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John R. Kasich, Governor
Harvey J. Reed, Director

Second Progress Unit Status Report

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INTRODUCTION

The Ohio Department of Youth Services (DYS) and the U.S. Department of Justice (DOJ) negotiated and agreed upon a proposed Consent Order to mediate a process for dispute resolution regarding the PROGRESS Unit at the Scioto Juvenile Correctional Facility, as related to the United Sates v. Ohio and S.H. v. Reed Stipulations. The Consent Order, which was signed by the Court on January 18, 2013 (at which time it was also incorporated into a broader settlement between DYS and the S.H. plaintiff class), sets standards related to PU policies, admissions screening, programming, out-of-room time, staffing, treatment planning, length of stay, and promotion and demotion between phases. The first PU Status Report was authored by Drs. Kelly Dedel and Daphne Glindmeyer and was submitted to the court on March 27, 3013.

PURPOSE AND STRUCTURE OF THE REPORT

This is the 2nd Status Report and it covers the time period from March 1, 2013 to May 31, 2013. The Parties and Monitors agreed that DYS would be responsible for the data collection, analysis, and completion of this 2nd report. The goal of this report is to act as follow-up to the first report and to provide documentation and assessment for each of the PU standards, as well as an explanation for standards that are not in compliance. DYS has created action plans for how we will continue to address those areas that are not in Substantial Compliance.

DYS was very careful to replicate the Quality Assurance (QA) format of the first report. Our hope with this format is that the State will be able to showcase competency with internal quality assurance through the use of concrete, real time examples.

For each of the seven substantive areas in the Order, the report includes the following:

- *Status:* ODYS used a three-level system for each substantive area: either substantial compliance, partial compliance or not in substantial compliance. This three-tiered compliance scheme was agreed to by all Parties, with the recognition that DYS cannot come into compliance with the Consent Order until it has reached substantial compliance with *all* of the PU standards.

- *Standard:* A statement of what the State attempted to achieve in the particular area based on the requirements of the Court Order. Each substantive area has multiple standards under it. They are "should be" statements, rather than a current reflection of the PROGRESS Unit.

- *Methodology:* The source of the data that was used to assess performance toward the standard.

- *Analysis and Interpretation:* A thorough presentation of the data collected for the timeframe (with the option of providing June data as well) with an interpretation (including trends and red flags) of what the data implies regarding the extent to which the standard is being achieved. Additionally, this section offers an explanation for inconsistencies in the data and reasons behind an apparent lack of compliance in regards to extenuating circumstances.

- *Conclusions and Recommendations:* Indicates the status of compliance for the standard, by briefly summarizing the findings from the analysis and interpretation. Statements regarding what

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shall occur in order for the standard to be achieved in areas that are not yet compliant are listed as recommendations.

An accurate description of DYS's response to the suggested Quality Improvement Plan (QIP) suggested by the Monitors in the 1st Report is addressed in the discussion for each standard. For areas where the State finds itself still not in compliance with a certain standard, the State's next steps of action will be apparent. It is DYS's hope that in doing so, we are demonstrating our ability and acceptance of the responsibility for ongoing internal monitoring of the PU. DYS provided a draft of this report to the Monitors and to the plaintiffs in the *S.H.* and *DOJ* cases. The Monitors also had access to the underlying source data DYS used to draft the report. Each party provided comments to DYS, which were then used to revise the draft into this final report. Under separate cover, the Monitors will submit a Compliance Report to the Court that assigns compliance ratings, summarizes feedback and impressions and discusses any ongoing concerns.

The State believes that this 2nd report shows significant progress in all standards. Although we were not able to grade ourselves as "substantially compliant" in all areas, we have pinpointed the areas in need of improvement and created a realistic plan to ameliorate those issues.

As stated in the 1st report, "the PU is a radically different program than it was a year ago" and with this 2nd report, DYS demonstrates that it has tied up some procedural loose ends and improved the substance and quality of the treatment. Furthermore, this 2nd report provides insight into the future actions that will continue to improve the quality and purpose of this unit.

Although this report shows many improvements in the PU from the 1st report, DYS is aware that much work remains. For example, we are still struggling with prolonged length of stay on the PU as well as quality Integrated Treatment Plans and Interdisciplinary Team meeting minutes. Having fixed many of the procedural loose ends, the State has been able to and will continue to focus on the quality of services provided to the youth on the PU. Certain themes, such as ITP goals and objectives and IDT minutes lacking the essential information continued to emerge. Again, although a work in progress, the State believes that this report demonstrates a continuing commitment to and improvement in the quality of provided services.

The State sincerely hopes that this report will reveal the seriousness with which we approached this task, incorporated the recommendations of the Monitors, and are committed to continued improvement.

X[II.9] Admissions Screening
Status: Substantial Compliance

(1) Standard: Admissions Screening.

The PU accepts only those youth who can be reasonably expected to respond positively to the type of program and treatment services on the Unit. As such, their behavior and mental health history is reviewed to ensure that the behaviors are not the symptoms of mental illness (including undiagnosed or untreated mental illness). Youth with the following DSM-IV diagnoses or conditions are excluded from placement on the PU:

- Thought Disorders
- Mood Disorders

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- Developmental Disorders
- Recurring self-injurious behavior or suicidal ideation

Methodology: The following information was used to determine compliance with the standard:

- PROGRESS Placement Table
- Mental Health / Cognitive Skills Screen for Placement on Progress Unit

Analysis and Interpretation.
The PROGRESS Placement table included the following information: youth's name; identification number; facility; date the PU packet was received; adjudicated offense; mental health caseload status; educational program (e.g. regular or special education); DSM-IV diagnoses; reason for request for PU placement; outcome of request (e.g. either approved or denied); the rationale for the approval/denial of placement; and the date of transfer to the unit.

The Mental Health / Cognitive Skills Screen for Placement on the Progress Unit included the following information: youth's name; DYS number; referring facility; date of birth; mental health caseload status; primary clinician's name; DSM-IV diagnoses; 90 day review of psychotropic medication; synopsis of mental health condition; review of cognitive skills; appraisal of adaptive skills; and recommendations.

Five juveniles were referred to the Administrative Psychiatrist for placement onto the Progress Unit from March to May 2013. Two juveniles (40%) were denied by the Facility Resource Administrator prior to their referral packets reaching the Administrative Psychiatrist (OJ and DH). These 2 youth had diagnoses contained in the exclusionary criteria, and thus were not appropriate for the unit. One of the 2 youth denied for placement was also on an IEP for Emotional Disturbance (ED). Consequently, their information was excluded from this analysis. The remaining 3 youth (60%) were accepted onto the Unit.

The number of referrals remained the same from the previous quarter (there were 5 referrals made during the 1st and 2nd quarters). In addition, the number of juveniles accepted onto the unit remained the same from the previous quarter (there were 3 youth admitted to the unit during 1st and 2nd quarters).

None of the juveniles admitted during the 2nd quarter had the diagnoses contained in the exclusionary criteria and were not on the mental health caseload. None of the youth were prescribed psychotropic medication at the time of admission to the unit. Additionally, none of them had documented cognitive limitations or adaptive functioning impairments that would have contraindicated their placement onto the unit. Two of the youth admitted (66%) did have an IEP for Emotional Disturbance (ED).

Individual profiles of the youth admitted are as follows:

JA was not on the mental health caseload and was not prescribed psychotropic medication at the time of the referral. His diagnoses included; Conduct Disorder, Sexual Abuse of a Child, Cannabis Abuse, and Alcohol Abuse. None of these diagnoses are contained in the exclusion list. In addition, JA does not

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have an IEP or difficulties with adaptive skills. Furthermore, there were no contraindications to his placement onto the progress unit.

TH was the 2nd youth admitted to the Progress Unit during 2nd quarter. TH was not on the mental health caseload at the time of the referral and was not prescribed psychotropic medication. His diagnoses were Conduct Disorder and Cannabis Abuse. None of these diagnoses are contained in the exclusionary criteria for placement onto the Progress Unit. In addition, he did not exhibit difficulties with adaptive functioning (with the exception of continued aggressive behaviors towards staff and peers). This youth did have an IEP for Emotional Disturbance (ED). His intellectual functioning was estimated as normative at the time of his admission to the Progress Unit. It was noted that cognitive testing was incomplete due to the youth's lack of compliance with the assessment process. Additionally, there were no apparent contraindications to TH's placement on the Progress Unit.

AF was the 3rd youth admitted to the Progress Unit during the 2nd quarter. AF was not on the mental health caseload at the time of the referral. His diagnoses included; Conduct Disorder, Reactive Attachment Disorder, and Antisocial Personality Disorder. None of these diagnoses are contained in the exclusion list for the Progress Unit. AF was on an IEP with the classification of Emotional Disturbance (ED). Results of IQ testing placed AF in the Average Range of intellectual functioning with no significant limitations in adaptive functioning. AF's weakest area was his aggressive behavior against staff and peers. There were no apparent contraindications for his placement on the Progress Unit at time of admission.

*Please see the chart on the subsequent page.

Youth	Diagnoses	Phase One	Phase Two	Transition

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JA	Conduct Disorder, Sexual Abuse of a Child, Cannabis Abuse, and Alcohol Abuse.	He was placed on P1 5/31/13		
TH	Conduct Disorder and Cannabis Abuse.	He was on P1 from 3/14/13 to 3/28/13 14 days He returned to P1 on 5/25/13 for an AOV	He was on P2 from 3/28/13 to 4/24/13 27 days	He was on T1 from 4/24/13 to 5/25/13 31 days
AF	Conduct Disorder, Reactive Attachment Disorder, and Antisocial Personality Disorder.	He was on P1 from 3/18/13 to 4/17/13 30 days He returned to P1 on 5/31/13 for an AOV	He was on P2 from 4/17/13 to 5/31/13 44 days	

Table: The dates of service are current as of 5/31/13.

