

VICTORY TREATMENT UNIT PROGRAM SUMMARY

Swanson Center for Youth

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Victory Treatment UNIT (VTU)

PROGRAM SUMMARY

OVERVIEW

Victory Treatment Unit (VTU) is able to house up to twelve (12) youth, and is a maximum custody unit for violent and very aggressive youth, and youth with a documented history of engaging in behavior which creates or incites aggressive responses from others. The purpose of the VTU is to assist staff in implementing promising strategies for identified youth. The VTU 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 VTU is a specialty program that ensures coordinated programming for youthful offenders.

The VTU 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 is four to six (4-6) weeks; yet depending upon stabilization, youth may transition from the program in four (4) weeks, rather than six (6) weeks. However, some youth may remain on the program for an extended period of time, based on the severity of need. Youth placed in the VTU will have their individualized treatment plans modified to meet new short term goals.

MISSION

The mission of the VTU is to provide a structured, therapeutic environment for youth who have demonstrated an inability or unwillingness to discontinue violent and aggressive acts. These youth may have documented histories of negative behaviors that elicit aggressive responses from other youth.

GOALS AND OBJECTIVES

The goals of the unit 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;
- Identify the youth's dysregulatory emotions, cognitive distortions, 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 VTU relies upon a cognitive-behavioral approach with focus on conflict resolution, anger management, aggression reduction, and social skills. The overall therapeutic milieu incorporates components and essential principles of the Louisiana Treatment Model LAMOD and the LAMOD Stage Behavior Management System. Motivational Enhancement strategies will be used as the basis of staff to youth, as well as, staff to staff interactions.

The program is based on a cognitive theory of behavior change and describes three basic processes for change: 1) the youth's behaviors and his reactions to these behaviors in the environment; 2) the youth's internal dialogue (i.e., what he says to himself 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, utilization of an array of mediation interventions that lead to new and more responsible beliefs, thinking and behavior are implemented.

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

- Structured activities will occur throughout the day rather than restrictive living. During group and recreational activities, the program will be divided into two groups for management purposes.
- During school hours, the youth will attend school in the area. For those youth who have completed school or have a GED, they may get involved in other constructive activities on the unit, including independent living skills.
- Implementation of the incentive program for weekend rewards should be implemented.
- Rigorous program schedule adhered to in order to decrease youth boredom. Staffing ratios will include one JJS staff per six youth. These staff will be trained and primarily be assigned to the VTU.
- A recreational staff member shall assist in planning programs for the youth and to oversee the processes and perform quality control activities. The recreational staff will check the log books at least two times per week.

ORGANIZATION

OPTIMAL STAFF ORGANIZATION AND ROLES

Staffing of the Victory Treatment Unit, which consists of two housing wings, are as follows:

- Group Leader
- Rover for all three shifts
- Social Services Supervisor oversight
- Case Manager(s) (1.2 FTE)
- Two JJS staff all three shifts
- One JJS staff at control center per shift
- Two Teachers

The Group Leader staff shall have program responsibilities and administrative authority over all staff assigned to the unit.

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.

Dorm Management

The dorm management model serves as the "core model" on the unit. This model provides 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 dorm management model supports staff members to motivate and engage youth.

Environmental Structure

Because of the potential violence posed by this population, the VTU 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. Additionally, some services, such as education, will be provided in buildings outside of the unit to further normalize the environment.

When the youth have integrated new skills, a transition process will be employed to allow practice of the skills in the general population environment and to ease the eventual transition

of the youth back into the general population. While in the final phase of the program, on a gradual basis, these youth will begin to eat off the unit, attend some classes in the regular school, and participate in some general population recreational activities, etc. Before final transition from the unit, an opportunity will be offered to the youth and efforts will be made to participate in a reintegration plan, involving meditative opportunities with either the youth or staff they victimized. If the victim is housed in another facility, the Social Services staff will coordinate these activities through teleconference.

