementioned, the following indicators would be achieved:

- They are not a current danger to others;
- They are free of major violations for a three-week period;
- They have met the goals of their IIP;
- The consensus of the multi-disciplinary treatment team is that the youth no longer requires residence and treatment in the TTU, and continued treatment can be effectively rendered elsewhere.

At this point, the youth will be reviewed for transfer to a general population housing unit, maintenance within the TTU or release to the community.

The decision of the interdisciplinary treatment team will be forwarded to the Director of Treatment and Rehabilitation and to the Program Manager 1 of secure movement to review and determine appropriate placement. Once appropriate placement is determined, the youth will be returned to a general population housing unit. This process shall be finalized within 48 hours of the recommendation.

A youth can be placed in the TTU program for a minimum of 4 weeks. Their progression through the program is determined by their behavior, compliance with programming, their achievement in programming, and overall improvement. Youth might be in the program longer if there is continued behavioral problems, lack of behavioral change or willingness to implement strategies taught, or more intervention is needed due the significance of the occurrences that warranted the referral to the program.

If a youth is released from the TTU for 14 days or less, he does not have to be formally re-staffed if their

behavior meets the criteria of the TTU program again; however, certain protocol will need to be adhered for policy compliance. In these situations, some youth may participate in a shorter stay with the emphasis being placed on re-focusing. Also, if a youth is involved in continual behavioral and disruptive problems while on the TTU, the MDT may refer them back to Phase I of the program.

Program Contingencies

Case (Progress) Reviews

A case review staffing will be conducted at least every seven working days following development of the initial IIP to evaluate the youth's programmatic and personal progress, staff efforts in motivating, instructing, and coaching the youth, and to determine readiness for beginning reintegration. Participants will include, at a minimum, the youth's social worker/counselor, security supervisor, para educator, a representative of the Mental Health Contractor, and the youth. Results and recommendations of the case review staffing will be presented at the next regularly scheduled IIP review, or if appropriate, at a special meeting of the inter-disciplinary treatment team.

Daily Case Conferences

Each day, available staff including the social worker and the facility director (or designee), will convene to review each youth's behavior from the previous day. This case conference can be done telephonically or in person. On-going communication between staff is critical to maintaining a consistent, treatment-oriented focus on each youth's cognitive, emotional, and behavioral status. The daily case conference is a means of constant review and staff consensus in approach. Results of the daily case conference are documented at the bottom of the youth's daily log sheet and returned to the daily log.

In order to facilitate a meaningful case conference, a daily log sheet will be maintained with a page for each youth. All staff members are expected to enter significant data from observations and interactions with youth, (significant behavioral problems which have occurred, interactional problems which occurred between youth and between youth and staff, current emotional status which may affect behavior, significant events which have happened which may be stressful for the youth, instances of successful application of positive behavioral skills, etc.). Every staff member who begins a work shift in the program is expected to read the daily log before beginning interactions with youth.

At the daily case conference, each youth's log sheet will be reviewed and indicated interventions planned. The results of the daily case conference will be documented on the youth's daily log sheet and returned to the daily log book.

The daily case conference does not negate the requirement that there be ongoing shift reports between staff at shift change time.

All youth on the TTU program receive the same level of basic care services that are provided for the general population including sanitation, dietary, mental health care, educational, recreation, medical and clothing services. They are informed of program options available to them and of the expectations of the facility staff regarding their behavior. Each youth shall receive a Youth Handbook upon admission to the program.

Considering the literature regarding core treatment components and interventions, the program ensures that the following questions are examined: What treatments are available for this population? Are there any published manuals and proven treatment methodologies? What are the areas to target for change? What treatment strategies have empirical validation? How should empirically validated treatment strategies be adapted for the population? What is the stance of the mental health treatment provider? What is the potential for harm? What are the training requirements for staff members? Youth will participate in structured group and individual counseling sessions. The five functions of treatment in the cognitive-behavioral approach to be used are:

- **Motivating and Engaging Youth**

The program will not work without the youth's commitment to change. In order to gain the youth's commitment to changing problem behaviors and learning new skills, the treatment model builds in motivation and engagement through Motivational Enhancement Therapy and use of Motivational Interviewing skills. The culture will also foster staff to motivate and engage youth and families through hopeful conversations; collaborative efforts; consistent and non-judgmental approaches; validating and interested involvement; respect; adapting treatment materials to the youth's own goals; and relentless pursuit of positive outcomes.