JH was one of the 2 youth who were denied placement onto the unit. JH was on the mental health caseload and was prescribed psychotropic medication. His mental health diagnoses included the following: Depressive Disorder Not Otherwise Specified; Post Traumatic Stress Disorder; Conduct Disorder; and Cannabis Abuse. The recommendation was for the treatment providers to continue to work with him around trauma issues and to continue to reinforce his behavior contract.

RB was the 2nd youth who was denied placement onto the Progress Unit. RB was on the mental health caseload and prescribed psychotropic medication. His mental health diagnoses included; Mood Disorder, Not Otherwise Specified; Conduct Disorder; and Attention Deficit Hyperactivity Disorder. RB's intellectual functioning fell within the Average Range and he did not have adaptive functioning impairments. However, he had an IEP for Emotional Disturbance (ED). RB was not on an intensive behavior contract at the time of the referral. The recommendation was for the treatment providers to develop and implement an intensive behavior contract for him.

Conclusions and Recommendations.
The rate of referrals to the Unit has remained stable for the past 6 months (5 youth per quarter). During the current quarter, no youth with exclusionary diagnoses was admitted to the unit. In fact, two youth were denied admission to the unit due to the presence of exclusionary diagnoses. In addition, it was

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recommended that the youth's home facilities exhaust treatment options prior to utilizing a more restrictive placement. The facility is in substantial compliance with this standard.

ODYS shall continue the process of having the Administrative Psychiatrist conduct The Mental Health and Cognitive Screen for Placement onto the Progress Unit. The screening process continues to limit the number of referrals and consequently the number of youth placed onto the Progress Unit. In addition, the Facility Resource Administrator shall continue to deny requests that contain insufficient documentation prior to forwarding them to the Administrative Psychiatrist for review. This process also limits the number of inappropriate referrals to the Progress Unit. Additionally, ODYS shall continue to track and cross-reference Progress Unit referrals via the Requests for Progress Placement Table maintained by the Facility Resource Administrator.

[II.10] Daily Schedule [reviewed by Shannon Komisarek]
Status: Partial Compliance

***(1) Standard: Out-of-Room Time*.**
Youth on the PROGRESS unit have as much out-of-room time as youth in the general population. The ability to be out of their room from 7am to 7pm enables the youth to access to the intensive programming to address the behaviors and skill deficits that resulted in their placement on PROGRESS. The designated times when youth are in their rooms are the following: during shift change (40 minutes daily), medication pass (30 minutes daily), Treatment Team (3 to 4 hours per week), and seclusion time that is ordered as a sanction for major rule violations. The access to rehabilitative services fosters an environment where PROGRESS youth have the opportunity to practice the skills acquired through each Phase and are not in a lock down unit that uses isolation as a means to address youth behaviors.

Methodology.
The following information is used to determine compliance with the standard:

- PROGRESS Unit Youth Activity History Report sheets that indicate the youth's activities throughout each day, separated according to whether the youth is in his room or out of his room.
- The review period was March 1- May 31. Data was reviewed only for the month of May and not March or April due to improvements being made in the schedule itself and wanting to provide the most current picture of the Unit's operation.

Analysis and Interpretation.
The PROGRESS Unit Youth Activity History Report for the 4-week period from May 5- May 28, 2013 was reviewed.

Each week, a random sample of 2 youth was selected for a total of 8 youth and 48 days. Of the 48 days reviewed, 1 youth was in seclusion for 1 full day and 6 hours the following day, a total of 30 hours during

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the sample time. In other words, on 97% of the days reviewed, the youth were out of their rooms and engaged in the program.

The Order requires youth to be out of their rooms on non-IDT days for at least 10 hours and 50 minutes (allowing 70 minutes for shift change and med passes during the 12 waking hours). This minimum was exceeded for approximately 89% of the non-IDT days in the sample. During the 24 day time period review, on 6 of the 56 days (11%), youth were noted to be in their rooms longer than the allotted 70 minutes for shift change/med pass. The in- room time exceptions were minimal with time in-room ranging from 15 to 30 minutes longer than the 70 total minutes permitted by policy. The reasons for the exceptions ranged from a long restroom call to when youth had to go into their rooms because a peer was noncompliant (which averaged 15 minutes). This is a reasonable rate of exception.

The prior Status Report noted concern in the "Technical Assistance Note: Activity Tracking" that the data reflected that youth wee out their rooms during times when they were not, particularly during the IDT meeting times. In reviewing the Youth Activity History reports, the youth were in school approximately for approximately one hour during the IDT meetings. In addition, some youth were in one of the designated recreation rooms on the unit during IDT, which would give them more out of room time than if they were in their rooms during the entire IDT meeting. The discrepancies in the data occurred when the YS's did document the transfer of youth from school or the recreation room in the unit log once the youth had physically moved locations.

There have been instances where a time period ranging from .3 to 1.5 hours is docuemted as in-room time without the explanation. The PROGRESS Administrator needs to ensure the staff are including in the narrative if this is due to restroom calls, shift change, med pass, self-seclusion or any other reason. During these months, the Administrator position was vacant and the clerical staff completing the input did not read the narrative to give the appropriate explanation.

Recommendations.
The facility is in compliance with the standard related to out-of-room time. The Order's minimum requirement (10 hours, 50 minutes) was exceeded on 89% of the days reviewed. Although problems with data-entry and the data collection tool itself make data related to in-room time difficult to interpret cleanly, the issue is best addressed under the standard related to Quality Assurance. Thus, a Quality Improvement Plan is not necessary to meet the standard regarding out-of-room time on the Daily Schedule a Quality Improvement Plan is not necessary to meet the standard regarding out-of-room time on the Daily Schedule.

***(2) Standard: Daily Activities*.**
Each day, youth on the PU participate in the following activities, out of their rooms:

- Meals;
- 330 minutes of education, except during intersession;
- One hour of large muscle activity (without restraints);
- Individual and group treatment conducted by Behavioral Health Staff;

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- Structured activities led by Youth Specialists or Volunteers;
- Leisure time (one hour on school days, two hours on non-school days).

Methodology.
The following information is used to determine compliance with the standard:

- Youth Activity History that indicates the youth's activities throughout each day, separated according to whether the youth is in his room or out of his room.
- Review of the Unit Log narrative that details the specific structured program/ activity the youth is involved in.
- Observations of PU activities

Analysis and Interpretation.
The Youth Activity History logs for the 4-week period from May 1-29, 2013. Each week, a random sample of 2 youth was selected for a total of 8 youth and 58 days. Across the days:

- Three meals were provided to each youth, each day (100%). Youth who were not in seclusion ate outside of their rooms.
- A full day of education was provided to youth who were not in seclusion (100%) [*Chancery* attendance records were used to verify these data.].
- Recreation was provided on all but 3 days (95%; 3 seclusion days). During March and April Phase 1 youth participated in recreation in gator restraints that had more mobility than the gator restraints used all other instances a Phase 1 youth is out of his room. Starting May 1, Phase 1 youth participated in large muscle recreation in the outside recreation area designated for only Phase 1 youth or in the recreation rooms provided on the unit. The use of the gymnasium for Phase 1 youth is to engage in leisure activities. Youth who are serving Intervention Hearing (IH) seclusion are offered 1 hour large muscle by the GAT leading calisthenics to the youth while they remain in their room. The youth will refuse this recreation time because it is not in the gym or in the recreation room on the unit. Youth are serving other forms of seclusion are not offered large muscle recreation.
- Group and individual treatment was recorded for all but 1 of the 54 non-seclusion days (98%). The youth was designated to have been in IDT this specific day.
- Structured activities were recorded on all of the non-seclusion days (100%). One youth was selected each week each week where the schedule, unit log, and documentation were reviewed. The first set of 4 youth who were reviewed had 46% of their activities documented with the staff member leading the activity, but 43% of their activities were not described as being staff led. The second set of 4 youth had 57% of their activities documented with the staff member who led the activity. One youth was selected each week where the schedule, unit log and documentation were reviewed.
- Leisure time was recorded for 19 of the 56 days (66%). Outside leisure recreation was documented 13 times and inside leisure was documented 6 times. The unit schedules are to allow for 1 hour leisure Monday-Friday and 2 hours Saturday-Sunday. The Unit Managers have not allotted the 1 hour leisure on the weekdays, but have structured activities as directed by the

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prior Superintendent. Within the last few weeks, the Unit Managers have been instructed to allow the youth to have the one hour leisure time that is permitted by policy.