ADMISSION PROCESS

ADMISSION CRITERIA

To be considered for transfer to VTU, 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 with appropriate evidence of injury
- Has a documented history (ie. 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;
- The sending facility will ensure the youth has been reclassified as Maximum Custody before transferring to the unit, including a report to the committing judge. If youth's placement is initiated prior to reclassification due to an emergency situation, this process must be completed within 24 hours of placement in the unit (excluding weekends and holidays);
- 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 VTU, 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.

PROTOCOL PRIOR TO RECOMMENDATION FOR TRANSFER TO THE VTU

A multidisciplinary difficult case staffing is conducted at the facility for a youth who exhibits behaviors that are detrimental to the facility's functioning or safety. At this staffing, all agree that several interventions have been initiated to include a behavior plan that has been unsuccessful. All agree that the youth meets one of the specified admission criteria for the VTU Program. At this staffing, the referring unit shall show evidence of documented proof leading to the referral (i.e., behavioral plan, Code of Conduct, UOR, actions caught on video, etc.). Consideration shall also be given to any existing medical or mental health conditions the youth may have.

ADMISSION PROCEDURE

Once the protocol in the previous section has been met, the unit team may decide the youth meets the criteria for the VTU, and may make a referral to the Facility Director/designee using the Victory Treatment Unit Admissions Review Form for unit placement review. All previous difficult case staffings and previous failed interventions used are to be listed on the form.

The Facility Director/designee will forward the completed VTU Admissions Review Form and all supporting documentation (UORs, Code of Conduct, youth statements, etc.) to the SCY Facility Director, the SCY VTU Group Leader, the SCY Treatment Director, the YS Director of Rehabilitation and Treatment, and the Deputy Assistant Secretary/Facilities for review and approval.

This review shall result in a multidisciplinary staffing to assess the youth's need for placement on the VTU within five (5) working days of receipt of the referral from the sending facility (excluding weekends and holidays). The staffing may be held telephonically

The following SCY staff shall be present when staffing a youth to enter the VTU: (* indicates mandatory attendance)

- VTU Case Manager;*
- VTU Group Leader or Assistant Group Leader;*
- VTU JJS staff (if available);
- Contracted psychiatrist if youth is SMI (or written recommendation);
- SCY Treatment Director/designee;*
- VTU Education staff;
- SCY Mental Health Treatment Professional (MHTP) if youth is SMI;* and
- SCY Director/Deputy Director/Assistant Director (if available)

The following staff from the sending facility shall be present: (* indicates mandatory attendance)

- Current Case Manager for the youth being staffed;*
- Group Leader/Assistant Group Leader of the youth's assigned housing unit;*
- JJS staff assigned to the youth's housing unit (or written report);
- Mental health contractor working with the youth if SMI; *
- Treatment Director/designee;*
- Education staff; and
- Director/Deputy Director/Assistant Director (if available)

The youth's OJJ Case Manager is responsible for immediately notifying the Facility Director and the education department of the upcoming date and time of the staffing to insure that both an educational and ranking JJS are present.

The youth shall be present and may request representation from an advocate of choice who is reasonably available, unless it is determined that it would be detrimental to the youth to hear specific testimony or if the youth may be disruptive. The youth shall be informed of the reasons for the referral at the staffing.

The youth's parent/guardian shall also be invited to the multidisciplinary 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.

Participants shall review circumstances of the youth's precipitating behavior, prior patterns of such behavior, and appropriateness of prior attempts to modify behavior. Except for exigent circumstances, the youth should have participated in a behavioral management plan prior to referral to the VTU.

After listening to the multidisciplinary team members' input utilizing the Transfer Staffing Format, the YS Director of Treatment and Rehabilitation/designee shall listen to all recommendations from the team and make a final recommendation whether to transfer the youth to the VTU or not. If the YS Director of Rehabilitation and Treatment/designee determines that a recommendation of transfer to the VTU is in the best interest of the youth and the facility, the youth, if not present at the staffing, shall be informed of the reasons for the recommendation.

The multidisciplinary team staffing may take place telephonically. The youth's assigned Case Manager shall be responsible for preparing a Summary of Staffing form in JETS documenting the YS Director of Rehabilitation and Treatment decision, the supporting 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.

A Transfer Request Form (TRF) shall be created in the Case Management Database by the Facility Director/designee of the sending facility within one working day of the staffing, with a copy forwarded to the SCY Facility Director and the YS Director of Rehabilitation and Treatment.

