

# YOUTH SERVICES POLICY

<b>Title:</b> Transitional Treatment Unit (TTU)	<b>Type:</b> B. Classification, Sentencing and Service Functions <b>Sub Type:</b> 2. Classification <b>Number:</b> B.2.8
<b>Page 1 of 25</b>	
<b>References:</b> La. Children's Code Arts. 897 and 899; La. R.S. 15:901 G, 17.416.2 – Discipline of Pupils, 17.7.5 – Alternative Education Instruction; ACA Standards 2-CO-3C-01 and 2-CO-4F-01 (Administration of Correctional Agencies); YS Policy Nos. A.1.14 "Unusual Occurrence Reports", B.2.1 "Assignment, Reassignment and Release of Youth", B.2.2 "Youth Classification System and Treatment Procedures", B.2.21 "Behavioral Intervention (BI) and Extended BI", B.5.1 "Youth Code of Conduct – Secure Care", B.6.4 "Accident and Injury (A&I) Evaluations"; BESE Bulletin 111 – State/School Accountability, 131 – Alternative Education, 741 – School Administrators, 1508 – Pupil Appraisal Handbook, 1706 – Regulations for the Implementation of Children with Exceptionalities Act; Section 504 of the Rehabilitation Act of 1973	
<b>STATUS: Approved</b>	
<b>Approved By:</b> <i>William A. Sommers, Deputy Secretary</i>	<b>Date of Approval:</b> 08/23/2022

## I. AUTHORITY:

Deputy Secretary of Youth Services (YS) as contained in La. R.S. 36:405. Deviation from this policy must be approved by the Deputy Secretary.

## II. PURPOSE:

To establish the program objectives and the criteria for the placement of youth and youth with disabilities in the Transitional Treatment Unit (TTU) located at the Bridge City Center for Youth at West Feliciana. All students with disabilities assigned to OJJ's TTU program shall be provided a free and appropriate education (FAPE).

## III. APPLICABILITY:

Deputy Secretary, Assistant Secretary, Chief of Operations, Executive Management Advisor, Youth Facilities Director - Statewide, Director of Treatment and Rehabilitation, Director of Education, Facility Directors, WFTTU staff, and contracted health care provider (CHP) staff.

Facility Directors are responsible for ensuring that procedures are in place to comply with the provisions of this policy.

#### **IV. DEFINITIONS:**

***Behavior and Accommodations Binder (BAB)*** – A binder containing the history of youth requiring physical intervention, as well as the most current Unified Behavior Plan (UBP) for Youth With Special Needs. The BAB will contain these two (2) documents for youth residing in a particular housing area and shall be maintained in a secured area readily accessible to staff at all times. Staff shall be advised of the location, content and purpose of the binder as it relates to this policy, and shall review the BAB at the beginning of every tour of duty, documenting their review in the unit's logbook.

***Behavior Intervention Plan (BIP)*** – A BIP is a written plan to help a student who struggles to behave in class. It's designed to stop problem behaviors by rewarding good behaviors.

***Bulletin 1508*** – Louisiana's Pupil Appraisal Handbook and serves as a regulatory guide for pupil appraisal personnel when conducting individual evaluations of students suspected of being exceptional and in need of special education and related services.

***Case Manager*** – A generic term used within a YS secure care facility to identify members of the counseling profession (e.g., social services counselor, clinical social worker, program manager, case manager or a treatment team member) assigned to manage a youth's case.

***Child Find*** – Child Find requires Local Education Educations (LEAs) to ensure that all students with disabilities who may be in need of special education and related services are identified, located, and evaluated.

***Compensatory Education*** – Compensatory services are educational services needed to make up for skills or learning that have been lost when services described in an IEP were not provided.

***Contracted Health Care Provider (CHP)*** – Contracted licensed practitioners responsible for the physical and mental well-being of the secure care youth population. Services include medical, dental and mental health services, nursing, pharmacy, personal hygiene, dietary services, health education and environmental conditions.

***Developmentally Disabled/Intellectually Disabled (DD/ID)*** – Refers to significantly impaired intellectual and adaptive functioning with an Intelligence Quotient (IQ) of 68 or below with concurrent deficits or impairments in present adaptive functioning in at least two of the following areas: communication; self-care; home living; social/interpersonal skills; use of community resources; self-direction; functional academic skills; work; leisure; health and safety; with onset before age 18.

***Exceptionality*** – Any disability term as well as gifted and talented per Individuals with Disabilities Education Act (IDEA) and Bulletin 1508 guidelines.

***Exigent Circumstances*** – Exist when there is a substantial threat to the safety of others, or the custody concerns of the facility, and there is no time as a practical matter to convene a multidisciplinary team meeting.

***Free and Appropriate Public Education (FAPE)*** – FAPE is a law that makes available a free appropriate public education to eligible children/youth ages 3-21 and provided in conformity with an individualized education program (IEP).

***Individual Accommodation Plan/504 Plan*** – 504 Plan is intended for disabled children who do not need or qualify for special education but could benefit from accommodations and/or specialized help in school. These plans identify accommodations a disabled child needs to fully participate in the classroom and set up ways to help the child succeed.

***Individual Education Program (IEP)*** – An IEP is a written statement for a student with a disability that is developed, reviewed, and revised in a meeting in keeping with certain requirements of law and regulations. The IEP establishes measurable annual goals for the student and states the special education and related services and supplementary aids and services that the public or local education agency will provide to, or on behalf of, the student.

***Individualized Intervention Plan (IIP) – Initial and Formal*** – A statement of goals, objectives, and the methods used to obtain them that is created for each youth in secure care. The IIP is dynamic and is updated depending on the identified needs and specialized treatment required for a youth while in secure care. The IIP also identifies follow-up services needed by the youth on release and is coordinated with Community Based Services to provide the proper level of aftercare.

***Individualized Intervention Plan Summary of Staffing Form*** – A form completed for all case staffings for a youth in secure care. The form lists any modification of goals and objectives that occur as well as new goals and objectives that are developed.

***Individuals with Disabilities Education Act (IDEA)*** – The nation’s federal special education law that ensures public schools serve the educational needs of students with disabilities. IDEA requires that schools provide special education services to eligible students as outlined in a student’s Individualized Education Program (IEP).

***Juvenile Justice Specialist (JJS)*** – Provides security of youth and assists in the application of clinical treatment in accomplishing the overall goal of evaluation and/or treatment of individuals judicially remanded to a YS secure care facility.

***Local Education Agency (LEA)*** – A public board of education or other public authority legally constituted within a State for either administrative control or direction of, or to perform a service function for, public elementary schools or secondary schools in a city, county, township, school district, or other.

***Manifestation Determination (MDR)*** – A meeting to review all relevant information and the relationship between the child’s disability and the behavior.

***Mental Health Treatment Professional (MHTP)/Qualified Mental Health Professional (QMHP)*** – Includes psychiatrists, psychologists, social workers, nurses and others who by virtue of their education, credentials, experience or with appropriate supervision, are permitted by law to evaluate and care for the mental health needs of patients.

***Multidisciplinary Evaluation (MDE)*** – The process of gathering both formal and informal data from a variety of sources to determine whether a student is eligible for special education services and to provide information about his or her current levels of functioning.

***Multidisciplinary Team (MDT) Staffing*** – A team consisting of representatives from at least three disciplines, (e.g., treatment, custody, education, mental health or medical) to determine a youth’s suitability for placement to/removal from the Behavioral Health Treatment Unit.

***Operations Shift Supervisor (OSS)*** – Staff responsible for a range of duties that support management in maintaining a safe, secure facility. Shift Supervisors oversee administrative and operational security activities during specific shifts; manage staff during each assigned shift; ensure adequate security coverage; lead count procedures; oversee the custody, supervision and control of secure care youth; manage frontline security staff; assist in controlling youth movement; assist in directing the use and issuance of keys, locks, and security equipment.

***Positive Behavior Intervention Supports (PBIS)*** – An evidence-based three-tiered framework to improve and integrate all of the data, systems, and practices affecting student academic and behavior outcomes every day.

***Progress Monitoring*** – A scientifically based practice used to assess a student's on-going academic and behavioral progress and evaluate the effectiveness of instruction.

***Related Services*** - Related services means transportation and any other developmental, corrective, or other supportive services (e.g., speech, counseling health...) that a student needs to benefit from his or her educational program provided through the IEP for students identified with an exceptionality under IDEA.

***Section 504*** – Section 504 of the Rehabilitation Act of 1973 requires that school districts provide a free appropriate public education (FAPE) to qualified students in their jurisdictions who have a physical or mental impairment that substantially limits one or more major life activities, regardless of the nature or severity of the disability.

***Seriously Mentally Ill (SMI)*** – Disorders of mood and cognition (with the exception of developmentally disabled/ID) that significantly interfere with functioning in at least one essential sphere of the youth's life (e.g. psychotic disorders, mood disorders, the aggressively mentally ill, and youth who exhibit self-mutilating or suicidal behavior). Youth with these disorders may be referred to as "SMI" youth.

***Structured Programming*** – Includes any regularly scheduled activity provided to a youth out of his room from the time lights are turned on in the morning until lights are turned off at night in accordance with the facility's posted daily schedule.

***Transitional Treatment Unit (TTU)*** – A maximum custody unit for youth described as violent and very aggressive with a documented history of engaging in behavior which creates or incites aggressive responses from others and creates an unsafe therapeutic environment for staff and youth.

***Trust Based Relational Intervention (TBRI)*** -- An attachment based, trauma informed intervention designed to meet the needs of vulnerable youth by using empowering, connecting and correcting principles to address behaviors.

***Unified Behavior Plan (UBP)*** – A document developed by youth's Case Manager and maintained on youth designated by the contracted health care provider as having an individual deficit disorder. This plan shall include any physical limitations and/or precautions that staff must be aware of in the event a physical intervention is necessary.

***Weekly Team Meeting*** – A meeting conducted weekly by staff assigned to a unit to assess the development of the individual youth, to review a youth's progress, to plan out treatment strategies for the week, and to promote staff development and discuss staff issues.