- **Skill Acquisition**

Structured learning vehicles will be used to present skills, and reinforcement, shaping, milieu coaching and contingency management will be provided. Primary skills to be learned will be interpersonal effectiveness, emotion regulation, problem-solving, and distress tolerance.

- **Skill Generalization**

Youth will be taught how to match a context or situation with a set of skills. The new skills will be practiced with staff coaching and consultation. Skill generalization is essential to the learning process and to the chance for success in reintegration into the general population (and eventually the community at large).

- **Structuring of the Environment**

Staff will focus on skilled behavior; unskilled behaviors will be discouraged, or whenever possible, ignored. Skillful behavior will be consistently looked for and reinforced, and the use of aversive behavior modifiers (e.g., temporary room restriction) will be used only when immediate reduction/stopping of high-risk behaviors is necessary (ex: assaultive or criminal behavior or serious disruption of the milieu). In addition to the increase in privileges associated with movement upward in the levels system, there will be more immediate reinforcers built in to encourage progressively more consistent skill application between levels.

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- **Motivating and Engaging Staff**

In addition to being providers of services, staff on the TTU need to be models of effective communication and behavior. Staff members are working with a difficult population and they need

to be supported and facilitated as direct service providers. This will be done through appropriate training, provision of consistent consultation, clear communication of organizational decision-making, and attention by managers to morale, communication and work ethic.

PLANNING & EVALUATING

The planning and evaluation process is ongoing with methodologies including monitoring of data collected through monthly and quarterly assessment and improvement measures. Actions are taken as a result of information obtained through these activities.

Please note some of the activities to ensure such.

- a) File Reviews-administered quarterly
- b) Program Audits-administered quarterly
- c) Staff Training and Development

A. Director of Treatment and Rehabilitation Responsibilities

1. All youth records will be reviewed monthly from the date of intake utilizing JETS. The purpose of the review is to ensure that need areas identified on the IIP are being addressed, to assess the quality of services being provided to the youth by the assigned Case Manager, to ensure required signatures are documented, and to ensure that the Master Record follows the established guidelines of YS Policy B.3.1.
2. The Director of Treatment and Rehabilitation shall ensure that the required individual counseling, groups (if applicable) and family sessions are being provided as outlined in the program by reviewing group notes, as well as individual notes, of the Case Manager and/or the CHP if applicable. This information shall be verified in JETS.
4. When groups are implemented into the treatment milieu, The Director of Treatment and Rehabilitation services shall also monitor a minimum of one (1) TTU Group per month by co-facilitating a group with staff under their supervision.
5. The Director of Treatment and Rehabilitation shall conduct quarterly quality assurance reviews to ensure that treatment plans are being completed, and that services are being provided and documented per policy.
6. On-site QA Reviews of secure care facilities shall be conducted to provide Facility Directors with an objective, informative assessment of operational activities.
7. The QA Reviews shall be conducted on a frequency as determined by the Deputy Secretary, but at a minimum, annually for secure care facilities.
8. The Correctional Program Checklist (CPC) is an evidence-based tool developed to assess correctional intervention programs. The CPC is used to ascertain how closely correctional programs meet the known "Principles of Effective Intervention". (Refer to YS B.2.19)

In an effort to assure program integrity and facilitate opportunities for ongoing quality improvement, YS shall conduct CPC evaluations under the following timelines:

- a. New programs shall be evaluated after one (1) year.
- b. Programs scoring “Ineffective” or “Needs Improvement” shall be evaluated annually.
- c. Programs scoring “Effective” or “Highly Effective” shall be evaluated every other year or more frequently at the discretion of the Chief of Operations.

TRAINING DEVELOPMENT

All staff members should have some experience working with juveniles. Once employed, staff members receive new employee orientation training. Additionally, staff will receive program-specific training activities over a course of a year. These training activities may be held during scheduled in-services and during team meetings. Each unit of training describes definitional, identifying characteristics and management principles. Each training session uses role plays and situational-based scenarios. The training activities will be coordinated by the training department and utilize subject matter experts as necessary. Course outlines are available for the indicated training activities. The following provides a sample overview of the content domains of the training units:

1. Cognitive Behavioral Treatment
2. Accommodating the Needs of SMI youth
3. Adolescent Aggressive Behavior
4. Establishing and Maintaining Therapeutic Environments
5. Unit Management Procedures
6. Integrated Treatment Model
7. Conflict Resolution
8. Overview of the TTU program
9. PACT

Additionally, all staff members will receive on-going training in program management, policy and procedural updates, quality assurance and other relevant areas as needed.