The SCY Facility Director/designee shall review the TRF from the sending facility and respond within two working days to the sending Facility Director and the YS Director of Rehabilitation and Treatment, indicating whether or not SCY agrees with or objects to the transfer. If the SCY Facility Director objects to the transfer to the VTU, he/she shall contact the Facility Director of the sending facility to come to an agreement with two working days.

The SCY Facility Director shall inform the YS Director of Rehabilitation and Treatment concerning the decision by the both Facility Directors. If the Facility Directors do not agree or if the YS Director of Rehabilitation and Treatment feels the decision is not within the best interest of the youth, he/she shall confer with the Deputy Assistant Secretary/Facilities. Once a decision is made, the YS Director of Rehabilitation and Treatment shall approve or reject the TRF.

The multidisciplinary staffing shall be recorded in its entirety, and recorded staffings shall be maintained by the SCY Treatment Director for a minimum of one (1) year.

The youth's court of jurisdiction, the youth's attorney of record, and the parent/guardian shall be notified in writing of the youth's admission to the VTU.

Admission of Youth with Special Needs

The contracted mental health provider should be invited and present at staffing if a youth is SMI. By their presence at this staffing, they will be made aware of the VTU Admissions Review Form forwarded to the VTU Supervisor, and that a staffing for the VTU will be forthcoming. The contracted mental health provider has the responsibility of notifying their supervisor of the upcoming VTU staffing.

The youth's OJJ Case Manager is responsible for immediately notifying the contracted mental health provider of the exact date and time, once established, of the multidisciplinary staffing. The youth's psychiatrist or psychologist should also participate in the staffing or confer with the contracted mental health provider as to whether the VTU Program would be beneficial and not detrimental to the youth's mental health's needs. Any such concerns should be voiced by the contracted mental health provider during the multidisciplinary staffing in order for the team to make an informed decision.

Select SMI youth may be transferred to the program after a consensus recommendation from an intra-facility multidisciplinary staffing. However, youth with significant thought disorders (i.e., Schizophrenia, Delusional, Psychotic Disorder NOS, etc.), significant trauma (PTSD with active symptoms), Mentally Retarded and Developmentally Disabled (with functional deficits), and who are historically or currently severely suicidal, shall not be considered for the VTU.

There shall be a limit of five SMI youth admitted to the VTU at any given time. Approval to exceed the limit of five SMI youth must be approved by the Deputy Assistant Secretary/Facilities. If the youth is SMI and the VTU has reached its limit, the Facility Director requesting the transfer shall make arrangements to house the youth in the safest area possible, and insure the youth is provided needed services until the youth is transferred to the VTU.

If an opening occurs within 14 days of the multidisciplinary staffing, the youth shall be re-evaluated by OJJ staff and the contracted mental health provider to determine if a transfer is still needed.

If there is not an opening within 14 days of the initial staffing, a second multidisciplinary team staffing shall occur to determine if a transfer is still needed. It is the responsibility of the VTU Supervisor to inform the referring facility staff, and the YS Director of Treatment and Rehabilitation that a youth has completed the VTU Program and now needs to be staffed for transfer.

Emergency Transfers

Prior to any emergency transfer to the VTU, the Facility Director of the sending facility shall contact the Deputy Assistant Secretary/Facilities to seek out approval of the transfer, as well as forwarding a copy of the VTU Admission Review Form completed in JETS.

Emergency Transfers shall exist when there is a:

- a. Substantial threat to the safety of the youth or others;
- b. Substantial threat to the security of the facility; and
- c. There is no time to convene a multidisciplinary staffing committee.

All youth placed in the VTU due to an Emergency Transfer without a prior review shall have a case review staffing by the multidisciplinary staffing committee (to include the YS Director of Treatment and Rehabilitation/designee) within 48 hours (excluding weekends and holidays) of placement to determine the appropriateness of the assignment.

The sending facility shall forward the completed VTU Admission Review Form to the SCY Facility Director, Treatment Director, and the VTU Group Leader following approval by the Deputy Assistant Secretary/Facilities.