**V. POLICY:**

It is the Deputy Secretary's policy to address the needs of the youth assigned to a YS Secure Care facility who require individual attention. All reasonable efforts shall be made to utilize less restrictive alternatives in the placement of youth.

However, certain youth may require assignment to a more restrictive setting because their continued presence in the general population poses an ongoing threat to property, staff and other youth, or to custody concerns or orderly running of the facility. In order to prevent arbitrary assignment, this policy establishes specific criteria for assignments to the TTU. Assignment to the Transitional Treatment Unit is not to be used as punishment of youth.

**VI. PHILOSOPHY, GOALS AND OBJECTIVES:**

The Transitional Treatment Unit (TTU) is able to house up to twenty-four (24) youth, and is a maximum custody unit for youth described as violent and very aggressive with a documented history of engaging in behavior which creates or 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 offenders.

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:

1. 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;
2. Identify the youth's dysregulatory emotions, thinking errors, and skills deficits that foster and lead to continuing violent behavior;
3. 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;
4. Provide a safe and reinforcing environment for the youth to practice the application of new cognitive constructs and emotional/behavioral skills to solve problems;
5. Provide phased reintegration of the youth into the general population with follow-up support services.

## **VII. 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 the 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 his needs and assign specific staff to monitor and enforce the treatment plan. A specific Behavior Improvement Plan [see Attachment B.2.8(a)] shall be developed by the youth's assigned Case Manager and 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.

If the youth has an exceptionality identified per IDEA and Bulletin 1508 guidelines, the BIP or Behavior Plan must be in alignment with the youth's IEP and the development should involve members from the IEP team

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 Transitional Treatment Unit (TTU).

### **A. Admission Criteria**

To be considered for transfer to the 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:

1. 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).
2. Has committed a single battery/predatory act of such serious consequence that the potential of reoccurrence must be actively prevented.
3. Has exhibited a substantially physical battery on staff that has been documented.

4. 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.
5. Has been in possession of a significant weapon (i.e., gun, knife, bomb).
6. Has created a dangerous situation for other peers by bringing in contraband (i.e., drugs, medication, substantial pornography with motivation to distribute).
7. Has marijuana or other illegal substances in possession or has a substantial amount with motivation to distribute.
8. Youth displays a chronic pattern of public masturbation. Based upon the severity and frequency of the issue, the sex offender protocol shall be initiated.
9. Has been involved in AWOL, AWOL attempt, and escape

**All incidents referenced must be documented with an Unusual Occurrence Report (UORs) (Refer to YS Policy A.1.14), Code of Conduct Violation Report (Refer to YS Policy B.5.1), and Accident & Injury (A&I) report (when applicable) (Refer to YS Policy B.6.4).**

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.

## **B. Exclusionary Criteria**

The program is mostly designed for youth with significant delinquency issues. However, 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).

Youth identified with an exceptionality per IDEA regulations and Bulletin 1508, shall be afforded a Manifestation Determination Review (MDR) within 10 days, prior to the transfer to the TTU.

### **C. 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 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 shall 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 [see Attachment B.2.8(b)] 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: the Facility Deputy Director, Director of Education 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 Supervisor of Special Education shall be a member of the multidisciplinary team if the referred youth receives special education or related services.

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 [see Attachment B.2.8(c)], 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 Youth Facilities Director - Statewide shall make the final decision based upon the safety of the staff and the best needs of the youth.

#### D. 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" [see Attachment B.2.8(d)] and "Parental Notification of Transfer" [see Attachment B.2.8(e)] in JETS and send to the youth's judge of jurisdiction, and his family/legal guardian within 48 hours of his admission to the program (excluding weekends/holidays), utilizing the appropriate transfer letters in JETS.

#### E. 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 an 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 Youth Facilities Director - Statewide for placement in Extended BI at TTU as outlined in YS Policy B.2.21.

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, Director of Education, 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 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 [see Attachment B.2.8(b)], Behavioral Staffing Form [see Attachment B.2.8(c)], 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 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 [see Attachment B.2.8(d)] and the Parental Notification of Transfer [see Attachment B.2.8(e)] and send to the youth's judge of jurisdiction, and his family/legal guardian within 48 hours in writing of his 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.

**F. 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 [see Attachment B.2.8(f)]. 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.

**G. Provision of Services**

1. 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.

Individual counseling sessions shall be documented by the Case Manager in JETS on the Weekly Contact Progress Note using the Data, Assessment, Goal, and Plan (DAGP) format within five (5) working days. (Refer to YS Policy B.2.2)

Youth receiving counseling as a related service per their IEP, will also receive individual counseling from the designated pupil appraisal team member based on the frequency and documented in the IEP. These counseling sessions are separate from the counseling sessions provided by the Social Services staff noted.

2. Groups -- Skills training (interpersonal effectiveness, problem-solving, emotional regulation, distress tolerance) will occur in group counseling. 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 TTU, anger management, victim awareness/impact, and Thinking for a Change will be implemented in individual counseling.

3. 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.

Family counseling sessions should be documented on the Weekly Contact Progress Note in JETS within five (5) working days of the contact, and reflect the date, time, and “Parental Management” or “Family Reintegration” as the topic. (Refer to YS Policy B.2.2)

4. 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.

5. Religious Services - Each youth will be provided the opportunity to voluntarily participate in religious activities.
6. 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.
7. 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.
8. 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.

#### **H. Phases of Treatment**

The SMTTU is divided into three phases:

Phase I - Orientation to Treatment

Phase II- Treatment

Phase III - Transition

Youth will be promoted to phases as to 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.

1. **PHASE I – ORIENTATION**

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 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;
- 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 juvenile 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 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, 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 his individualized intervention plan (IIP) to reflect his 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 his original area/facility will also attend.

**2. PHASE II – TREATMENT**

Upon leaving the orientation phase of treatment, youth will enter the treatment phase. The treatment phase of treatment is designed for a minimum of two weeks in duration (or more, depending on specific circumstances). During this phase, youth shall be housed on a tier within the TTU. Also, 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. Details on the various types of counseling provided as well as adjunctive therapies is described under Provision of Services above.

Group counseling will be integrated into programming when TTU is at an optimal staffing pattern and when groups are feasible.

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 reinforcements 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 services 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.

3. **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. Youth on this phase shall be housed in a tier on the TTU for at least one week (or more, depending on specific circumstances). During or before phase III, the youth may have been involved in a mediated meeting with the staff or youth with whom the youth offended. 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, the youth 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:

- The youth is not a current danger to others;
- The youth is free of major violations for a three-week period;
- The youth has met the goals of his IIP;
- The consensus of the multi-disciplinary treatment team is that the youth no longer requires residence and treatment in the Bridge City Center for Youth at West Feliciana Transitional Treatment Unit, 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.

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 to the significance of the occurrences that warranted the referral to the program.

The decision of the interdisciplinary treatment team will be forwarded to the Director of Treatment and Rehabilitative Services 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.

If a youth is released from the TTU for 14 days or less, he does not have to be formally re-staffed if his behavior meets the criteria of the TTU program. However, certain protocols 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 him back to phase I of the program.

## **VIII. EDUCATIONAL PROGRAMMING FOR STUDENTS WITH DISABILITIES**

### **A. Child Find**

OJJ's TTU Program will follow OJJ's Child Find Policy and collaborate with the SSD the contracted special education provider to identify, locate, and evaluate all students between the ages of birth through 21 years who might be in need of special education and related services. This policy includes all students assigned to OJJ's TTU program.

1. Parental and public awareness of possible areas of concern and special education.
2. Weekly reports of SBLC referrals made to the Supervisor of Special Education.
3. The School Building Level Committee will meet every two (2) weeks.
4. The TTU program uses a research-based academic and behavioral response-to-intervention (RTI) program inclusive of universal screenings, three-tier support levels, and progress monitoring.
5. Referral to pupil appraisal (SSD contracted special education provider) for a Bulletin 1508 evaluation as requested by the parent/guardian or SBLC committee with appropriate parent consent.

**B. Special Education Programming**

OJJ's TTU Program will designate at the minimum 2 special education teachers to provide students with disabilities identified by IDEA with any special education instruction as prescribed by the student's IEP. Related service providers are required and will be provided by SSD the contracted special education provider for the school site. Related services are determined by each individual student need and identified in the Bulletin 1508 evaluation and IEP.

1. Evaluations:  
Any Bulletin 1508 evaluations in-progress at OJJ schools prior to being assigned OJJ's TTU program shall continue and be completed within 60 business day of original parental consent obtained unless documented parental consent has been obtained for an extension.
2. IEP Services:
  - a. The parent/guardian will be notified within two (2) business days of a student's assignment to OJJ TTU's program.
  - b. The Supervisor of Special Education will notify SSD the contracted special education provider of any OJJ student assigned to OJJ's TTU program that is identified as a student with an exceptionality within 2 business days of transfer.
  - c. Any student with an IEP will continue to receive special education services as outlined in their IEP. Confirmation that services have been initiated at the TTU program site will be confirmed by SSD the special education provider to the Supervisor of Special Education and School Principal with the student name, date of birth, name of the provider(s) and date of initiation.
  - d. If an amendment or change to their educational program is required due to their assignment in the TTU program, SSD the contracted special education provider will send prior written notice of any proposed changes within 10 business days. All IDEA procedural safeguards must followed and along with a copy provided to the parent/guardian(s).
3. Special Instruction is provided by the special education teacher and/or personnel responsible as indicated in the student's individual education program (IEP) in the services and placement section.