Technical Assistance Note: Activity Tracking
"Structured Activity" is captured in the Youth Activity History logs for each youth. This document, however, does not indicate what the structured activity was or who the staff, i.e., Youth Specialist or Unit Manager, was that lead the activity. The Unit Log was cross reference with the Unit Schedule to determine if the youth are engaging in the activities as prescribed by the UM. What was discovered was that the Youth Specialist is logging the activity that is scheduled; however, not detailing who the staff member is leading the activity. Two youth were reviewed each week. *The amount of time that it takes the YS's and clerical to document the out of room time for each youth has decreased due to the staff becoming comfortable and accustomed to documenting in the unit log.*

Conclusions and Recommendations.
The lack of recreation opportunities for students in seclusion, the lack of leisure time on weekdays, and the fact that what is recorded as "structured activity" is often not led by an adult indicate that the facility remains in partial compliance with this standard. In order for DYS to meet the standard associated with the activity component of the Daily Schedule; a Quality Improvement Plan should be constructed to assist in the following area:

1. The Youth Specialists (YS's) need to document in the Unit Log the specific Structured Activity the youth is engaged in and who is delivering this service to the youth. The Youth Activity History Log can then provide the daily and overall information to those who need to review and ensure the Unit Schedule is being followed. It is likely that errors in recording "structured activities" may have obscured the fact that leisure time is being provided on the weekdays.
2. At the writing of this report, there are no Phase 1 PROGRESS youth. When there are Phase 1 youth, the PROGRESS Program Administrator will need to ensure that the YS's and Unit Managers do not become complacent with documenting exactly where the youth are. As the facility staff have become accustomed to the youth being out of their rooms from 7am-7pm (minus the allotted 70 minutes to be in their rooms) , the staff make the erroneous assumption that the youth simply being out of their rooms is sufficient.

***(3) Standard: Graduate Programming*.**
Youth on the PU who have graduated from high school participate in out-of-room structured activities throughout the time that non-graduates are in school.

Methodology.
The following information is used to determine compliance with the standard:

- List of youth who have graduated from high school
- Youth Activity Tracking sheets that indicate the youth's activities throughout each day, separated according to whether the youth is in his room or out of his room.

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Analysis and Interpretation.
The Youth Activity Tracking logs were reviewed to determine how the graduate youth have their school time hours structured for them. During this time period, one youth was identified as the only graduate in the PROGRESS Units.

The PROGRESS Unit Managers meet with the youth as he progresses through the Phases to produce an updated schedule. As he has progressed, his access to opportunities increases. An 8 day time period was reviewed when the youth was a Phase 2. Of the 8 days reviewed, the schedule was documented to be followed 65% of the time. The circumstances that contributed to the schedule not being followed were: the youth refusing to participate in the activity; a volunteer (community or SJCF) not present; the documentation the Youth Specialists documented in the unit log was not specific and accurately reflect what the youth was engaged in. On one day (day 8) the specific activities the youth was engaged in was not accurately documented in the narrative of the Unit Log. The unit staff, inclusive of the Youth Specialists, Unit Manager, and Behavioral health staff report that they follow the schedule, although the youth's activities are not always documented properly.

Recommendations.
While only one youth who had graduated from high school was housed on the PROGRESS Unit during the period of review, data indicate that his schedule was followed only 65% of the time. A Quality Improvement Plan is necessary to meet the standard associated with graduate programming on the Daily Schedule. This plan should include:

1. Ensuring that all youth activities are carefully tracked by the YS who is supervising the youth at any given time. Furthermore, ensure that all staff who have made a commitment to serving graduate youth are responsible for delivering those services. Finally, a youth's refusals to participate in programming will be discussed during the subsequent IDT meeting.

[II.11] Staffing
Status: Substantial Compliance

***(1) Standard: Staff Numbers and Training*.**
A sufficient number of adequately trained supervisory and line staff are available to implement the PU program as designed.

- A Unit Manager (UM) works during all waking hours, seven days per week.
- All assigned PU Youth Specialists have completed required training within three months of their assignment.
- All Youth Specialists (whether assigned or relief) read and sign the relevant Post Orders.

Methodology.
The following information should be used to determine compliance with the standard:

- Average daily populations for Sycamore, Cedar and Buckeye

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- UM schedule
- Youth Specialist staffing reports
- Staff training records
- PU Post Orders and signature pages

Analysis and Interpretation.

The Unit Managers

The Unit Manager Schedules were reviewed for the time period of March 2013 – June 2013. Unit Manager Coverage was as follows:

- Of the 31 days in March, 25 days met the court requirement, for an average of 81%
- Of the 30 days in April, 28 days met the court requirement, for an average of 93%
- Although there were 31 days in May, one day was a state holiday so only 30 days were reviewed. Of the 30 days in May, 23 days met the court requirement, for an average of 77%
- Of the 30 days in June, 27 days met the court requirement, for an average of 90%.

Throughout the four month period, time that staff were noted as in "Training", were counted as coverage because training took place in the facility and the Unit Managers were available if needed. The court order states, "absent minor incidental deviations, the Unit Manager shall work on the PROGRESS Unit during all waking hours (7a-7p) seven days per week." The Unit Manager schedule has required that a Unit Manager be available during waking hours, but has not required a Unit Manager on each Progress Unit during waking hours. Training that has occurred within the facility that Unit Managers were required to attend, still allowed for them to be available and to visit the unit throughout the day.

During the month of May, a PROGRESS Unit Manager was placed on Administrative Leave which impacted coverage resulting in seven of the 30 days not covered, therefore not meeting the standard that month. For the month of June, two additional Unit Managers received PROGERESS training and were included in the coverage, resulting in 90% of the days covered. For the four month period, DYS was overall in compliance with the standard.

The Youth Specialists'

The YS shift assignments are as follows: 6 staff on 1st shift, 6 staff on 2nd shift, and 4 staff on 3rd shift for Cedar and Sycamore Units, for a total of 32 positions. The YS shift assignments are as follows for Buckeye Transition Unit: 4 staff on 1st shift, 6 staff on 2nd shift, and 2 staff on 3rd shift for a total of 12 positions. Each of the 44 staff is assigned to 1st, 2nd, or 3rd shift and has two days off per week. In all cases, the staff have two days off in a row. Relief assist in providing coverage for call offs and vacations. In addition, relief staff are often from another shift, or another Progress Unit, and thus are familiar with the policies and procedures of the Progress Unit. Furthermore, all "relief staff" were trained on the Progress Unit Policy.

Youth Specialists Staffing reports for March, April, and May 2013 show the number of staff who actually reported to work each day.

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- Of a total of 93 shifts (including 1st, 2nd, & 3rd) on Sycamore Unit during the months of March, there was one shift (March 10th, Sycamore Unit on 1st shift) that did not meet the staffing pattern, therefore 99% of the time, Youth Specialist staffing levels were appropriate.
- Of a total of 90 shifts (including 1st, 2nd, & 3rd) on Sycamore Unit during the month of April, all shifts met the required staffing pattern 100% of the time.
- Of a total of 93 shifts (including 1st, 2nd, & 3rd) on Sycamore Unit during the month of May, all shifts met the required staffing pattern 100% of the time.
- Of a total of 93 shifts (including 1st, 2nd, & 3rd) on Cedar Unit during the months of March, there all shifts met the required staffing patter 100% of the time.
- Of a total of 90 shifts (including 1st, 2nd, & 3rd) on Cedar Unit during the month of April, all shifts met the required staffing pattern 100% of the time.
- Of a total of 93 shifts (including 1st, 2nd, & 3rd) on Cedar Unit during the month of May, all shifts met the required staffing pattern 100% of the time.
- Of a total of 93 shifts (including 1st, 2nd, & 3rd) on Buckeye Unit during the months of March, there all shifts met the required staffing patter 100% of the time.
- Of a total of 90 shifts (including 1st, 2nd, & 3rd) on Buckeye Unit during the month of April, all shifts met the required staffing pattern 100% of the time.
- Of a total of 93 shifts (including 1st, 2nd, & 3rd) on Buckeye Unit during the month of May, all shifts met the required staffing pattern 100% of the time.

Staffing Levels

Determining whether staffing levels are "adequate" requires knowledge of the size of the population the staff are supervising on any given day. Average daily populations (ADP) are normally calculated by adding the number of youth on a unit each day, and dividing the sum by the number of days in the month.

Population Averages, per unit				
Unit	**March**	**April**	**May**	**Average**
Sycamore (P1)	6	6	6	6
Cedar (P2)	8	8	8	8
Buckeye (Transition)	6	6	5	5.7
Total PU	20	20	19	19.7

The first Progress Status report showed a decrease in PU population of 14% over the 4 months reviewed (December 2012, Jan.-Feb., 2013) Review of population averages per unit for March, April, May 2013, shows that the population averages have basically remained the same. First Progress report shows an overall average of 19.95 for all units over a 4 month period. This reporting period the overall average for the 3 month period is 19.7. This is 1% decrease which is not statistically relevant.

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The weekly staffing reports, coupled with the estimated ADP permit an assessment of the typical staff—youth ratio on Sycamore and Cedar. 1st and 2nd shifts normally had 3 staff on each unit, while 3rd shift normally had 2 staff. About 10% of the time, 1st and 2nd shifts had 4 or 5 staff and 3rd shift had 3 staff.

PROGRESS Training

The Order requires staff assigned to PROGRESS Unit complete training "specifically relating to working with youth on the PROGRESS Unit and implementing the PROGRESS Unit as designed" within 3-months of their assignment.

The PROGRESS Unit Policy and Handbook was approved by the DOJ Monitor on April 10, 2013. ODYS officials signed off on them, with an effective date of May 31st. ODYS developed an 8hr training based on the policy and handbook for all PROGRESS Unit staff. There were a total of six training sessions held and 100% of the Youth Specialists that are assigned to the PROGRESS Unit and staff that work as PROGRESS relief staff attended the training. Additionally, 100% of the Unit Managers, Behavioral Health Staff, and Administrative Staff attended the training. Assigned staff who were off on Administrative Leave, Disability, or Military were not considered in these results.