All review findings from the multidisciplinary staffing committee shall be forwarded to the Facility Director/designee, the YS Director of Treatment and Rehabilitation, and the Deputy Assistant Secretary/Facilities for final disposition, utilizing the TRF.

The Facility Director, Deputy Director and Treatment Director shall be notified ahead of time of any Emergency Transfers of a youth's placement in the VTU by the Deputy Assistant Secretary/Facilities or the YS Director of Treatment and Rehabilitation.

All inter-facility emergency transfers must be approved by the Deputy Assistant Secretary/Facilities prior to placement.

Special Accommodations

Accommodations for youth with special needs and how to address them is included in the Behavior/Accommodations Binder (BAB), which is to remain locked up at all times, yet accessible to direct care staff for review on a daily basis. All VTU staff is responsible for a working knowledge of the information contained in the BAB for those youth with noted accommodations.

JJS staff shall document their daily review in the log book; treatment staff shall document their daily review in the Daily Observation Binder.

TREATMENT PLANNING & PROGRESS REVIEW

PROGRAM PHASES:

The VTU is divided into three phases:

Phase I - Orientation

Phase II - Treatment

Phase III - Transitional

Youth will be promoted to phases at his 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 *[up to seven (7) days]*

Upon entry to the unit, a youth will go through a formal orientation to treatment. The orientation period is a minimum of seven days, excluding weekends and holidays, during which the youth is familiarized with the rules of the unit and the objectives for treatment. During this Orientation, the youth will be afforded educational opportunities on the unit. During this phase, youth shall be restricted from general programming.

Goals/objectives of the orientation to treatment include:

- Learn unit rules, regulations, posted policies and expectations;
- Complete introduction to the group process, 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;
- Review of the Unit 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;
- During Orientation phase, youth will be afforded educational opportunities;
- 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 JJS staff towards the goal of completion and review.

A "mentor", preferably a staff member not part of the VTU Program, will be assigned to the youth for the duration of the orientation period. The primary role of the coach during the

orientation period will be to assist the youth in understanding the youth handbook, and to observe and collect information from other staff regarding the behavior of the youth. During this first week, the youth's assigned social worker/counselor/group leader will also meet with the youth to introduce him to the cognitive-behavioral approach and to explain the concept of behavioral analysis, which is an essential element of the program that will be used to analyze the youth's behavior and to develop 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, a multidisciplinary team staffing shall be conducted within seven working days following the youth's admission to the VTU Program for the purpose of modifying the youth's Reintegration/Service Plan (RSP) to reflect the identified target objectives and the interventions included in the Program. Observations and information collected by the personal coach and the social worker/counselor/group leader during Orientation will be used in the development of the IIP. Composition of the team will be consistent with current OJJ policy.

The IIP Summary of Staffing Form and the new updated RSP shall be entered in JETS within three (3) working days of the staffing.

Appropriate programming for youth with special needs placed in the VTU shall be implemented within 48 hours.

PHASE II-TREATMENT *[up to two (2) weeks or more depending on specific circumstances to include progress in treatment]*

Upon leaving the Orientation phase of treatment, youth will enter the Treatment phase. The Treatment phase is designed for up to two to four weeks in duration. During this phase, youth will complete therapeutic homework assignments. These assignments will be facilitated during both group and individual counseling sessions.

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.

Individual Counseling

The youth will be assigned a social services staff member for individual therapy, which will occur at least one time per week, which may include crisis services. Individual therapy 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 permanent case manager (and contractor mental health provider, MHTP/ATAP for SMI youth) will counsel with him once weekly.

Group Counseling

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 the "Thinking for a Change" curriculum, which is a cognitive based program, will be utilized.

Adjunctive Therapies and Other Services

RECREATION

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 performed by the assigned Chaplain or religious volunteers.

EDUCATIONAL SERVICES

Educational services will be provided to all youth. School will be provided for a total of six hours per day. Additionally, a contracted, certified teacher will be provided after school and/or weekends to provide individual or small group tutoring. Supervision of the school program will be the responsibility of the school principal.