- a. A service log is maintained by SSD the contracted special education provider.
4. Related services are provided by the related service provider and/or personnel responsible as outlined in the IEP.
5. Required Related Staff:  
Speech-Language Pathologist, Social Worker/School Psychologist, Occupational Therapist, Physical Therapist, Adapted Physical Education Teacher, etc.
6. Manifestation Determination Review:  
Any student who has been removed from their educational placement a total of 10 days and are recommended for short-term removal or long-term alternative school sites due to a behavior incident that occurred in-school, shall have a MDR to determine if the behavior has a direct and substantial relationship or caused by the student's disability.
  - a. Prior written notice of proposed action shall be provided to the student's parent/guardian.
7. Training:
  - a. Annual training on the LEA's Child Find Policy.
    - i. Annual training on the Special Education Handbook;
    - ii. Documentation of request and receipt of special educational records between facilities/school.
  - b. Prior notification provided to parents/guardian.
  - c. Annual training on 504 Policy and Procedures.
8. Special Education Records:  
The special education folder maintained at OJJ's TTU facility site includes the following documents:
  - a. Current copy of evaluation, reevaluation, or waiver with a copy of the most current evaluation;
  - b. Current IEP;
  - c. Current Progress Reports and Progress Monitoring;
  - d. Parent Contact Log;

- e. Parental Notification Letters;
  - f. Report Cards;
  - g. Transition Assessment(s)/ Transition Agency communication and contact information;
  - h. Discipline Reports;
  - i. Functional Behavior Assessment (if applicable);
  - j. Behavior Intervention Plan (if applicable);
  - k. Manifestation Determination Review (MDR- if applicable);
  - l. Extended School Year Program Eligibility Letter;
  - m. Documentation of criteria used to determine eligibility for the April Dunn Act;
  - n. Goals and objectives for specific course for courses or content areas where individual performance criteria for alternate pathway to promotion or graduation is applied.
- If the student is transferring from or among OJJ facilities these records should be requested by receiving facility and received by the new facility **within 2 business days**.

## **IX. TRAINING AND STAFF 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 may be conducted by the Social Worker/Counselor, Mental Health Contractor staff members, and Consultant. 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 TTU program
9. PACT
10. Trust-Based Relational Intervention

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

**X. QUALITY ASSURANCE:**

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 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 YS 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.

**Previous Regulation/Policy Number:** B.2.8

**Previous Effective Date:** 09/23/2021

**Attachments/References:**

B.2.8 (a) Behavior Improvement Plan April 2021  
B.2.8 (b) TTU Referral Form August 2022  
B.2.8 (c) TTU Behavioral Staffing Form August 2022  
B.2.8 (d) Transfer Letter to Judge August 2022  
B.2.8 (e) Parental Notification of Transfer August 2022  
B.2.8 (f) Unified Behavior Plan for Youth with Special Needs (UBP) May 2018  
B.2.8 (g) Behavioral Analysis Worksheet September 2021  
B.2.8 (h) Transitional Treatment Unit (TTU) Handbook August 2022  
B.2.8 (i) Transitional Treatment Unit (TTU) Youth Handbook August 2022  
B.2.8 (j) TTU Youth Assignment Workbook August 2022  
B.2.8 (k) TTU Placement Release Report August 2022  
B.2.8 (l) Interim Behavior Activity Documentation September 2021  
B.2.8 (m) Daily Participation Chart August 2022

OFFICE OF JUVENILE JUSTICE  
BEHAVIOR IMPROVEMENT PLAN

Youth Name: \_\_\_\_\_ JETS# \_\_\_\_\_ Dorm: \_\_\_\_\_

Current Stage: \_\_\_\_\_ Date of Behavior Improvement Plan: \_\_\_\_\_

Accommodations: Yes \_\_\_\_\_ No \_\_\_\_\_ Duration of Behavior Improvement Plan: \_\_\_\_\_

**Reason for Behavior Improvement Plan: (What did the Youth do Wrong or not do?)** \_\_\_\_\_

\_\_\_\_\_

**GOAL: (What needs to be corrected or achieved?)** \_\_\_\_\_

\_\_\_\_\_

**What does the youth need to do to achieve the goal?** \_\_\_\_\_

\_\_\_\_\_

**What Will Staff Do?** \_\_\_\_\_

\_\_\_\_\_

**Accommodations:** \_\_\_\_\_

\_\_\_\_\_

**How will the Behavior Improvement Plan's success be determined, and by whom?** \_\_\_\_\_

\_\_\_\_\_

Was a Code of Conduct Violation written: Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, were any privileges lost? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, What/How Long: \_\_\_\_\_

Staff/Youth Developing Behavior Improvement Plan: \_\_\_\_\_

Staff Reviewing Behavior Improvement Plan: \_\_\_\_\_

Youth Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Behavior Improvement Plan Completion Review Dates:

Date 1: \_\_\_\_\_ Date 2: \_\_\_\_\_ Date 3: \_\_\_\_\_ Date 4: \_\_\_\_\_

Plan Completed: Yes \_\_\_\_\_ No \_\_\_\_\_ If no, Why not? \_\_\_\_\_

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**Cc: Social Services Supervisor, Case Manager, JJS-7 Operations, JJS-7 LaMOD Coordinator, Group Leader, Youth, Education and Case Record File**

## TRANSITIONAL TREATMENT UNIT (TTU)

## REFERRAL FORM

DATE:

RE:

I am requesting an interdisciplinary staffing to be conducted to determine the eligibility for transfer of the above mentioned youth to the TTU. Notice of a staffing for the TTU shall be given to the members of the multidisciplinary team forty-eight (48) hours in advance of the staffing. All supporting documentation is to be disseminated to the multidisciplinary team twenty-four (24) hours prior to the staffing.

**Admissions Criteria:**

To be considered for transfer to the Transitional Treatment Unit, a youth must meet at least one of the following criteria:

1. \_\_\_\_\_ 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).
2. \_\_\_\_\_ Has committed a single battery/predatory act of such serious consequence that the potential of reoccurrence must be actively prevented.
3. \_\_\_\_\_ Has exhibited a substantially physical battery on staff that has been documented.
4. \_\_\_\_\_ 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.
5. \_\_\_\_\_ Has been in possession of a significant weapon (i.e., gun, knife, bomb).
6. \_\_\_\_\_ Has created a dangerous situation for other peers by bringing in contraband (i.e., drugs, medication, substantial pornography with motivation to distribute).
7. \_\_\_\_\_ Has marijuana or other illegal substances in possession or has a substantial amount with motivation to distribute.
8. \_\_\_\_\_ 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.
9. \_\_\_\_\_ Has been involved in AWOL, AWOL attempt, and escape.

**All incidents referenced must be documented with an Unusual Occurrence Report (UORs) (Refer to YS Policy A.1.14), Code of Conduct Violation Report (Refer to YS Policy B.5.1), and Accident & Injury (A&I) report (when applicable) (Refer to YS Policy B.6.4).**

The following do not meet criteria for admission to the Transitional Treatment Unit: horseplay between youth to include shadow boxing each other, general defiance, unwillingness to participate in treatment groups or other dorm activities, removal from a classroom for disruption or refusal to follow a teacher's directives, refusal to follow staff directives, being out of place of assignment to include aggravated out of place of assignment, behavioral incidents that occurred in-school that have been determined to be a manifestation of the disability for students with disabilities (504/IEP/in-process special education evaluation), nor behavioral incidents that occurred in-school in which a Manifestation Determination Review (MDR) has not been conducted for students with a disability (504/IEP/in-process special education evaluation).

### **Emergency Admissions Criteria:**

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. In such rare cases, to be considered for transfer to the Transitional Treatment Unit, a youth must meet at least one of the following criteria:

10. \_\_\_\_\_ The youth poses a substantial immediate threat to the safety of other youth **and there is not sufficient time to convene a MDT staffing committee without placing other youth or staff at risk.**
11. \_\_\_\_\_ The youth has caused a serious documented physical injury to staff **and there is not sufficient time to convene a MDT staffing committee without placing other youth or staff at risk.**

If the youth does not meet criteria for an emergency admission, he may still be referred to the TTU by completing the admissions criteria section above and following the guidelines outlined in Section VII.C. "Referral Process" of this policy.

Sending Facility Director Signature: \_\_\_\_\_

Director of Rehabilitation and Treatment: \_\_\_\_\_ Approve \_\_\_\_\_ Denied

## TTU STAFFING FORM

Date of Staffing: \_\_\_\_\_

- I. **Demographic Data** (Youth's Case Manager)
  - a. Name
  - b. Age
  - c. Race
  - d. Height/Weight
  - e. Adjudication(s)
  - f. SAVRY Risk Rating
  - g. Date of Last Quarterly Staffing and Report to the Court
  - h. SMI Status
  - i. IQ
  - j. TABE Scores
  - k. FTD
  - l. PREA Issues- any history of sexual victimization or perpetration
  
- II. **Mental Health** (For SMI Youth)
  - a. Psychological/Clinical Status- Current Concerns (CHP Psychologist/MHTP/ATAP)
  - b. Psychiatric Status (CHP Psychiatrist)
  - c. Diagnosis
  - d. Medications and History of Compliance
  - e. Suicidal ideations, gestures or attempts in history
  
- III. **Health Status** (CHP Nursing Staff)
  - a. Medication Compliance
  - b. Significant Health Issues
  - c. Recent Injuries
  
- IV. **Education** (School and/or SEC Staff)
  - a. Academic Education Status
  - b. Vocational Education Status
  - c. Special Education Status
    - If the student is identified with an exceptionality and the behavioral incident occurred in school has an MDR been conducted?
    - Results of the MDR \_\_\_\_\_ Date of the MDR Decision
    - Does the student have a current BIP? (written or updated within 6 months?)
    - Has the student made progress based on progress monitoring data collected as a part of the BIP?