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PROGRESS Training May/June 2013					
POSITION	**DATE TRAINED**	**POSITION**	**DATE TRAINED**	**POSITION**	**DATE TRAINED**
YOUTH SPECIALISTS					
William Stump (P)	5/8/2013	Tanya Butler (P)	5/21/2013	Atha Sanders (P)	6/14/2013
Thomas Polk (P)	5/8/2013	Marketta Reedus	5/21/2013	Yvonne Butler	6/18/2013
William Samuels (P)	5/8/2013	Isaiah T. Coleman (P)	5/21/2013	James Littleton (P)	6/18/2013
Kim Williams	5/8/2013	Karl Wilkins Jr	5/24/2013	Tiffany Logan (P)	6/18/2013
Dion Baines (P)	5/8/2013	Fred King	5/24/2013	Andy Baker	6/18/2013
David James	5/8/2013	Malinda Lawrence (P)	5/24/2013	Robert Reynolds	6/18/2013
Jim McWatters (P)	5/17/2013	Andrew Bryson	5/24/2013	Chad Boone (P)	6/18/2013
Bryant Brown (P)	5/17/2013	Tanya Serrell	5/24/2013	Grant Zimmerman (P)	6/18/2013
Nicole Curry	5/17/2013	Josh Miller	5/24/2013	Stanley Ball (P)	6/18/2013
Mandy Rafter	5/17/2013	Melissa Allen	5/24/2013	Nate Strong (P)	6/18/2013
Deb Powell	5/17/2013	Victoria A. Tyler	5/24/2013	Shawn Overstreet	6/18/2013
Glenn Comb	5/17/2013	Dominguez Andres	5/24/2013	Gilbert Cueva (P)	6/18/2013
Anthony Bordeaux	5/17/2013	Marquetta Dudley	5/24/2013	Veronica Sellers (P)	6/18/2013
Diane Merritt (P)	5/17/2013	Adrian Hill (P)	6/14/2013	Curtis Karn	6/18/2013
Jesse Pfalzgraf (P)	5/17/2013	Saroya Seay (P)	6/14/2013	Kehinde Adeyinka (P)	6/18/2013
Katherine Mitchem (P)	5/21/2013	Jamar A. Hill (P)	6/14/2013	Kevin Judge (P)	6/18/2013
Justin McGrath (P)	5/21/2013	Herman Walker (P)	6/14/2013	Velvet Hutchinson (P)	6/18/2013
Joshua Moss (P)	5/21/2013	Angela King	6/14/2013	Dedra Johnson (P)	6/18/2013
Mathew Sanders	5/21/2013	Lisa Wynn	6/14/2013	Teri Campbell	6/18/2013
SOCIAL WORKERS / NURSES/PSYCHOLOGY					
Jessica Jefferson (SW)	5/8/2013	Princess Cripe (Psychology)	5/17/2013		
Keeli Cook (SW)	5/17/2013	Irv Jones (Psychology)	5/24/2013		
Gertrude Love (MH Nurse)	5/17/2013	Dr. M.S. Black (Psychology)	6/14/2013		
Marius Igwe (SW)	5/17/2013	Regina M. Grywalski (OT)	6/14/2013		
Alvin Braddy (MH Nurse)	5/17/2013				

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POSITION	DATE TRAINED	POSITION	DATE TRAINED	POSITION	DATE TRAINED
MANAGEMENT					
Becki Williams (SWS)	5/8/2013	Michael Waryck (UM)	5/21/2013	Nicole Pace (UMA)	6/18/2013
Ven Evans (OM)	5/8/2013	Lataucia Sweeney (OM)	5/21/2013	Larry Mallory-Gang Specialist	6/18/2013
Alfred Brown (OM)	5/8/2013	Keith Williams (OA)	5/21/2013	Curtis Simms (UM)	6/18/2013
Yolanda Frierson (UM)	5/8/2013	Jack Vicencio (Deputy)	5/21/2013		
Turon Hairston (OM-TWL)	5/8/2013	Joel Nussbaum (OM)	6/14/2013		
Laurel E. Jeffreys (UM)	5/8/2013	Trecia Holdren (SWS)	6/14/2013		
Shannon Komisarek (Deputy)	5/17/2013	Carlos Davis (UM)	6/14/2013		
Vickie Donahue (HSA)	5/17/2013	Ian McNamara (Rec. Admin)	6/18/2013		
RECREATION/EDUCATION					
Matt Russell (GAT)	5/8/2013	Richard B. Sommers (Teacher)	5/24/2013		
Jeffrey Adkins (Asst. Principal)	5/21/2013	Greyland Williams (GAT)	6/18/2013		
Melissa Lopes (GAT)	5/21/2013	Kelly Wright (OA)	6/18/2013		
CENTRAL OFFICE/NON-DYS					
Mindy Worly (AG)	5/8/2013	Dave Pigman (CO)	5/8/2013		
Ashleigh Hodge (Intern)	5/8/2013	Pat Hurley (CO)	5/8/2013		
Alexis Witte (Intern)	5/8/2013	Ed Dachowski (CO)	5/17/2013		
Jim Ferrell (CO)	5/8/2013	Vanessa Tower (CO)	5/17/2013		
Aaron Bauer (CO)	5/8/2013	Chris Freeman (CO)	5/21/2013		

The previous PROGRESS Status Report identified that Post Orders were "severely outdated". In reviewing the current Post Orders, they were updated March 6th, 2013 and accurately reflect current expectations of the PROGRESS Unit.

Conclusion and Recommendations.
In the 1st Progress Status Report the monitor recommended the ODYS develop a QA process to appropriately monitor this standard. ODYS is utilizing the 2nd Progress Status report as a QA tool. The findings demonstrate that ODYS is in substantial compliance.

In only one area (UM coverage in May 2013) did the staffing levels fall below the requirements of the Court Order. This shortage was due to an unexpected staff departure and did not lead to a chronic shortage in UM coverage. Indeed, in the following month, UM coverage exceeded the threshold of 80%. This, along with the other findings discussed here, demonstrate that ODYS is in substantial compliance.

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***(2) Standard: Impact on Safety*.**
Recognizing there are many contributing factors to youth violence, staffing levels on the PU are sufficient to ensure that a lack of supervision does not contribute to the opportunity for youth to commit violence against other youth or staff.

Methodology.
The following information should be used to determine compliance with the standard:

- Rate of youth-on-youth violence for this reporting period
- Rate of youth-on-staff violence for this reporting period
- Disaggregated list of AOVs committed by youth that includes the youth's name, date and type of violence.

Analysis and Interpretation
The 1st Progress status report showed rates of youth on staff and youth on youth violence for a 3 month period, November, December and January:

Rates of Violence on the PU						
Month	Youth—Staff			Youth—Youth		
	Number	ADP	Rate	Number	ADP	Rate
Nov 12	8	21	.381	5	21	.238
Dec 12	6	20	.285	1	21	.048
Jan 13	5	19	.263	1	19	.053

The 2nd Progress Status report reviewed youth on staff and youth on youth violence for a 3 month period, March, April and May 2013:

Rates of Violence on the PU						
Month	Youth—Staff			Youth—Youth		
	Number	ADP	Rate	Number	ADP	Rate
Mar 13	3	20	.150	0	20	.000
Apr 13	5	20	.250	0	20	.000
May 13	2	19	.105	0	19	.000

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Comparisons:

- The average rate of youth on staff assaults for the First Status Report was .310; The average rate of youth on staff assaults for the Second Status Report was .168, for an overall decrease of 46%
- The average rate of youth on youth assaults for the First Status Report was .113; The average rate of youth on youth assaults for the Second Status Report was 0, for an overall decrease of 100%

Conclusion and Recommendations.
The reduction in youth-on-youth violence has contributed to an overall safer environment. Although it's not clear that there is one contributing factor, what is clear is that the reduction of "in room" time, the emphasis on programming, recreation, and structured activities has had a positive impact. ODYS will continue work towards sustaining the progress made thus far and identify areas for continued improvement.

The rate of youth-on-staff violence, while significantly reduced from the previous period, still remains higher than desired. As with youth on youth violence, the overall environment has become safer with an emphasis on programming and structured activities. ODYS will continue to sustain the progress made thus far and identify areas for continued improvement.

With a reduction in overall violence, and evidence that sufficient numbers of staff supervise these youth, ODYS is in substantial compliance with this standard.

In order to maintain substantial compliance, ODYS will continue to:

1. Track *rates* of violence by collecting the number of AOVs and the ADP each month for the PU, specifically.
2. Analyze incidents involving violence against youth to identify any patterns in unit, location, youth involved, etc.
3. Analyze types of violence perpetrated against staff, their underlying causes and any environmental conditions that create the opportunity for violence to occur (e.g., sufficient staff support during restraints? Ability to collect liquids and throw them? Tensions between individuals that should be mitigated?).

[II.12] Treatment Planning
Status: Partial Compliance

(1) Standard: Clinical Staffing [this standard is derived from paragraph II.C.3 of the *SH* Order]
Clinical staffing is sufficient to implement youth's treatment plans and to conduct Inter-Disciplinary Team (IDT) meetings. The staffing levels are adjusted when the population fluctuates or upon reasonable professional judgment.

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Methodology.
The following information was used to determine compliance with the standard:

- PROGRESS Unit (PU) policy
- Standard Operating Procedures
- Case notes from the OK database broken down by treatment type
- Integrated Treatment Plans (ITPs) approved between 3/1/13-5/31/13
- A tally of the front line staff and their clinical hours provided
- Interdisciplinary Team (IDT) minutes

Analysis and Interpretation.