MEDICAL SERVICES

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

MENTAL HEALTH SERVICES

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

For youth who need more immediate intervention to protect the youth or others, placement on the Crisis Intervention Unit (CIU) may be needed. This includes activities that are destabilizing or highly disruptive to programming. Staff assigned to work CIU will be responsible for monitoring these youth. Youth may be placed in CIU and removed from programming when their continued presence poses a threat to the safety of the youth, staff or other youth, or is a substantial threat to the security of the facility. Each time the youth is placed in CIU a Code of

Conduct Violation Report and Behavioral Improvement Plan are completed. Restriction is a short term disciplinary confinement, with youth being reviewed for return to general population as quickly as feasible based on their behavior.

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, on-site family counseling and in-home counseling with the Case Manager and parent/legal guardian. On-site family interventions shall be flexible and family friendly.

Program Privileges and Incentives

Program privileges and incentives should be required after one week of program compliance as noted below:

- Television privileges at the discretion of the Group Leader.
- Extra telephone time for three minutes.
- Check out a book for the day.
- Additional incentives/activities at the discretion of the Group Leader.

PHASE III-TRANSITIONAL *[approximately one (1) week or more depending on specific circumstances]*

Phase III is designed for youth who will either transfer back to the community, and under some circumstances, transfer to the general population. This phase is designed for up to one week in duration (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 VTU 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. The purpose of transition is to allow the youth an opportunity to practice these new behaviors in the environment outside of the unit, and to receive feedback and

consultation from staff regarding review of his behavior in these transitional opportunities. Transitional opportunities will include dining with general population, participation in assigned area school, participation in some general population recreational activities, etc. 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:

- He is not a current danger to others;
- He is free of Code of Conduct Violation Reports for a three week period;
- He has met the goals of his IIP;
- He has successfully completed his general population reintegration plan; and
- The consensus of the multi-disciplinary treatment team is that the youth no longer requires residence and treatment in the VTU, 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 VTU or release to the community.

Program Privileges and Incentives *(in addition to the privileges in Phase II)*

- Telephone privileges at the discretion of the Group Leader.
- Private (non-speaker) telephone line.
- Extra telephone time at the discretion of the Group Leader.
- Keep book in room to read.
- Additional incentives/activities at the discretion of the Group Leader.

Program Expectations for Progression

In order to be considered for phase progression and release from the program, youth will need to demonstrate progress in critical areas of care. Youth may have their program extended for violating the below noted areas. For phase progression, youth will need to comply in the following areas for at least three weeks:

1. Treatment Compliance including:
 - Medication compliance
 - RSP goal attainment
 - Individual and group counseling participation
 - Educational compliance
 - Program compliance

2. Demonstration of Skill Acquisition

- Reduction of explosive behavior
 - Improvements in positive peer interaction
 - Improvement in emotional regulation
 - Improvements in impulse control
3. Conduct Compliance
- Free of Code of Conduct Violations for three weeks
 - Following staff directions
 - Adhering to program expectations (i.e. dress code)
 - Reduction in disruptive behavior
 - Free of violent behavior

ADDITIONAL PROGRAM TIME

The multidisciplinary treatment team may recommend an additional two weeks in the VTU for youth involved in a Code of Conduct Violation involving specific issues (i.e., property destruction, altercations, threats of bodily harm, contraband, etc.).

For these youth, staff shall make a recommendation to the Facility Director during the Weekly Team Meeting if they feel a youth should remain in the VTU longer than six weeks by completing the VTU Team Recommendation for Extension form in JETS the day of the Weekly Team Meeting. The form shall include the reason for the recommendation and list all services and interventions that have been implemented to assist the youth. The form shall be reviewed and approved by the Facility Director, Deputy Director and Treatment Director by the end of the work week (Monday-Friday) that the extension was discussed during the Weekly Team Meeting.

A copy of the completed form shall be scanned or faxed to the Deputy Assistant Secretary/Facilities and the YS Director of Treatment and Rehabilitation for review and approval.