- V. **Recent Behavior** (Case Manager)
  - a. Code of Conduct Violations
  - b. Strengths
  - c. Triggers
- VI. **Security Concerns**
  - a. Are there known enemies at receiving facility? If so, what will be security measures used?
  - b. Are there other youth at the facility that associated with this youth in a gang or other negative behaviors in the past?
  - c. Has this youth escaped with another youth who is currently housed at the considered receiving facility?
  - d. Is this youth being staffed at the same time as another youth he has escaped with in the past? If so, only one youth can go to the facility being considered unless both are being staffed for Transitional Treatment Unit due to a recent escape.
  - e. PREA concerns- Has this youth been a victim of or perpetrator of sexual abuse in the past? Will security measures need to be put into place to prevent future sexual victimization or perpetration? Are any youth at the receiving facility known victims of this youth or perpetrators against this youth? If yes, what security measures will be put into place?
  - f. Does this youth have any relatives at the considered receiving facility either staff or youth? If so, this youth cannot transfer to the facility being considered.
- VII. **Other** (All Present)
  - a. Eating Habits
  - b. Previous Interventions- Report difficult case staffings and results
  - c. Report from Treatment Providers (SO Tx, SA Tx, etc.)
  - d. Family Issues (Contacts, Visits, etc.)
  - e. Input From PPO
  - f. Input from Parent/Guardian (If Appropriate)
- VIII. **Questions/Answers** (All Present)
- IX. **Placement Recommendation** (All Present)
- X. **Administrative Decision Regarding Transfer** (CO Staff and Facility Director)
- XI. **Inform Youth of Decision** (If Appropriate)
- XII. **Inform Parent/Guardian of Decision**

Use the current OJJ letterhead

(Date)

The Honorable (Judge)

(Address)

(Address)

(Address)

RE: (Youth)

DOB: (MM/DD/YYYY)

PARISH: (Parish)

Dear Judge (Judge),

Please be advised that, (Youth's Name), was admitted to the Transitional Treatment Unit (TTU) at the Bridge City Center for Youth at West Feliciana (BCCY-WF) on (Date of transfer).

The TTU is a maximum custody unit for youth with a documented history of engaging in behavior which incites aggressive responses from others and creates an unsafe therapeutic environment for staff and youth. This program is designed to assist youth in developing the self-regulatory, coping, and social skills needed to safely and successfully engage with individuals.

While in the TTU, (Youth's Name) will continue to receive the following services: medical, mental health, dental care, education, individual and group counseling. (Youth's Name) will continue to have the opportunity to participate in recreational activities and faith-based programs.

Under optimal conditions, the program's duration is four weeks. However, some youth may remain in the program for an extended period of time, based on the severity of need and their progression through the treatment regimen.

If you need further information, please feel free to contact me at 225-251-2344. Your interest in this matter is appreciated.

Sincerely,

Director of Treatment and Rehabilitation  
Office of Juvenile Justice



Use the current OJJ letterhead

DATE:

TO: (Parents/Guardian Name/Address)

RE: (Youths Name)

Please be advised that your child, (Youths Name), was admitted to the Bridge City Center for Youth at West Feliciana (BCCY-WF) Transitional Treatment Unit (TTU) on (Date of transfer).

The TTU is a maximum custody unit for youth with a documented history of engaging in behavior which incites aggressive responses from others and creates an unsafe therapeutic environment for staff and youth. This program is designed to assist youth in developing ways to control their behavior, methods to deal with problems/difficulties in a healthy manner and social skills needed to safely and successfully engage with people.

While in the TTU, (Youth's Name) will continue to receive the following services: medical, mental health, dental care, education, individual and group counseling. (Youth's Name) will continue to have the opportunity to participate in recreational activities and faith-based programs.

Enclosed please find: facility visitation forms, directions to BCCY-WF and information about possible transportation options available in the West Feliciana area.

Family participation in all phases of (Youth's Name) achievement of his treatment and rehabilitation goals, is strongly recommended and encouraged by BCCY-WF staff. In addition, you are encouraged to visit (Youth's Name) as outlined in the enclosed booklet. However, special visits are limited to extreme circumstances, and may be arranged by contacting your child's Case Manager.

To learn more about our facility and your child's program needs, please contact your child's Case Manager, at \_\_\_\_\_.

Sincerely,

---

Facility Director

# Unified Behavior Plan for Youth with Special Needs

Youth:		Jirms:		DOB:		Date of Plan:	
Dorm:							
OJJ Case Manager:				Contracted MHTP:			
				SSD Counselor and/or Speech Therapist:			
Youth on Medications? <input type="radio"/> Yes <input type="radio"/> No Medication Side Effects: <input type="checkbox"/> Sleepy <input type="checkbox"/> Dry Mouth <input type="checkbox"/> Hyper <input type="checkbox"/> Can't Sleep <input type="checkbox"/> Slow Moving <input type="checkbox"/> Constipation		Physical Limitations? <input type="radio"/> Yes <input type="radio"/> No <input type="checkbox"/> No Running <input type="checkbox"/> No Heavy Lifting <input type="checkbox"/> Lower Bunk <input type="checkbox"/> No Sun Exposure <input type="checkbox"/> No Overheating <input type="checkbox"/> Eyeglasses <input type="checkbox"/> Hearing Aid		Youth At Risk? <input type="radio"/> Yes <input type="radio"/> No <input type="checkbox"/> Emotional <input type="checkbox"/> Aggressive Behavior <input type="checkbox"/> Escape <input type="checkbox"/> Can't Read <input type="checkbox"/> Victimization <input type="checkbox"/> Self-Injury Behavior <input type="checkbox"/> Memory Problems <input type="checkbox"/> Chronic Medical Condition			
<b>For ALL Special Needs Youth:</b>							
Monitor for sleep problems				Prepare youth for any changes to his routine			
Monitor for eating problems				Always provide immediate and helpful feedback when youth is learning a new skill			
In all situations, use small words and short sentences when talking to youth				Review activity schedule with youth until youth can repeat it back to you			
Show, coach, and practice skills until youth can do it on his own				Provide lots of examples when teaching a new idea or skill			
Use Praise and compliments when youth gives his best effort				Give positive feedback and encouragement when youth is having difficulty			
When talking to youth, make eye contact				Encourage youth to express feelings and opinions in a respectful manner			
When addressing problems, talk to youth one-on-one				Provide youth with options whenever possible			
<b>For THIS Special Needs Youth (check those that apply)</b>				<b>Individual Behavior Plan:</b>			
<b>EMOTIONAL:</b> <input type="checkbox"/> Monitor for social isolation <input type="checkbox"/> Encourage youth to use deep breathing if upset <input type="checkbox"/> Step in early when yth. appears to be getting upset <input type="checkbox"/> Allow breaks from activities every _____ Minutes				<b>PRIMARY TARGET BEHAVIOR:</b>  <b>SUGGESTED INTERVENTIONS:</b>			
<b>COMMUNICATION:</b> <input type="checkbox"/> Use visual aids to help learning <input type="checkbox"/> Help youth with all writing tasks <input type="checkbox"/> Repeat instrs. until you are sure youth understand <input type="checkbox"/> Read all printed material to youth <input type="checkbox"/> Youth requires large text print <input type="checkbox"/> Youth required audio versions of printed text <b>Other:</b>				<b>SECONDARY TARGET BEHAVIOR:</b>  <b>SUGGESTED INTERVENTIONS:</b>			
OJJ Dorm Manager:				Contracted MHTP:			
OJJ Case Manager:				Youthcare Mentor:			
Senior YouthCare Worker:				Other Attendee:			
SSD/Education Staff:				Other Attendee:			

## Behavioral Analysis Worksheet “Completing Your Behavior Chain”

Name:

Date of Problem Behavior:

1. Describe your **Behavior Problem**:
2. Where were you and who was present at the time of your **Behavior Problem**?
3. What **Cue** started you on the **Chain** to your behavior?
4. What things inside yourself, or going on around you, made you **Vulnerable** or more likely to act out negatively? (emotions, physical sensations, fatigue, events, etc.)
5. Complete the **Behavior Chain**: Describe each event, thought, feeling and behavior that occurred in the space provided, and then circle the type of link that it relates to (i.e., was it a thought, a feeling, something that happened, something you did, etc.)

A.	I thought	I was feeling	Body Sensations	What I did	What happened.
----	-----------	---------------	-----------------	------------	----------------

B.	I thought	I was feeling	Body Sensations	What I did	What happened.
----	-----------	---------------	-----------------	------------	----------------

C.	I thought	I was feeling	Body Sensations	What I did	What happened.
----	-----------	---------------	-----------------	------------	----------------

D.	I thought	I was feeling	Body Sensations	What I did	What happened.
----	-----------	---------------	-----------------	------------	----------------

E.	I thought	I was feeling	Body Sensations	What I did	What happened.
----	-----------	---------------	-----------------	------------	----------------

F.	I thought	I was feeling	Body Sensations	What I did	What happened.
----	-----------	---------------	-----------------	------------	----------------

G.	I thought	I was feeling	Body Sensations	What I did	What happened.
----	-----------	---------------	-----------------	------------	----------------

H.	I thought	I was feeling	Body Sensations	What I did	What happened.
----	-----------	---------------	-----------------	------------	----------------

I.	I thought	I was feeling	Body Sensations	What I did	What happened.
----	-----------	---------------	-----------------	------------	----------------

J.	I thought	I was feeling	Body Sensations	What I did	What happened.
----	-----------	---------------	-----------------	------------	----------------

K.	I thought	I was feeling	Body Sensations	What I did	What happened.
----	-----------	---------------	-----------------	------------	----------------

L.	I thought	I was feeling	Body Sensations	What I did	What happened.
----	-----------	---------------	-----------------	------------	----------------

M.	I thought	I was feeling	Body Sensations	What I did	What happened.
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6. What were the **Outcomes** if your behavior? (positive or negative)

\*\*\* Go back over the chain and put a star (\*) by each spot where you could have broken this chain by changing your behavior.

7. What did you want to happen: what problem were you trying to solve; what was the function of the behaviors?
8. Look at your answer to #3. Can you **Avoid** the **Cue**? If so, what will you do to avoid the cue? If you cannot avoid the Cue, what skills can you learn and practice to help you respond better in the future?
9. How does your **Behavior Chain** compare to your **Offense Cycle**? What is the same? What is different?

Reviewed and signed by staff: \_\_\_\_\_ Date: \_\_\_\_\_  
Staff comments:

**BRIDGE CITY CENTER FOR YOUTH  
AT WEST FELICIANA  
TRANSITIONAL TREATMENT UNIT**

**PROGRAM SUMMARY**

**August 2022**

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# OVERVIEW

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The Transitional Treatment Unit (TTU) at the Bridge City Center for Youth at West Feliciana is able to house up to twenty-four (24) 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.