Ratio of clinical staffing
During the March 2013-May 2013 three month time period, the number of youth on the PROGRESS Unit (PU) varied from as low as 11 youth to as high as 17 youth. During this time, there were 8 full time clinicians and treatment providers, 1 full time mental health nurse, and 1 contracted psychiatrist (.5 FTE) who worked primarily on the PU. This creates a ratio that ranged from a low of staff to youth of 1:1.3 to a high of 1:2.1. The clinicians and treatment providers consisted of three psychology staff, four social workers and one Occupational Therapist (OT) (.5FTE). Collectively, these primary staff (along with treatment provided by three Unit Managers, one Unit Administrator, and 1 youth specialist all assigned to the PU provided treatment to these youth during their time on the PU.

Although more than one Youth Specialist provides treatment, the Case Notes Database is limited in some aspects and therefore does not reflect the name of the Youth Specialist providing such treatment. Detailed limitations are noted below:

- The Case Notes database is not designed to incorporate case notes completed by Youth Specialists who conduct group sessions unless the Youth Specialist's name is documented as part of the case note.
- The drop box identifying the staff completing the session only lists the clinicians or the Unit Manager.
  Office assistants completing data entry to document the Youth Specialist's group session did not identify the group facilitator in the body of the case note. Therefore, the case note would need to be compared with the sign in sheet.

Based upon the data reviewed, psychology staff delivered 39% of the received treatment, social work staff delivered 53% of the treatment and the OT delivered 8% of the treatment. There was also evidence that Scioto JCF ensured necessary treatment was occurring, even when assigned staff were absent. For example, case notes revealed that on occasion, staff who were not normally assigned to the PU conducted and documented treatment provided on this Unit.

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Month	Lowest Ratio (staff to youth)	Highest Ratio (staff to youth)
March	1:1.8	1:2.1
April	1:1.4	1:2
May	1:1.3	1:1.6

Research supports the sufficiency of one staff person for every 8 to 10 youth (Deitch, Madore, Vickery and Welch, 2013). Based upon this research, even the highest ratio of 1:2.1 staff:youth ratio identified above is more than sufficient for the provision of behavioral health services.

Another way to demonstrate the effectiveness of the PU staff is to analyze the number of treatments hours they provided. During the 3 month period, the clinicians and treatment providers mentioned above provided 1,432.22 hours of treatment to these youth during the youths' time on the PU. Of the 8 PROGRESS clinicians and treatment providers, there were 3 psych staff, 4 SW staff, and 1 OT (.5 FTE) staff. Percentage wise, the psych staff contributed to 39% of the received treatment, the SW staff contributed to 53% of the treatment and the OT staff contributed to 8% of the treatment.

According to the data reviewed, the youth received an average of 1.2 hours of treatment a day. The staff provided an average of 15.9 hours of treatment per day, which creates a staff to youth ratio (in treatment hours) of 15.9:1.2. Considering the number of youth on the Unit during this time period (11-17 youth) as well as the expectation that clinicians perform individual and group therapy, this ratio seems to be an accurate reflection of what is occurring. Furthermore, taking into consideration that "treatment" does not include additional programming, such as school, volunteer services, recreation services, or meals, this ratio of treatment is a reasonable expectation.

IDT meetings

Of the thirty-nine IDT meetings that should have been held during the three month period, all 39 meetings occurred. This is a compliance rating of 100%. Furthermore, the IDT was 100% compliant in conducting the weekly meetings as required in the ODYS SOP 404.02.01 "Interdisciplinary Team. " Please see the discussion below for a more comprehensive outline of staff attendance.

Fluctuations of Rotating Staff

During the three-month period, there were not a high number of fluctuations. Therefore, the number of staff and the amount of treatment provided was adequate to ensure all youth received a consistent level of treatment. Additionally, as there were entries provided by staff members who were not one of the 8 consistent clinicians and treatment providers, it can be interpreted that Scioto JCF has the means and the foresight to ensure that treatment continues, even if there are moments of short staffing. These moments of short staffing include trainings, unexpected call offs, and other unique situations that may occur on any given day.

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Conclusions and Recommendations
The facility is in substantial compliance with this standard.

Current staffing levels are more than sufficient to meet the requirements of the Court Order and to ensure youth's consistent access to treatment that is responsive to individual needs. In order to maintain substantial compliance, recommendations include the following:

1. DYS should continue creating data sets in an effort to easily extract data from the Management by Measurement (MbM) database system. The MbM database extracts data from the OK database.
2. DYS should continue evaluating clinical staff:youth to ensure ratios do not exceed 1 clinical staff to 8-10 youth and to ensure that youth are receiving an adequate average number of treatment hours per day.

***(2) Standard: Treatment Planning*.**
Treatment plans are individualized and include concrete, realistic, measurable goals and objectives that are designed to address the specific behaviors that led to the youth's placement on the PU. Specific interventions are prescribed in order to assist youth in accomplishing treatment goals. Progress toward treatment goals results in promotion through the PU's phases and, ultimately, back to the general population.

- Phase 1 (P1) goals focus on acquiring skills to move safely about the unit without the use of restraints once promoted. Skill acquisition is demonstrated by meeting behavioral expectations.
- Phase 2 (P2) goals focus on acquiring skills needed to refrain from aggressive behavior once returned to the general population.

Methodology.
The following information was used to determine compliance with the standard:

- Integrated Treatment Plans for 10 youths currently on one of the PROGRESS Units
- Case notes for 10 youth currently on one of the PROGRESS Units

Analysis and Interpretation.

ITP Goals & Objectives
Three of eight primary clinicians were represented in the sample. Objectives written during the period of March, April and May 2013 were reviewed. For this standard, ITP goals and objectives were assessed to determine whether they were measurable, realistic, strength-based and addressed development of skills needed to change behaviors that led to placement. Based on the ITPs reviewed:

Total	Measurable	Realistic	Strength Based	Skills Focused
167	154 (92%)	167 (100%)	13 (8%)	39 (23%)

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- The use of strengths in objective development has increased slowly.
- There appeared to be an increase in objectives being stated in a forward moving way with an increasing focus on identifying, practicing/acquiring, and demonstrating positive behaviors (as opposed to removing, eliminating, or decreasing negative behaviors).
- Although there is a slight increase in objectives with skill development as the focus, the facility is still not meeting ODYS' standard at this time.
- Nearly all objectives being developed are observable, realistic and measurable.

ITP Documentation in Case Notes

Interventions were reviewed to determine if they were documented and appropriate to ITP goals and objectives. In addition, the type and intensity of services were reviewed to determine appropriateness to the ITP and the individual youth.

This analysis involved calculating the number of treatment contacts per youth during a 13-week period (3/1/13-5/31/13). Once calculated, the average number of each type of contact was averaged across the 10 youth in the sample for the entire 13-week period and also per week. Results are presented in the table below.

	CBT Group A and/or B	Skill Sets	OT	MH/SA Group	Ind SW	Ind Psych
13-week period	**8.2**	**43.7**	**16**	**10**	**11.4**	**15.7** caseload **8** non-caseload
Per week	**.63**	**3.36**	**1.23**	**.77**	**.88**	**1.2** caseload **.62** non-caseload

Range of Daily treatment contacts 3/1/13 – 5/31/13: **0 – 5**

Average number of days on which youth received **no** treatment contacts 3/1/13 – 5/31/13: **7.4** (**2.46** days per month; **.56** days per week)

Estimated average daily treatment contacts per youth 3/1/13 – 5/31/13: **1.27**

The estimated average daily treatment contacts seem to be an accurate reflection of what is occurring. Furthermore, taking into consideration that "treatment" does not include additional programming, such as school, volunteer services, recreation services, or meals, this ratio of treatment is a reasonable expectation.

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With regard to the average daily number, seven out of the ten youth (70%) were on the PU for the full 92 day period between March 1, 2013 and May 31, 2013. The other three youth were on the PU for 1, 74 and 78 days.

- Interventions are documented at various levels of detail in all group and individual case notes with the exception of CBT Core A, Core B Curriculum, and Core B Skill Set groups. Those notes simply identify the date, skill set discussed, and/or lesson covered. CBT Core A, Core B Curriculum and Core B Skill Set are primarily provided by Youth Specialists and facilities were therefore permitted to document the date, skill set discussed and/or lesson covered for these groups.
- Documentation of having addressed specific ITP objectives is found in approximately 30-40% of individual case notes.
    - Group notes are dictated by the group subject and focus on details regarding youths' behavior and apparent investment in the group.
    - Individual case notes that do not address specific ITP objectives are, in large part, focused on current youth issues.

Individual and group treatment sessions should always connect back to the youth's ITP. This is an area that has been addressed and will continue to be addressed as needed.