EXIT FROM PROGRAM AND PLACEMENT PROCESS

Once the VTU team determines that a youth has completed the program, the SCY Facility Director/designee shall notify the YS Director of Rehabilitation and Treatment/designee that a multidisciplinary team staffing is needed in order to determine the best placement to meet the needs of the youth. The youth may return to the facility able to provide regionalization for the youth to be closer to his family or may transfer to another facility where programming best meets his needs.

The same staff that participated in the youth's VTU admission staffing shall take part in the multidisciplinary team exit staffing, in addition to staff from the receiving facility, if different from the facility of origin. The multidisciplinary team staffing may take place telephonically.

The youth shall be present and may request representation from an advocate of choice who is reasonably available, unless it is determined that it would be detrimental to the youth to hear

specific testimony or if the youth may be disruptive. The youth shall be informed of the reasons for the referral at the staffing.

The youth's parent/guardian shall also be invited to the multidisciplinary 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 working days.

A written record of the multidisciplinary team exit staffing shall be prepared by the youth's VTU Case Manager utilizing the Summary of Staffing Form in JETS within three working days of the staffing. Only the signature page of the IIP Summary of Staffing form shall be placed in the youth's Master Record.

A TRF shall be created by the SCY Facility Director/designee within one working day of the multidisciplinary team exit staffing, with a copy forwarded to the Facility Director of the proposed receiving facility and the YS Director of Rehabilitation and Treatment.

The Facility Director/designee of the proposed receiving facility shall review the TRF from the SCY Facility Director and respond within two working days, with a copy forwarded to the YS Director of Treatment and Rehabilitation, indicating whether or not the proposed receiving facility agrees with or objects to the transfer. If the proposed receiving facility objects to the transfer, the Facility Director shall contact the SCY Facility Director to come to an agreement within two working days.

The SCY Facility Director shall inform the YS Director of Rehabilitation and Treatment concerning the decision by both Facility Directors. If the Facility Directors do not agree or if the YS Director of Rehabilitation and Treatment feels the decision is not within the best interest of the youth, he/she shall confer with the Deputy Assistant Secretary/Facilities. Once a decision is made, the YS Director of Rehabilitation and Treatment shall approve or reject the TRF.

Program Contingencies

Case (Progress) Reviews

A case review staffing will be conducted during the Weekly Team Meeting following development of the initial RSP 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, a teacher, and a contracted health care provider representative (if the youth is SMI). Results and recommendations of the case review staffing will be presented at the next regularly scheduled RSP review, or if appropriate, at a special meeting of the multidisciplinary treatment team.

Daily Briefing

Each day, available staff including the Group Leader and the VTU Supervisor, will convene to review each youth's behavior from the previous day. 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 briefing are documented at the bottom of the youth's daily log sheet and returned to the daily log.

In order to facilitate a meaningful daily case briefing, a daily sheet will be maintained with a page for each youth. All staff members (VTU and other visiting staff) 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 VTU Program is expected to review the daily log before beginning interactions with the youth.

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

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

TREATMENT PROCESS

All youth in the VTU 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)

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

Group Leaders are responsible for evaluating progress towards attainment of their program's goals for the current year on a quarterly and annual basis. Quarterly, the goals are reviewed based on the established criteria and progress reported. Revision of these goals may be made as necessary. An annual evaluation is conducted within the department using available data to assess the attainment of these goals with a written report submitted that includes an explanation of progress or failure to achieve the goals.

TRAINING DEVELOPMENT

All staff members should have some experience working with youth. Once employed, staff members receive new employee orientation training. Additionally, program specific training shall be provided to all staff (clinical, JJS, education, medical/mental health, recreation, chaplaincy) assigned to work in the VTU. Each unit of training describes definitional, identifying characteristics and management principles. Each training session uses role plays and situational-based scenarios. The training activities may be conducted by the Group Leader, Social Worker, Counselor, and the contracted mental health provider. Course outlines are available for the indicated training activities. Training shall address all components of the VTU Program:

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

Additionally, all staff members receive on-going training in program management, policy and procedural updates, quality assurance and other relevant areas on a weekly basis.

Additionally, all VTU staff shall receive on-going training in program management, YS Policy and facility Standard Operating Procedures (SOPs), quality assurance, and other relevant topics pertaining to the VTU on a weekly and/or as needed basis.