# ORGANIZATION

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## Staffing Pattern:

- Facility Director, Deputy Director and Assistant Director (administrative authority over all staff assigned to the unit and oversight of programming)
- Program Monitor
- Social Services Staff
- Juvenile Justice Specialists and Supervisors
- Control Center Staff
- Regular and Special Education Teachers or virtual education program
- One Special Education Aide whenever needed
- 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**

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## **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 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**

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## **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. 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.

## **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.

### ***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 interdisciplinary 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 to 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 to 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.



## **TREATMENT PROCESS**

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.

- **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**

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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**

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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.

# Transitional Treatment Unit



## Youth Handbook

Bridge City Center for Youth - West Feliciana

## Mission Statement

"I have made a mistake, but I will not let that mistake govern my life. I can and will make a commitment today and every day to make positive choices in my life. I will make every effort to learn how to manage my behavior and not let my behavior manage me. My goal is to experience success and to learn how to value myself, my family, and my community. I will continue to use what I have learned to help better my society."



I will learn how to become accountable for my actions.

I will learn effective methods of resolving problems.

I will learn how to achieve personal goals.

I will learn how to accept support from others who are helping me in my journey towards positive change.



Objectives

I will be accountable for my actions.

I will apply effective methods of resolving problems in my life.

I will work hard at achieving personal goals.

I will accept support from others, who have my best interest in mind.

# Program Overview

The Transitional Treatment Unit (TTU) is able to house up to twenty-four (24) youth, and is a maximum custody unit for youth described as violent and very aggressive with a documented history of engaging in behavior which creates or incites aggressive responses from others; including staff and peer assaultive behavior. 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 offenders.

The TTU is a 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. However, 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 term and long-term goals.

## **Dining**

You will initially eat all meals in your assigned cell during the Orientation and Treatment Phases. You will be allowed to eat at the tables on the unit during the Transition Phase.

## **Education**

Educational services will be provided to you. Educational instruction will be determined based on your educational needs for courses according to your graduation plan, learning plan, and IEP requirements. You will have the opportunity to complete assigned coursework via online learning with the assistance of a teacher/facilitator.

## **General Population Re-Integration Plan**

Prior to beginning the re-integration process, the Inter-Disciplinary Treatment Team will develop a specific General Population Re-integration Plan. The plan will include specific objectives and targeted behaviors individualized just for you.

### **Therapeutic Treatment**

You are required to participate in all scheduled individual sessions conducted by staff. Individual sessions will occur weekly with your assigned Social Worker.

Your social worker will work with you, focusing on anger management, victim awareness/impact, and components of PACT training, which is a cognitive based program. You will also be expected to participate in-group sessions when conducted. The group sessions will cover the Thinking For a Change curriculum, as well as the previously mentioned topics from individual sessions.

## How Do I Work My Program?



### Case (Progress) Reviews

Case review staffing will be conducted at least every seven working days. The review staffings will begin after the development of the initial IIP. The IIP will evaluate your programmatic and personal progress, staff efforts in motivating, instructing and coaching, and determine your readiness for beginning reintegration. Participants will include, at a minimum, you, your social worker/counselor, security supervisor, teacher, and a representative from the mental health contractor (Wellpath). 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 your social worker and the JSO, will convene to review your behavior from the previous day. This case conference can be done by phone or in person. On-going communication between staff is critical to maintaining a consistent, treatment-oriented focus on your cognitive, emotional, and behavioral status.

In the event groups cannot be included in BCCY-WF, anger management, victim awareness/impact, and Thinking for a Change will be implemented in individual counseling. Groups may occur when best staffing patterns are achieved.

### Medical Services

You will have equal access to all medical, nursing, and other physical health services available at BCCY-WF. As much as possible, such services shall be provided within the confines of the unit. However, you will be transported off the unit to receive specialized medical and dental services.



### **Mental Health Services**

You will have equal access to mental health services as needed. The mental health contractor (Wellpath) will be available to talk to you if you experience emotional difficulties.

### **Parental Involvement**

Your parents or guardian will be notified by telephone and in writing of your placement at TTU. You will be given the opportunity to contact your family weekly via Zoom Calls as well as scheduled regular visitation. Social Services Staff will encourage you to discuss programming with your family.

Family interventions are based on four major assumptions. First, every youth enters the program with a “family”, whether absent, distant, functional or dysfunctional. The involvement of the youth’s 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 you back home and/or community, family involvement is a strong component of 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 your case manager on the unit.

### **Incentives**

Incentives will be provided to you if you are cooperative with programming and are compliant with the rules and regulations. Incentives may be earned on a daily, weekly, or bi-monthly basis. Incentives are earned by receiving a set amount of points on a Daily Participation Chart. The Daily Participation Chart is designed to allow all staff who interact throughout the day with you to easily and accurately record your accomplishments participating in program activities. The Daily Participation Chart will be maintained in a binder and circulated among staff as you move between program activities. Incentives and evaluation of treatment progress are partially determined by a point system. Youth are rated daily on the Daily Participation Chart as to achieve each goal by all staff whom they interact. These ratings traverse all time periods, and each day of the week. Points are totaled weekly.

The type of Incentives and the time they will be distributed is at the discretion of the Facility Director. Below are examples of incentives that youth can earn.

**Weekly Incentives**

46-55 points: Reading material and socks

56-65 points: Blanket and extra time on the phone/extra phone call

66-75 points: non-state issued hygiene items

76-85 points: specified snack

86 + points: Outside recreation time (if permissible by the Director) or TV/Radio time

## **Phase System**

Youth housed at TTU will progress through three levels before transitioning to general population. If you are not compliant with programming your time on the unit can be extended.

### **PHASE I-ORIENTATION**

Upon entry to the unit, youth will go through a formal orientation to treatment. The orientation period is up to seven days during which youth will familiarize themselves with the rules of the unit and the objectives for treatment. The earning of incentives during this phase is not allowed.

### **PHASE II-TREATMENT**

Upon leaving the orientation phase of treatment, youth will enter the treatment phase. The treatment phase is designed for up to two weeks in duration (or more, depending on specific circumstances). Also during this phase, youth will complete therapeutic homework assignments. These assignments will be facilitated during both individual counseling sessions and or group sessions, when feasible. During this phase, you will begin earning participation points that will make you eligible for an incentive.

**\*\*During the infancy stage of the TTU program, group counseling may not be feasible. Group counseling will be integrated into programming when TTU is at the best staffing pattern.**

### **PHASE III-TRANSITION**

Phase III is designed for youth who will either transfer to the general population, or under some circumstances back into the community. Youth on this phase shall be housed in a tier on the TTU for approximately one week (or more, depending on specific circumstances). You can continue to earn incentives in this phase. During or before phase III, a process meeting will be held with staff, the youth who was offended, and the youth who offended. Until such a process meeting can occur, the youth's release from the TTU should not be considered. The process of gradual transition will begin once, the 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 has a significant reduction in the behaviors which resulted in unit admission. Prior to beginning the reintegration process, the treatment team will use defined objectives and performance indicators to develop a specialized general population reintegration plan. The youth's assigned social worker/counselor/group leader will be involved in development and implementation of the general population reintegration plan.

### **RELIGIOUS SERVICES**

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

### **RECREATION**

Youth will be given the opportunity to exercise and participate in exercise for at least one hour per day, including weekends and holidays. Additionally, leisure activities will be initiated when an ideal staffing pattern is achieved.



- No fighting.
- No foul language.
- Carry yourself in a positive manner at all times.
- Dress code must be followed at all times.
- Full participation in all assigned activities.
- Leaving any structured group or activity is not allowed.
- Respect unit members and staff, derogatory comments about members/staff is not allowed.
- Do not argue or smart talk when being corrected by staff, use skills learned.
- Be truthful.
- Use appropriate lines of communication to solve problems.
- Raise your hand to be recognized to speak, except during activities when it is suspended.
- Address all staff by their appropriate titles.
- Maintain personal hygiene.
- Loud or excessive noise is not appropriate at any time.
- Horseplay is not appropriate at any time.
- Gang representation is not permitted.
- Pick up after yourself and dispose of trash properly.
- Rooms must be kept neat and clean at all times.
- Sit up straight during school, group and other structured activities.
- Absolutely no sexually inappropriate behavior.



**It Is Not Too Late...**



***To TURN AROUND***





## **Transition to General Population Criteria**

- ✓ I demonstrate commitment to changing negative behavior.
- ✓ I demonstrate acceptable ways to solve problems.
- ✓ I comply with unit rules and posted policy.
- ✓ I complete behavioral analysis and Youth Workbook.
- ✓ I demonstrate a working knowledge of new skills.
- ✓ I apply new skills in everyday situations.
- ✓ I participate in counseling, educational services and mental health services (if warranted).



# Orientation\*\*\*Emerging\*\*\*Adaptation\*\*\*Transformation

## LAMOD

**LAMOD** is a youth-centered treatment philosophy upon which the culture in OJJ secure care facilities is built, and in which staff provides a learning environment for the youth to grow and develop. The process has four stages that a youth can advance through while in the custody of OJJ. These stages include:

- 1.) Orientation-Learning and Safety
- 2.) Emerging-Self Awareness
- 3.) Adaptation- Applying Skills
- 4.) Transformation-Role Model and Leadership

While you are assigned to SCY-SM Transitional Treatment Unit, you will be reduced to the Orientation-Learning and Safety stage. Youth stage advancement will be suspended and therefore will not advance to the next stage until the youth can be successfully reintegrated back into an OJJ secure care facility.

In lieu of the LAMOD treatment program, you will participate in the Transitional Treatment Unit program but will commit to a modified list of expectations for the Orientation phase of LAMOD as detailed below:

### Stage 1: Orientation – Learning and Safety

#### You are expected to:

1. Attend school, show effort, and put into practice classroom expectations.
2. Follow directions of staff.
3. Maintain personal hygiene, and a proper, neat appearance.
4. Get to know and accept what is expected of you for all activities, programs, and procedures.
5. Get to know what is in the Youth Handbook.
6. Get to know your Rights and Responsibilities.
7. Be able to recite the youth mission.
8. Show respect for staff and peers.
9. Write in your personal journal every day.
10. Begin participation in some Restorative Justice activities.
11. Be compliant with all medication prescribed.
12. Begin working with staff to develop an initial Reintegration Plan/Transition Plan.