Based on the case notes reviewed:

- Occasionally, a single objective, as phrased, actually represented 2 and sometimes 3 separate objectives. Objectives need to be better focused and limited in scope so that progress toward them can be measured easily.
- Over time the number of objectives that focus on skill acquisition has increased, but given that less than ¼ of objectives were skill-focused, this is an area in need of improvement.
- Strength based objectives do not represent a high percentage of objectives written during this period. However, the inclusion of strength based objectives has increased over time, and continued to increase in June and in July to date. However, the percentage remains relatively low and this represents an area for further attention and development. In May 2013, ODYS Central Office reviewed several ITPs and provided written feedback and technical assistance to the facility. The feedback and technical assistance included but was not limited to discussion of SMART goals, strength based goals and objectives, skill acquisition, duration and frequency.
- Case notes reference general, broad objectives in most cases. They need to be more specific in order to be more individualized.
- Based on clinical expertise, staff is delivering treatment, training and interaction at a high level of frequency. Treatment expectations are guided by OYAS standing, mental health status, and number of other factors. Individual contacts with behavioral health staff identified in policy guidelines for both youths on the mental health caseload and for Progress Unit in general are exceeded. When the total number of treatment contacts are analyzed in terms of time, the ten youths in this sample were provided an average of 90.13

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hours of treatment through this 91 day period of time. At this pace, youths with an OYAS level of low will have met their treatment target (100 hours) within 4 months of admission, moderates will have met their target (200 hours) within 6-7 months, and highs would have met their target (300 hours) within 10-11 months of admission. These figures and frequencies must be considered in the context of the number of days and hours youths were in seclusion, days and hours youths are available for treatment, and actual number of days on the units (some youths were not on Progress every day through this 3 month period). What looks to be an average of one treatment hour per day would, in fact, turn out to be at least somewhat higher, if not significantly higher, if such an analysis was produced.

Conclusions and Recommendations.

The facility is in partial compliance with this standard based on the following:

1. Substantial compliance with the standard that goals and objectives be realistic and measurable.
2. Partial compliance with the standard that goals and objectives focus on skill acquisition.
3. Partial compliance with the standard that goals and objectives be strength-based.
4. Substantial compliance with the standard that interventions are documented.
5. Partial compliance with the standard that documentation connects the intervention to ITP goals and objectives.
6. Substantial compliance with the standard that treatment is at an appropriate level of intensity.

The following steps are recommended:

1. Continue to focus on writing simple, concrete, measurable objectives.
2. Continue to identify skills to enlist in achieving objectives as well as those that a youth needs in order to continue moving forward.
3. Identify an instrument BHS staff can utilize to identify strengths in the following areas: emotional, personality, and character. Ensure these strengths are incorporated into the youth's ITP goals and objectives.
4. Ensure that group notes are more individualized and have specific references to youth's individual ITP goals so as to better integrate treatment across providers.
5. Provide continual, frequent, and on-going training and discussion among BHS staff for developing ITPs.

***(3) Standard: Progress Reporting and Promotion*.**
Progress toward treatment goals and behavioral expectations is assessed on a weekly basis. Youth are promoted to the next higher phase when they have met their treatment goals and behavioral

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expectations. Behavior not related to AOV, serious STG activity, possession of major contraband, or repeated verbal threats to cause serious harm are not used as a basis to withhold promotion.

Methodology.
The following information was used to determine compliance with the standard:

- Movement History
- IDT Minutes from March 1, 2013 through May 31, 2013

Analysis and Interpretation.

Promotion/Demotion Compliance
A random sample of ten youth who were on the PU between 3/1/13-5/31/13 was reviewed. Although a random sample was reviewed, several primary and secondary parameters were also considered during the case selection process in an effort to review at least nine cases involving youth who recycled through the PU Phases and at least one case where the youth did not recycle through the PU Phases during the period under review.

A total of 121 IDT discussions occurred during the period under review. Of this number, the PU was 94% compliant with the following: The IDT minutes clearly identified whether the youth was on track for promotion, his promotion was withheld, youth was promoted, or youth was demoted. The table below is a breakdown of the compliance.

ON TRACK FOR PROMOTION, PROMOTION WITHHELD, PROMOTION, DEMOTION					
Yes = In compliance No = Out of compliance					
#	Question/Issue	Total # of IDT Discussions	Yes	No	Compliance Percentage
1.	IDT action taken complied with the treatment goals, behavioral expectations and four criteria (AOV, major contraband, STG Activity, repeated verbal threats to cause serious harm)**	**121**	**114**	**7**	**94%**

**The above item was reviewed in reference to policies and standard operating procedures in effect during the period under review (March 1, 2013-May 10, 2013)

Based on the data, PU non-compliance in this area was due to:

- Youth demotion from Transition 1 to Phase 2 for sexual misconduct and for not meeting behavioral expectations. Demotions should only occur when a youth has engaged in an Act of Violence, major contraband, STG Activity or repeated verbal threats to cause serious harm.
- Several youth were demoted for sexual exposure. The demotion criteria identified above was not met.

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- Youth's promotion from Phase 1 was withheld based on a threatening conduct and four previous secondary violations. Youth had been informed by the IDT during the previous week that he would get promoted if he received no violations that week. However, he received another violation. The youth should not have been promised a promotion to Phase 2 in part because the youth had four prior secondary violations. A Phase 1 youth cannot have primary or secondary violations when being promoted to Phase 2.
- Youth was promoted to Phase 2 even though he did not meet his goals and objectives. A Phase 1 youth must meet his goals and objectives in order to promote to Phase 2.

Although the IDT makes the recommendation for demotion, the facility Superintendent must approve all phase demotions prior to implementation.

On several occasions youth were informed during IDT meetings that they would be promoted the following week if they did not receive any Youth Behavioral Incident Reports (YBIRs) between that time period and the next IDT meeting. Several youth received YBIRs which resulted in a demotion or in a promotion being withheld.

Recycled Cases

Nine out of the 10 cases reviewed during this time period (90%) involved youth who recycled through the PU. However, it must be noted that as mentioned earlier these nine cases were specifically selected for review based upon primary and secondary parameters established when determining the random sample criterion. The ten cases were selected to determine if trends for recycling or promotion could be identified.

Based on the data, there was no clear indication why youth recycled through the Phases. The 9 youth who were recycled accumulated a total of 13 demotions. In 8 out of 13 instances (62%), the youth's goals and objectives were not discussed during the most recent IDT meeting prior to the demotion. This indicates that just prior to demotion, the goals and objectives were only discussed 38% of the time for these youth. As a result of ODYS discovering this trend, it should be explored further to determine if this is one factor which contributes to the youth's recycling through the Phases.

For the one youth who advanced through the phases without being demoted, his goals and objectives were discussed at all IDT meetings preceding his promotion. This is a 100% compliance rate involving the discussion of goals and objectives immediately prior to the four promotions. When discussing the goals and objectives, the IDT discusses whether the youth has been meeting his goals and objectives. Treatment interventions are also discussed. Further exploration is needed to determine if this may be a factor involving youth who promote through the phases without recycling.

IDT Meeting Compliance

During the period under review, a total of 39 IDT meetings were held with each Unit conducting 13. The IDT was 80% compliant in conducting weekly IDT meetings to discuss the youth's progress. In other words, 2 youth were not reviewed weekly.

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For the two non-compliant cases, one youth was promoted from Phase 2 (Cedar Unit) to Transition 1 (Buckeye Unit) on March 1, 2013 but an IDT meeting was not held for him until March 12, 2013. The second youth was promoted from Phase 2 (Cedar Unit) to Transition 1 (Buckeye Unit) on March 14, 2013 but an IDT meeting was not held for him until one week later on March 21, 2013. These two cases are similar in that when both youth transferred from Phase 2 and Transition 1, there appeared to be a system breakdown and the youth were not integrated into the Buckeye Unit weekly IDT meeting schedule in a timely fashion.

The IDT was 100% compliant in meeting with all ten youth face-to-face at least bi-weekly to discuss the youth's progress. The table below highlights this data.

IDT WEEKLY & BI-WEEKLY MEETING COMPLIANCE					
Yes = In compliance No = Out of compliance					
#	Question/Issue	# of Youth Reviewed	Yes	No	Compliance Percentage
1.	Did the Interdisciplinary Team (IDT) meet at least once/week to review youth's progress?	**10**	8	2	**80%**
2.	Did the IDT meet face-to-face with the youth at least twice/month to review the youth's progress related to his ITP?	**10**	10	0	**100%**

Documentation of Goals and Objectives in the IDT Meeting Minutes

A total of 121 IDT discussions occurred during the review period and the IDT averaged twelve discussions per youth. Discussion of the goals and objectives during the IDT meetings is an area still needing improvement.

A discussion of the goals during the IDT meetings never exceeded 77% for all PU Phases and a discussion of the objectives never exceeded 74%. On several occasions during Phase 1, Phase 2 and Transition 2, the goals were discussed but not the objectives.

Although receiving the lowest rating in both areas of goals and objectives, data reflects that the Buckeye Unit (Transition 1) consistently discussed objectives whenever the youth's goals were discussed. However, as indicated below, these discussions occurred on very rare occasions.

The table below gives the compliance breakdown for all PU Phases as related to documentation of goals and objectives during IDT meetings. There appeared to be an issue where the goals and objectives were

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not routinely reviewed or discussed during IDT meetings when the youth transitioned to the Buckeye Unit. DYS recently addressed this issue with the facility and anticipates improved compliance during the 3rd Quarterly PU report.

GOALS & OBJECTIVES DOCUMENTED IN THE IDT MINUTES				
Yes = In compliance No = Out of compliance				
GOALS				
Unit Name & Phase	**Total # of IDT Discussions**	**Yes**	**No**	**Compliance Percentage**
Sycamore (Phase 1):	**44**	**34**	**10**	**77%**
Cedar (Phase 2):	**35**	**23**	**12**	**66%**
Buckeye (Transition 1):	**30**	**7**	**23**	**23%**
Buckeye (Transition 2):	**12**	**5**	**7**	**42%**
OBJECTIVES				
Sycamore (Phase 1):	**43**	**32**	**11**	**74%**
Cedar (Phase 2):	**35**	**22**	**13**	**63%**
Buckeye (Transition 1):	**31**	**7**	**24**	**23%**
Buckeye (Transition 2):	**12**	**4**	**8**	**33%**

The skills needed to achieve the goals and objectives were either not being discussed during the IDT meetings or were not being documented. There was also limited discussion and documentation on engaging the youths' families.