### **Youth Pledge of Nonviolence**

Making peace must start within ourselves and within each other. Each of us, members of the campus at BCCY-WF, commit ourselves as best we can to become nonviolent and peaceable youth.

#### **To Respect Self and Others**

To respect myself, to affirm others and to avoid uncaring criticism, hateful words, physical or emotion attacks, negative peer pressure, and self-destructive behavior.

#### **To Communicate Better**

To share my feelings honestly, to look for safe ways to express my anger and other emotions, to work at solving problems peacefully, and to encourage an open system of communication throughout campus.

#### **To Listen**

To listen carefully to on another, especially those who disagree with me, and to consider others' feelings and needs as valid as my own.

#### **To Forgive**

To apologize and make amends when I have hurt another, to forgive others, and to keep from holding grudges.

#### **To Respect Nature**

To treat the environment and all living things with respect and care and to promote environmental concerns on campus grounds.

#### **To Recreate Nonviolently**

To select activities and entertainment that strengthens my commitment to nonviolence and that promote a less violent society, and to avoid social activities that make violence look exciting, funny or acceptable.



### **To Act Courageously**

To challenge violence in all its forms whenever I encounter it, whether in the dorm, in the school, or anywhere on campus, and to stand with others who are treated unfairly, even if it means standing alone.

*This is our pledge. We will check ourselves daily in order to keep our promise to make BCCY-WF a more peaceful place for us to reside.*



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***This is our pledge. We will check ourselves daily in order to keep our promise to make BCCY-WF a more peaceful place for us to reside.***

\_\_\_\_\_  
*Youth*

\_\_\_\_\_  
*Facility Director*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Date*

# Behavioral Analysis Worksheet



## “Completing Your Behavior Chain”

Name: \_\_\_\_\_

Date of Problem Behavior: \_\_\_\_\_

1. Describe your Behavior Problem:
2. Where were you and who was present at the time of your Behavior Problem?
3. What Cue started you on the Chain to your behavior?
4. What things inside yourself, or going on around you, made you Vulnerable or more likely to act out negatively? (Emotions, physical sensations, fatigue, events, etc.)
5. Complete the Behavior Chain: Describe each event, thought, feeling and behavior that occurred in the space provided, and then circle the type of link that it relates to (i.e., was it a thought, a feeling, something that happened, something you did, etc.)

A. I thought I was feeling Body Sensations What I did What happened.

B. I thought I was feeling Body Sensations What I did What happened.

C. I thought I was feeling Body Sensations What I did What happened.

D. I thought I was feeling Body Sensations What I did What happened.

E. I thought I was feeling Body Sensations What I did What happened.

F. I thought I was feeling Body Sensations What I did What happened.

G. I thought I was feeling Body Sensations What I did What happened.

H. I thought      I was feeling      Body Sensations      What I did      What happened.

I. I thought      I was feeling      Body Sensations      What I did      What happened.

J. I thought      I was feeling      Body Sensations      What I did      What happened.

K. I thought      I was feeling      Body Sensations      What I did      What happened.

L. I thought      I was feeling      Body Sensations      What I did      What happened.

M. I thought      I was feeling      Body Sensations      What I did      What happened.

6. What were the Outcomes if your behavior? (positive or negative)

\*\*\* Go back over the chain and put a star (\*) by each spot where you could have broken this chain by changing your behavior.

7. What did you want to happen: what problem were you trying to solve; what was the function of the behaviors?
  
  
  
  
  
  
  
  
  
  
8. Look at your answer to #3. Can you **Avoid** the Cue? If so, what will you do to avoid the cue? If you cannot avoid the Cue, what skills can you learn and practice to help you respond better in the future?
  
  
  
  
  
  
  
  
  
  
9. How does your Behavior Chain compare to your Offense Cycle? What is the same? What is different?

Reviewed and signed by staff: \_\_\_\_\_

Date: \_\_\_\_\_

Staff comments:



# Transitional Treatment Unit

## *Youth Assignment Workbook*

Youth Name \_\_\_\_\_

Date Issued \_\_\_\_\_

## ASSIGNMENT 1. UNIT RULES

Please list the rules for the Transitional Treatment Unit

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

8. \_\_\_\_\_

9. \_\_\_\_\_

10. \_\_\_\_\_

Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_



## ASSIGNMENT 2. WHY AM I HERE?

Write a paragraph stating why you are housed in the Transitional Treatment Program. Include your fighting history and why you fight. Must be at least ten sentences.

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Completed By: \_\_\_\_\_

Date: \_\_\_\_\_

Reviewed By: \_\_\_\_\_

Date: \_\_\_\_\_

Reviewed By: \_\_\_\_\_

Date: \_\_\_\_\_

## ASSIGNMENT 4. THINGS THAT I CAN DO TO CALM DOWN

List at least 10 things that causes you to get upset, both here and at home.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

8. \_\_\_\_\_

9. \_\_\_\_\_

10. \_\_\_\_\_

Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

## ASSIGNMENT 4. THINGS THAT I CAN DO TO CALM DOWN

List at least 10 things that you do to calm down, when you are angry.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

8. \_\_\_\_\_

9. \_\_\_\_\_

10. \_\_\_\_\_

Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

## ASSIGNMENT 5 HOW I SEE MYSELF

Draw a picture to show how you see and feel about yourself.

Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

## ASSIGNMENT 6 CHAIN ANALYSIS

Complete a chain analysis with your counselor.

000000

[illegible]

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

## ASSIGNMENT 8 SHORT & LONG TERM GOALS

List 10 goals you have set for yourself. Include education, work and family goals.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

## ASSIGNMENT 9 ORAL REPORT ON SKILLS LEARNED

Report will be given in staffing to determine if you will begin transitioning.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_



## ASSIGNMENT 10 JORGE'S DILEMMA

Jorge has been a member of a local gang for three years. He is a lower level officer responsible for recruiting potential gang members and expects those he recruits to successfully complete the gang's initiation.

This years' initiation requires recruits to drive outside their neighborhood and kill the first female driver they see singing out loud while driving. Everyone in the car must also be killed.

Jorge's younger sister and brother were unrecognized passengers in the car and did not survive the gang attack.

What should Jorge do?

1. What do you think Jorge should do about the death of his family members? Should he blame the recruit that killed them? Should he retaliate? Why/why not?
2. Is Jorge in any way responsible for the death of his brother and sister? Why/why not?
3. Should Jorge tell his parents that he recruited the person that killed his brother and sister? What if they already know that to be true? Should his parents turn him into the police? Why/why not? Are Jorge's parents in any way responsible for their children's death? Are they responsible for Jorge's gang involvement?
4. Is there a way to make this situation right without hurting anyone? If so how?
5. Would the death of two people be any less important if Jorge did not know them? Why/why not? Should this make a difference?
6. Do you think that Jorge ever thought that someday this might happen to him and his family? Why or why not? Does he now believe that it might happen to him again? If not? Why/why not?
7. What do you think it will take to change Jorge's thinking about his responsibility and future gang involvement? Is there anything or anyone that can help him see the truth? How do you think his gang sees, thinks and feels about what happened? Does it matter?
8. How do you think Jorge might feel about this incident? Should his feelings matter? Should he keep them buried? What if he felt nothing, how would you see him? Should he just accept what happened as a part of "street life" and suck it up?
9. How important is it to go along with what a gang expects you to do? What happens if you don't want to be a part of something that your gang expects you to do? How important is it to follow orders in a gang?
10. What makes gang orders more important than society rules? Is it okay to break society rules if they conflict with gang orders/code? Why/why not

## ASSIGNMENT 11 MALEEK AND ISAIAH'S DILEMMA

Maleek's brother, Isaiah wanted the X-Box, Dance - Dance Revolution Game for his eleventh birthday. Maleek recently stole this game from a neighbor's home with some of his gang friends. He wrapped the X-Box and gave it to his brother on his birthday.

Later that week Maleek's brother found the name of his best friend engraved in the bottom of the X-Box. Upset he confronted his brother Maleek. Maleek denied stealing the X-box game from his friend's home. Two days later Isaiah's friend shows up at his home to study. While studying, he mentioned that he thinks that the neighborhood gang stole his X-Box.

What should Maleek and Isaiah say and do?

1. What do you think Isaiah said to his brother Maleek when he was confronted? What would you have said?
2. Should Isaiah just be thankful that Maleek stole the X-Box for him and drop the issue? Yes/no/Why/why not. Should he have known better than to confront his older brother? Yes/no/why/why not?
3. Should Isaiah be honest and tell his friend that his brother stole the X-Box and give it back to him? Why/why not. Would it be best if Isaiah tried to sneak it back to his friend? Why/why not. Let's say that the X-box was stolen from a neighbor that Isaiah did not know? What should he do then? Explain.
4. What would make Isaiah want to steal the X-box back into his friend's home without his knowing? What do you think might happen the day Isaiah's friend recognizes the X-box as his? Explain.
5. What if Isaiah got caught sneaking it back into his friend's home? Should Isaiah be honest and tell the truth then? What if his friend's family prosecuted Isaiah because they thought he was stealing? What if he was placed on probation and sent to Camp for a year? Should he tell the truth then?
6. Should Maleek tell the truth when he realizes that his brother was sent to jail for something that he and his gang friends did? Yes/No/Why/why not. Should his involvement in a gang influence what decision he should make or shouldn't that matter? Explain.
7. Is it ever right to steal? Is it ever right to let someone else take the blame for something that you did? What might keep you from telling the truth?
8. What do you think is the best way for family loyalty to work? Should families take up for each other when it involves hurting someone or breaking the law? Should family loyalty work both ways?
9. How might this incident have been avoided in the first place?
10. What does Isaiah learn about family, love, rules and not hurting others from this incident? What do you think Isaiah privately thinks about his brother?