The IDTs conscientiously and consistently discussed the youth's medication compliance rate for those youth taking medication. Documentation of Phase 1 (Sycamore Unit) IDT meetings looked to be the strongest and most detailed. However, significant improvements were made by staff on Transition 1 (Buckeye Unit) during the May 21st and May 28th IDT meetings. The Buckeye Unit began formatting the IDT meeting minutes in the same manner as the Sycamore Unit. Thus, the meeting minutes were more structured. Furthermore, the IDT minutes clearly reflected the status of each youth's progress with his goals.

Several youth involved in the Phoenix (Gang) program attended the IDT meetings and the IDT discussed youths' involvement with gang-related activities. However, the Gang Coordinator was not present to add to this discussion and no information was provided by the Gang Coordinator.

Documentation of Treatment Interventions When Needed

In six out of the seven applicable cases reviewed, treatment interventions were adjusted when warranted. This is an 86% compliance rate. On the one case where the treatment intervention was not adjusted, the IDT struggled with identifying new interventions to support the youth.

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ADJUSTMENT OF TREATMENT INTERVENTIONS IN THE IDT MINUTES						
Yes = In compliance No = Out of compliance						
#	Question/Issue	# of Youth Reviewed	Yes	No	Not Applicable	Compliance Percentage
1.	Did the IDT weekly minutes clearly identify adjustments needed to help the youth achieve his goals?	**10**	**6**	**1**	**3**	**86%**

Conclusions and Recommendations.
The facility is in substantial compliance with this standard.

The IDT was 94% compliant in its action taken related to PU Phase promotions and demotions. Demotion non-compliance involved sexual misconduct and sexual exposure. Promotion non-compliance involved a youth being promoted although not meeting his goals and objectives and another youth being promised a promotion from Phase 1 to Phase 2 although he had four prior secondary violations.

There is no clear indication why youth recycled through the PU Phases. However, a trend was discovered which revealed that at the most recent IDT meeting just prior to demotion, the goals and objectives were only reviewed and discussed 38% of the time. The recycling issue should be explored further to determine if this is one factor of possibly several which contributes to the youths' recycling through the Phases.

Recommendations include the following:

1. Review and comply with SOP 303.01.07 "Unit PROGRESS" to ensure future compliance related to promoting and demoting youth.
2. Comply with SOP 404.02.01 "Interdisciplinary Team" inclusive of engaging the youths' families and encouraging their participation in the IDT meetings whenever possible.
3. Complete ODYS Form 404.02.01.A "Interdisciplinary Team Agenda/Meeting Minutes" when documenting IDT meeting minutes.
4. Re-evaluate the practice of promising promotions based on the youth's anticipated behavior.
5. Develop clinician's strengths around articulating goals and objectives that are concrete, measurable, strength-focused and skill-based.
6. Develop a plan for discussing and documenting, during the IDT meetings, the youth's ITP goals, objectives and skill development needs.
7. In development of the above plan comply with SOP 404.02.01 "Interdisciplinary Team.
8. Clearly discuss and document during IDT meetings, skill acquisition needed by youth to assist the youth in achieving identified goals and objectives.
9. Continue adjusting treatment interventions as needed. Seek consultation from Central Office when the IDT comes to an impasse related to treatment intervention options.

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***(4) Standard: Inter-Disciplinary Team*.** [Note: this standard applies only to the *S.H.* Agreement.]
A psychiatrist, psychologist or designee facilitates an Inter-Disciplinary Team (IDT) meeting. Attendees include social workers, psychologists, occupational therapists, medical staff, educators, recreation staff, Unit Managers and Youth Specialists. If a member of the IDT cannot attend, written input shall be submitted to the IDT.

Methodology.
The follow information should be used to determine compliance with the standard:

- IDT Minutes

Analysis and Interpretation.

IDT Meeting Facilitation
A psychiatrist, psychologist or staff member approved by a psychiatrist or psychologist shall facilitate the IDT meetings. The IDT minutes generated between March 1, 2013 and May 31, 2013 were reviewed. These indicated that the IDT facilitator differed across units (i.e., whether facilitated by a psychiatrist, psychologist or other staff), but that all three units have 100% compliance ratings for this part of the standard. It should be noted that Dr. Ryan, one of DYS's contracted psychiatrists, attended every IDT meeting on both Sycamore and Cedar with the exception of 1.

IDT Meeting Attendees
The staff present for each of the IDT meetings was tabulated for each unit. Monthly attendance rates for each discipline are noted in the tables below, along with an average attendance rate for the 3-month period reviewed. On the Sycamore Unit, overall, all disciplines were represented in at least 85% of the IDT meetings, except for Recreation staff who did not attend any meetings. In addition, several disciplines' (OT, medical, education, and Unit Manger) attendance dropped off in May. The underlying reasons for this decrease will be explored to ensure it does not become a pattern.

On the Cedar Unit, all of the disciplines were present for at least 93% of the IDT meetings, except for Recreation staff (0%) and the Unit Manager (62%). There were no significant differences across the three months reviewed.

On the Buckeye Unit, representation across the disciplines was more problematic. Education and social work were represented only 54% and 33% of the time, respectively, and OT, recreation and medical staff never attended.

Below are three tables that depict the information pulled from the sole source of data. It directly relates to the items in question. An analytical breakdown of the raw data is provided below. Further exploration is needed to determine why certain staff was consistently not in attendance during these IDT meetings.

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Sycamore Unit: Phase 1				
Criteria	**March rating**	**April rating**	**May rating**	**Average Rating for 3 month period**
Facilitated by a psychiatrist or psychologist or staff member approved by psychiatrist	100%	100%	100%	100%
Social worker in attendance	100%	80%	100%	93%
Psychologist in attendance	100%	100%	100%	100%
Occupational therapist in attendance	100%	100%	75%	93%
Medical staff in attendance	100%	80%	75%	85%
Educator in attendance	100%	80%	75%	85%
Recreation staff in attendance	0%	0%	0%	0%
Unit manager in attendance	100%	100%	75%	93%
Youth specialist in attendance	100%	100%	100%	100%
Written note provided when not in attendance	0%	0%	0%	0%

Cedar Unit: Phase 2				
Criteria	**March rating**	**April rating**	**May rating**	**Average Rating for 3 month period**
Facilitated by a psychiatrist or psychologist or staff member approved by psychiatrist	100%	100%	100%	100%
Social worker in attendance	100%	100%	100%	100%
Psychologist in attendance	100%	75%	100%	93%
Occupational therapist in attendance	100%	100%	100%	100%
Medical staff in attendance	100%	100%	100%	100%

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Educator in attendance	100%	75%	100%	93%
Recreation staff in attendance	0%	0%	0%	0%
Unit manager in attendance	50%	75%	60%	62%
Youth specialist in attendance	100%	100%	100%	100%
Written note provided when not in attendance	0%	29%	0%	10%

Buckeye Unit: Transition				
Criteria	**March rating**	**April rating**	**May rating**	**Average Rating for 3 month period**
Facilitated by a psychiatrist or psychologist or staff member approved by psychiatrist	100%	100%	100%	100%
Social worker in attendance	50%	60%	0%	33%
Psychologist in attendance	100%	100%	100%	100%
Occupational therapist in attendance	0%	0%	0%	0%
Medical staff in attendance	0%	0%	0%	0%
Educator in attendance	75%	60%	25%	54%
Recreation staff in attendance	0%	0%	0%	0%
Unit manager in attendance	100%	80%	100%	92%
Youth specialist in attendance	100%	100%	100%	100%
Written note provided when not in attendance	0%	0%	0%	0%

Written Notes Provided When Not in Attendance
This is an area needing improvement. Only one unit (Cedar) had any notes with explanation and even that was a compliance rating of only 10%. It should be noted that the complete exclusion of the recreation staff skewed this data especially since the IDT was unaware that recreation staff should have been attending these meetings. Clearly, this is a practice that needs to be greatly improved if DYS is ever to reach substantial compliance with this area.

Conclusion and Recommendations
The facility is in partial compliance with this standard.

The significant deficiency noted with this analysis shows that a recreation staff was never in attendance on any of the units. The reason for these absences must be explored.

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The second deficiency is that on PU Phase 2 (Cedar Unit) the rate of compliance for the Unit Manager was only at 62%. The reason for such low attendance must be explored.

The third deficiency was the IDT minutes for Transition Phase 1 and Transition 2 (Buckeye Unit) in general. The other concerning aspect of the Buckeye Unit IDT minutes is that there were only 4 categories which reached an acceptable compliance rating (80% and above). The necessary representatives of the various disciplines are clearly not attending the Buckeye Unit's IDT meetings. This needs to be addressed.

The analysis revealed correctable problems with attendance at IDT meetings. Attendance rates on Sycamore took a downturn in May 2013. Attendance by recreation staff was problematic across all units. Unit Manager attendance on Cedar Unit was inconsistent. Multiple disciplines had attendance problems on Buckeye Unit. As a result, the facility is only in partial compliance with this standard. To resolve these problems, the facility needs to develop a Program Improvement Plan to:

a. Determine why the recreation staff does not attend IDT meetings and develop a plan to ensure compliance.
b. Ensure representatives from all disciplines are consistently present at the IDT meetings on all three units, as required by the Court Order.