## ASSIGNMENT 12 MARK AND DANIEL'S DILEMMA

Mark and Daniel were best friends through the eighth grade when Daniel and his family moved to the neighborhood five miles away.

At a recent neighborhood gang fight Mark recognized Daniel

What should Mark say and do?

1. Should Mark fight with Daniel? Should Mark fight with other gang members and avoid Daniel? Why/why not?
2. Should Mark and Daniel's past friendship carry with it any loyalty?
3. Should gang loyalties and rules override any feelings of positive regard (care or concern) that Mark and Daniel have for each other?
4. What do you think might happen if Mark and Daniel choose not to fight? Explain. If Mark and Daniel do not want to fight, what should they do the next time their two gangs come together? Do they have choices? Does being in a gang limit the choices you believe you can make?
5. Let's say Mark fights Daniel and hurts him badly. How should Mark feel about that? How might Daniel feel? What happens to both Mark and Daniel the next time their two gangs come together?
6. What do you think about having to follow a rule that you know will result in hurting someone? How important is it to not hurt anyone?
7. What is more important, following rules that are made up or living by society's laws? Are society laws ever wrong? Yes/no/why/why not. How should you go about changing a rule or a law that you know is hurtful or wrong in your home neighborhood or school?
8. Let's say that Mark's parents are spiritual and they tell him that God's word makes it wrong to fight? What should Mark do? What if Mark believes in God should he fight or not? If he does, what might happen or doesn't it matter? Should what Mark's parents or what God wants for Mark matter to him? Explain?
9. Do you think that being in a gang limits your freedom in anyway? Explain? Are there some gang members that have more freedoms than others? Why/why not?
10. Should Mark and Daniel's gang have some code that makes it okay for them not to fight if they choose not to do so?
11. When is the best time to avoid situations like this one? Do you think that it is easier to avoid a situation like this one or escape from a situation that you are already stuck in? Explain?

## ASSIGNMENT 13 THOMAS' DILEMMA

Thomas is about to be released from Camp to Aftercare Probation. He wants to cut the ties to his current gang but fears for his immediate safety and life if he does so. His parents would like to move out of the neighborhood but can't afford to it. They are concerned that their local park and schools are no longer safe places for their children to play and mature. In the past, Thomas' family and neighbors celebrated all of their ethnic holidays together with great joy. The streets are no longer safe to do that so neighbors tend to stick to themselves. Thomas is remorseful that he has put himself and family in this situation.

What should Thomas say or do?

1. Should Thomas be thinking about "wanting out" of his neighborhood gang? Yes/no. Explain. Is "wanting out" as dangerous as he thinks? Yes/no. Explain.
2. For some reason "wanting out" of his gang is important to Thomas. What might some of his reasons be for wanting to get out? Explain. Why would Thomas want out now?
3. Do you think that Thomas should have thought through all of the reasons that he now sees for "wanting out" before joining his gang? Yes/ no. Explain. Is it possible to do that?
4. Thomas' parents are obviously concerned for their son? As a parent, what do you think it might feel like to want what is best for your child but not be able to provide what is best? Explain.
5. Why might Thomas' parents think that moving away is there son's only hope? Is moving away the only option, or are there others?
6. Thomas' parents feel badly that they can no longer celebrate the traditions they freely practiced when they were children. What are the ethnic Holidays in your neighborhood that are no longer/or less often practiced? Explain. Why is this/is this so?
7. Are Thomas' feelings legitimate? Yes/no. Is safety an issue in your neighborhood? Yes/no. Explain.

## ASSIGNMENT 14 RICK'S DILEMMA

Rick's mother, is upset because Rick's younger fifteen-year-old brother, Carl is failing in school and staying out drinking until four o'clock in the morning. She suspects that he may be using drugs and getting involved in local gang activity. Rick knows that his brother is doing these things.

What should Rick say or do?

1. Should Rick, talk to Carl and ask him about his suspected drug use and gang involvement? Yes/no. Explain. What would be the best way for Rick to approach Carl? Explain.
2. Does Rick's mother have an obligation to talk her concerns through with Carl? Yes/No. Explain. Does she have a right to be upset? Yes/no. Explain. Let's say Carl's mother does drugs as well. Would she be right to be upset then? Yes/no. Explain.
3. How should Rick's conversation with Carl be the same as the conversation his mother has with Carl? Explain. How should they be different? Who do you believe will have the most impact on Carl's behavior? Rick/Mother, other/ it does not matter he will do as he pleases. Is there a right and wrong thing to say? If so, explain both.
4. Who do you think is most responsible for talking to Rick's brother? Rick/His mother/both? Explain. Should adults outside of Rick's immediate family also try to help or is it none of their business? Yes/no/not their business. Explain? If so, who? What might they say?
5. Should Rick keep the truth from his mother? Is it ever right to keep the truth from someone? Yes/no/can't decide. Let's say Rick's mother is extremely ill, should Rick keep the truth from his mother then? Explain.
6. Is it ever right to join a gang or do drugs? Yes/no. Explain. Why do you think that people do these things? List the reasons and explain?
7. What makes hiding some of the things that are true about what people do so important to those people? What is the likelihood that Carl will stop using drugs? What do you think it will take for Carl to stop using drugs/ be in a gang? Is there ever a best time to talk to Carl? Yes/no/can't decide. Explain. Might Carl ever reach a point where he realizes that he can't stop using drugs? What should/can Carl do then?
8. How can using drug or be in gang seems so right to someone and yet be so wrong to society? What makes doing these things wrong? Would using drugs be wrong to do if there was no law? Explain?

## ASSIGNMENT 15 RICO'S DILEMMA

Rico has been at a residential center for five months and has an opportunity for early release. During his last month's stay he is required to participate in group counseling.

At his first group session, a member from a rival gang ignores the adult leader's request to complete an anger survey and instead disrespects Rico and his gang and calls him out?

What should Rico say or do?

1. How should Rico go about handling this situation? Explain?
2. Should Rico put a stop to the disrespect? Yes/ No. Explain.
3. Should the Camp Staff sanction the rival gang member? Yes/no. Explain.
4. Let's say Rico decides to accept the rival gangs members challenge and fight? What should happen to Rico? Explain? Who should be sanctioned more heavily? Rico/rival gang member/both the same. Explain. How do you think a gang would handle this situation with one of its own members? Explain.
5. What do you think Rico's reasons for fighting might be? Should they include what his gang in the community will hear and /or if he does/does not? Explain?

## ASSIGNMENT 16 RELAPSE PREVENTION PLAN

The more you put into prevention, the more you will get out of the plan.

While thinking about your desired future, record those lifestyle changes you will continue into your new lifestyle. Complete the following from a futuristic perspective:

I will be living at (location)\_\_\_\_\_with\_\_\_\_\_

I will be employed as a \_\_\_\_\_at.\_\_\_\_\_

The action I plan to take when I am lonely and unable to connect with others is:

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The action plan to take when I am feeling fearful or anxious is:

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The action plan to take when I am feeling angry or resentful is:

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The action plan to take when I am feeling anxious or depressed is:

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## ASSIGNMENT 16 RELAPSE PREVENTION PLAN

When I think about those situations where I may act out my addiction, I plan to do the following instead:

<b>Situation:</b>	<b>What I will do instead:</b>
1.	1. 2. 3.
2.	1. 2. 3.
3.	1. 2. 3.
4.	1. 2. 3.

When I am not getting along well with my friends and family, I plan to do the following:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_



ASSIGNMENT 16 RELAPSE PREVENTION PLAN

People I plan to AVOID:

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Places I plan to AVOID:

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People I'm not sure about:

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Places I'm not sure about:

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What changes am I willing to make to deal with the temptation to hang out with negative peers?

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The places that I can go to that support my recovery:

1. 

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2. 

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3. 

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## ASSIGNMENT 16 RELAPSE PREVENTION PLAN

Here are four people who will support me, in my efforts to remain clear.

Person 1:

He/She wants me to be clear and crime free because:
How can I use his/her support?.
The words I will use to ask him/her for help are:
This person can be contacted by (phone number, address, email, etc. .

Person 2:

He/She wants me to be clear and crime free because:
How can I use his/her support?.
The words I will use to ask him/her for help are:
This person can be contacted by (phone number, address, email, etc. .

## ASSIGNMENT 16 RELAPSE PREVENTION PLAN

Person 3:

He/She wants me to be clear and crime free because:
How can I use his/her support?.
The words I will use to ask him/her for help are:
This person can be contacted by (phone number, address, email, etc. .

Person 4:

He/She wants me to be clear and crime free because:
How can I use his/her support?.
The words I will use to ask him/her for help are:
This person can be contacted by (phone number, address, email, etc. .

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*This document is adapted from 2001 Serenity Support Services.*

ASSIGNMENT 16 RELAPSE PREVENTION PLAN

If I relapse, what are the consequences I may face?

To Self:

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To My Family:

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To My Friends:

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To my Community:

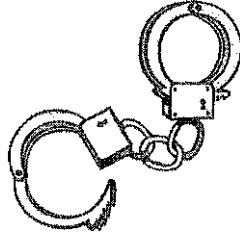
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## ASSIGNMENT 16 RELAPSE PREVENTION PLAN

Draw a picture of one of the consequences you may face as a result of a relapse.



ASSIGNMENT 16 RELAPSE PREVENTION PLAN

What are the benefits if I stay free from temptations and illegal substances?

To Self:

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To My Family:

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To My Friends:

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To my Community:

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## ASSIGNMENT 16 RELAPSE PREVENTION PLAN

Write a letter to yourself for times when you feel like uysing and exercising poor boundaries. Explain the rationale for staying clear. Include what you will lose; what risks and future problems you will be taking on.

**CAUTION**

**DANGER**

**WARNING**

To Me:

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Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

## ASSIGNMENT 17 VICTIM EMPATHY WORKSHEET

Client Name: \_\_\_\_\_

For the Incident on Date: \_\_\_\_\_ Time: \_\_\_\_\_

Worksheet to be completed by Date \_\_\_\_\_ Time: \_\_\_\_\_, (determined by client)

Client's expected consequence If not the worksheet is not completed by that time:

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Name of the Most Recent Victim: \_\_\_\_\_

Approximate Age the Most Recent Victim: \_\_\_\_\_ Grade of the Victim: \_\_\_\_\_

Unit where the Most Recent Victim Resides: \_\_\_\_\_

Names of Other Victims (Group Leader, Staff, Therapist, Probation Officer, Parent(s), Guardian, etc):

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Please describe the situation leading up to this instance of abusive behavior:

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Please describe your behavior that was considered abusive (the wrong that you did):

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Please discuss the impact of your actions on your most recent victim {How does your victim feel? How might your victim not feel safe?}:

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Please discuss the Impact of your actions on the staff who work with you {how did they become victims?}:



Please discuss how your actions are related to the trauma or abuse that happened to you:

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Please discuss how you went about justifying your behavior. Talk about your internal self-talk that made it right to abuse your victim:

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Which of the four major thinking errors did you use in this instance of abusive behavior? How were these thinking errors used in the behavior that brought you to secure care?

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Please describe what you have learned from this instance of abusive behavior (and this worksheet) and what your plan is to stop your abusive behavior in the future:

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In person/By phone

Client: \_\_\_\_\_

Group Leader \_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_  
Therapist Review, Credentials

\_\_\_\_\_  
Date

# TTU PLACEMENT AND RELEASE REPORT

YOUTH'S NAME: \_\_\_\_\_ JETS#: \_\_\_\_\_ SENDING FACILITY: \_\_\_\_\_

SECTION I: TTU PLACEMENT INFORMATION				
Date Placed on TTU: _____		Time Placed on TTU: _____ AM/PM		
Authorized By: _____ (Name / Title at Sending Facility)		Approved By: _____ (Name/Title at Sending Facility)		
Reason for Placement in TTU: (Be specific)(Please attach UORs, Code of Conducts, A&I forms (if relevant) to this form) _____ _____ _____				
Was Youth Issued a Code of Conduct Report: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		If Yes, Specify Rule(s) # and Title of Violation Code(s): _____		
Was the Youth provided crisis counseling prior to the end of the workday? (Or within 24 hours if the placement was after hours.) <input type="checkbox"/> YES <input type="checkbox"/> NO				
Date/time Youth Facilities Director - Statewide was contacted by the Facility Director advising of youth's placement in the TTU _____				
SECTION II: TREATMENT DIRECTOR, DORM GROUP LEADER, AND CASE MANAGER NOTIFICATIONS				
Date Time OSS Notified Clinical Treatment Director _____ Name of Treatment Director _____		Date Time OSS Notified Dorm Group Leader _____ Name of Dorm Group Leader _____		
Date Time OSS Notified Case Manager _____ Name of Case Manager _____		← In the event that the Case Manager was not available, please provide the name of the Case Manager Supervisor _____		
SECTION III: MEDICAL/MENTAL HEALTH SCREENING AND SOCIAL SERVICES NOTIFICATIONS				
Did the CHP Complete a Medical Screening: <input type="checkbox"/> YES <input type="checkbox"/> NO (within 1 hour)		Was a Mental Health Screening conducted by a QMHP: <input type="checkbox"/> YES <input type="checkbox"/> NO (within 1 hour)		
Was Social Service Staff Notified of Placement: <input type="checkbox"/> YES <input type="checkbox"/> NO		Social Service Staff Contacted At: _____ AM / PM		
Time of Assessment: _____ AM / PM (should be within 24 hours of placement) Assessment Conducted By: _____				
SECTION IV: SERIOUS MENTAL ILLNESS / INTELLECTUAL DISABILITY ASSESSMENT (to be completed if youth is seriously mentally ill or intellectually disabled) (if not-applicable write N/A across this section)				
<input type="checkbox"/> Serious Mental Illness		<input type="checkbox"/> Intellectual Disability		
Was There a Need to Contact Mental Health Staff Due to Youth's Classification (SMI/ID): <input type="checkbox"/> YES <input type="checkbox"/> NO				
Mental Health Staff Contacted at: _____ AM / PM				
JJS Signature: _____ (Name/Title)				
Time of Youth Interview, Assessment and Treatment by Mental Health Staff: _____ AM / PM				
If Assessed by Qualified Nurse - Was the Qualified Mental Health Professional Contacted via Telephone: <input type="checkbox"/> YES <input type="checkbox"/> NO		Was There a Need for a Face-to-Face Assessment by the Qualified Mental Health Professional: <input type="checkbox"/> YES <input type="checkbox"/> NO		
Assessment Conducted By: _____ (Name/Title)				
SECTION V: RELEASE FROM THE TTU				
Date Released From TTU: _____		Time Released From TTU: _____ AM / PM		
Youth Released From TTU By: _____ (Releasing Authority Name/Title or Committee Title/Name of Chairman)				
JJS Signature: _____ (Name/Title)				
ARE THE FOLLOWING REPORTS ATTACHED	YES	NO	N/A	COMMENTS
Interim Behavior & Activity Documentation Sheet(s)				
Daily Assessment of TTU Youth				

Unit Supervisor's Signature: \_\_\_\_\_ (Name/Title) Date: \_\_\_\_\_

# INTERIM BEHAVIOR & ACTIVITY DOCUMENTATION

(Extended Behavior Intervention (BI) and Transitional Treatment Unit (TTU))

DATE: \_\_\_\_\_ Youth Name: \_\_\_\_\_ JETS # \_\_\_\_\_ Location / Room # \_\_\_\_\_

The time and observation code(s) are required for each period of observation. More than one code may be used to document multiple behaviors (for example, # 1 for follows directions, cooperative, # 2 for lying or sitting calmly). The behaviors enclosed in the Warning Signs section below may be indicators of mental disturbance. If staff observes persistent Warning Signs, the youth must be referred to mental health staff for further assessment. Specify observation for numbers **16, 18, 19, 21, 22, 24, 27, 28, 30 and 31**. Utilize # **40** for Other Behaviors Observed to indicate any behavior that is not provided.

CODE EXPLANATION: BEHAVIORS & ACTIVITIES		TIME	OBSERVATION	TIME	OBSERVATION
1. Follows Directions, Cooperative	22. Leisure Time / Library / Reading & Writing / Refused	AM / PM		AM / PM	
2. Lying or Sitting Calmly	23. Return to Cell	AM / PM		AM / PM	
3. Walking / Standing Calmly	24. BI / SDTO	AM / PM		AM / PM	
4. Sleeping	25. Supervisor's Evaluation of Removal	AM / PM		AM / PM	
5. Sullen, Quiet	26. Youth Returned to Programming	AM / PM		AM / PM	
6. Cleaning Detail of Room	27. COC Committee/ Staffing	AM / PM		AM / PM	
7. Nervous, Jumpy	28. With MHTP / QMHP / Counselor / Medical Staff / Facility Director / Treatment Director / OSS	AM / PM		AM / PM	
8. Withdrawn, Doesn't Want to Talk	29. Youth on Call-Out	AM / PM		AM / PM	
9. Agitated, Pacing	30. Lights on / Begin Programming, Lights out / Programming Ended	AM / PM		AM / PM	
10. Yelling or Screaming	31. Group Participation/ Community Meetings Begins / Ends	AM / PM		AM / PM	
11. Cursing, Foul Language in Anger	<b>WARNING SIGNS</b>	AM / PM		AM / PM	

12. Making Threatening Gestures	32. Crying	AM / PM		AM / PM	
13. Flooding Cell / Popped Sprinkler	33. Hallucinating (sees things that are not present, reports hearing voices)	AM / PM		AM / PM	
14. Beating on Door, Wall	34. Laughing inappropriately	AM / PM		AM / PM	
15. Personal Hygiene	35. Making clear threats of violence against self or others	AM / PM		AM / PM	
16. Showering / Begin / Ends		AM/PM		AM/PM	
17. Using Restroom / Toilet	36. Superficial attempt to hurt self (pinching or scratching self)	AM/PM		AM/PM	
18. Eating	37. Takes off clothes, smears feces	AM / PM		AM / PM	
19. School Programming Participation / Refusal / GED	38. Talking incoherently	AM / PM		AM / PM	
20. Return from School Programming	39. Trembling, shaking	AM / PM		AM / PM	
21. Outdoor Exercise / Refused/If denied, approved by Director / Designee	<b>OTHER BEHAVIORS OBSERVED</b> 40.	AM / PM		AM / PM	

JJS Signature: \_\_\_\_\_ (Name / Title)  
JJS Signature: \_\_\_\_\_ (Name / Title)

Date: \_\_\_\_\_  
Date: \_\_\_\_\_

Day Shift: \_\_\_\_\_  
Night Shift: \_\_\_\_\_

Page \_\_\_\_ of \_\_\_\_



**Daily Participation Chart**

Date: \_\_\_\_\_

Youth Name: \_\_\_\_\_

Week of \_\_\_\_\_ Phase \_\_\_\_\_

Youth Medication compliant: Yes \_\_\_\_\_ No \_\_\_\_\_

Task	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Security Am (3 points)							
a. Wake up							
b. Hygiene/Shower							
c. Cell maintenance							
Breakfast (3 points)							
a. Receive tray							
b. Eat quietly							
Lunch (3 points)							
a. Receive tray							
b. Eat quietly							
School (2 points)							
a. Participation							
b. Appropriate behavior							
Individual counseling (2 points)							
a. Participation							
b. Appropriate behavior							
Dinner (3 points)							
a. Receive tray							
b. Eat quietly							
Security PM (2 points)							
a. Journaling							
b. Evening leisure							
Total Points each day							

Possible daily points=18

Possible weekly points=122

Total Points for the week \_\_\_\_\_

Did the youth receive any major violations this week? \_\_\_\_ Yes \_\_\_\_ No \*\*If yes, how many \_\_\_\_

\*\*Each checked area will represent a positive remark. Youth need to earn 46 out of 112 possible points to earn one weekly incentive. If the youth receives a major violation during the week, a total of 10 points will be deducted from the total weekly points. Incentives will be given out on a weekly basis. If the youth is noncompliant on the day the incentive is given, the incentive shall be held and distributed the following day.