***(5) Standard: IDT Substance*.**
Youth appear before an Inter-Disciplinary Team (IDT) at least bi-weekly. IDT meetings for each youth involve a structured and specific discussion of each youth's goals and objectives, behavioral expectations and progress toward meeting them.

- When goals and expectations are met, the youth is promoted.
- If goals and expectations are not met, the IDT identifies the areas in need of improvement so the youth know what is required for promotion. The IDT also revises the treatment plan or its implementation to better address the underlying causes of the youth's unwanted behaviors.

Methodology.
The following information should be used to determine compliance with the standard:

- IDT Minutes from March 1, 2013 through May 31, 2013.
- Individual Treatment Plans, and updates from March 1, 2013 through May 31, 2013.

Analysis and Interpretation.
IDT minutes completed between March 1, 2013-May 31, 2013 were reviewed from PU Phase 1 (Sycamore Unit), PU Phase 2 (Cedar Unit) and Transition Unit (Buckeye Unit).

Ten youth cases were reviewed. The IDT minutes revealed 100% compliance with the youth attending IDT bi-weekly meetings as required.

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The IDT was 80% compliant with conducting weekly IDT meetings to discuss the youth's progress. This is because two youth were not reviewed weekly as required and case documentation and analysis revealed a breakdown in integrating the youth into the IDT meeting schedule when the youth was promoted from Phase 1 (Cedar Unit) to Transition 1 (Buckeye Unit).

Throughout the review of the IDT Meeting process, there are numerous references to new arrivals on the unit, and a tendency to defer seeing such individuals promptly, and instead allowing them to "settle in" to the new environment. Unfortunately, that practice is somewhat contradictory to expectations for treatment planning and execution as listed in ODYS SOP 303.01.07 "Unit PROGRESS." That SOP, newly approved in May of 2013, specifies certain time requirements for youth to be given their Behavioral Expectations, develop or update their ITP to address problem behaviors that lead their referral for placement on PU in the first place, and meet with the IDT to have this information reviewed and signed off by members of the IDT. The ITP exists now in a version in the electronic behavioral health database that allows for timely updates and revisions, but doesn't really lend itself to a form where IDT members actually can "sign off" on the document.

IDT minutes indicated that the youth were engaged in the treatment plan process, and that treatment interventions were being discussed with them. However, on one occasion the treatment intervention was not adjusted. Based on the documentation, the treatment intervention was not adjusted because the IDT came to an impasse and was uncertain on what intervention method to introduce next. In this case, the treatment interventions were adjusted in 6 out of the 7 applicable cases when warranted. This is an 86% compliance rate.

Although goals and objectives were reviewed and discussed among the IDT, this is an area still needing improvement. The goals and objectives were discussed on an inconsistent basis and neither Unit exceeded 77% for review and discussion of goals. Moreover, neither Unit exceeded 74% for review of objectives during the IDT meetings.

The IDT consistently discussed the youth's behaviors and behavior assignments. Conversely, the demonstration of acquisition of skills was discussed less frequently.

The IDT minutes have a structure to them that generally follows the format of listing information by youth individually, including goals / objectives / commentary on progress being made, along with summary paragraphs discussing topics like medication changes and special treatment plans such as Behavioral Contract, Intensive Behavioral Contracts, and Safety Plans. Towards the end of the minutes, there are quick comments on new arrivals on a unit. This is not generally similar to the structure of IDT Minutes as specified in ODYS Form 404.02.01.A, "Interdisciplinary Team Agenda /Meeting Minutes," which covers many of the same topics, but specifies a different arrangement of information, in which youth are grouped into topics of interests. This difference in the form and format completed by the facility compared to what is in policy needs to be resolved.

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SOP 404.02.01 "Interdisciplinary Team" also requires that a youth complete a Juvenile Relational Inquiry Tool. All IDT minutes lacked documentation of the status of this requirement. The SOP also indicates that family members and parole staff should be included in IDT meetings, but these interactions generally are not listed as taking place.

Conclusions and Recommendations.

The facility is in partial compliance with this standard.

There is evidence that the IDT minutes for Sycamore and Cedar have vastly improved from the past. The IDT Minutes for these units revealed documentation that youth were meeting with the IDT bi-weekly as required. There are notations that treatment interventions were being discussed with the youth. Goals and objectives are sometimes presented for report and discussion among the IDT members, and comments about youth's behaviors and behavior expectations were discussed. However, the minutes contained missing discussion surrounding skill acquisition and relevant interventions. These units are clearly working as a team and are driven to support and assist the youth with whom they work. This is strong evidence that these minutes will be in substantial compliance by the next report.

In order to meet the standard associated with IDT Substance, all three IDTs must:

1. Follow the SOP for documenting IDT meeting minutes.
2. Document in the meeting minutes:
    a. Where the youth is in treatment
    b. Exactly where the youth is in relation to behavior expectations and skill acquisition as related to his goals and objectives
    c. That the youth knows exactly what he needs to do in order to get promoted.

(6) Standard: Length of Stay

A Length of Stay (LOS) record is maintained for each youth to document the date placed on Phase 1, promoted to Phase 2, promoted to Transition, and transferred to the general population. Youth are expected to promote to the next phase within 30 days (or be referred for review, as described by Standards 7-8, below). Across the three phases, the outer limit is 90 days.

Methodology.

The following information should be used to determine compliance with the standard:

- Youth's movement history

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Analysis and Interpretation.

Promotion to the next phase within 30 days

There were 16 youth on the PU during this three month period. One youth was excluded from all analyses due to an extreme outlier which would skew the data (he was on the PU for 1 day during the period under review). A "stay" in the tables below is defined as a finite period of time spent on a single unit.

Four out of the 12 stays (33%) on Phase 1 were over 30 days. In other words, 67% of the Phase 1 stays were shorter than the expected maximum. Three out of the 17 stays on Phase 2 were over 30 days; for a compliance rating of 82% over 30 days. Three out of the 17 stays on Transition were over 30 days; for a compliance rating of 82% over 30 days. There was a total of 10 stays over 30 days (out of 46 total stays), for an overall compliance rating of 78%. Please see the charts at the bottom of this section.
Ten out of the 16 youth (63%) had at least one stay over 30 days. Conversely, only 38% of the youth on the PU advanced through all three phases spending less than 30 days on each phase, for a total LOS of 90 days or less.

Finally, it is noteworthy that the average LOSs for all three phases is below 30 days. This suggests that there is significant variability in the length of time youth stay on each phase. As discussed above, some of the youth spend more than 30 days on a phase (33% Phase 1; 18% Phase 2; and 18% Transition), but the remaining youth spend significantly less time on each phase, which brings the average down.

Recycled Cases

As previously discussed, ten cases were reviewed to analyze reasons for youth recycling through the PU. Based on the data, there was no clear indication why youth recycled through the Phases. However, it must be noted that the 9 youth who were recycled accumulated a total of 13 demotions. In 8 out of 13 instances (62%), the youth's goals and objectives were not discussed during the most recent IDT meeting prior to the demotion. This trend should be explored further to determine if this is one factor which may contribute to the youths' recycling through the Phases.

Conclusions and Recommendations

The facility is in partial compliance with this standard.

The primary concern revealed by this analysis is the proportion of youth who do not pass through the PU as quickly as anticipated. Looking at all three phases together for individual youth, about two-thirds of the youth on the PU get hung up at some point in the process. Most often, the delay occurs on Phase

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I. Phase 1 is an adjustment period for the youth, which could explain why this phase is where a delay most often occurs.
In order to meet the standard associated with the Length of Stay, a QIP should be developed to address the following issues:

1. Continue streamlining procedures and services on the PU.
2. Continue Quality Assurance/Quality Improvement of ITPs, IDT minutes, and services.
3. Monitor effectiveness of ITPs, IDT minutes and services.

The two tables below depict the information pulled from the primary source of information for the months of March, April, and May 2013. An analytical breakdown of the raw data is provided below.

Phase	# of youth	# of stays	Average LOS (days)
1	10	12	26
2	16	17	23
Transition	14	17	28

Over 30 days on a Phase				
Phase	# of youth	# of stays	Total # of Stays	Compliance Rate
1	4	4	12	67%
2	3	3	17	82%
Transition	3	3	17	82%
Total	10	10	46	78%

***(7) Standard: Central Office Review Board Composition and Timelines*.**
A Central Office Review Board (CORB) conducts a review of any youth who has been on Phases 1 or 2 of the PU for more than 28 days. At a minimum, the CORB must consist of an Administrative Psychiatrist, the Bureau Chief of Facility Programs, and Behavioral Health Administrator. The CORB review is completed by the 35th day on the Phase. As of November 2012, only Phase 1 and Phase 2 are subject to review by the CORB.

Methodology.
The following information should be used to determine compliance with the standard:

- Signed reviews from the months of March, April, May
- The spreadsheet of timeline deadlines
- The movement history

Analysis and Interpretation

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Reviews completed by the 35th day

During the months of March, April, and May 2013, 7 cases were reviewed by the CORB. Of those 7, 6 reviews occurred within the appropriate timeframe, for a compliance rating of 86%.

One review was delayed because of a complication with the timeline involving one youth. This youth was on Phase 1 for 78 days. His review was due on 3/4/13. Unfortunately, due to multiple factors, including a lack of communication between the manager of the spreadsheet and the writer of the report, a delay in information received from the facility staff, and timing of an interview opportunity, his review did not occur until 3/29/13. Once the review was held (3/29/13), the youth's 28 day expectation was re-initiated and he transitioned prior to meeting the 28 day deadline created by the 3/29/13 meeting.

The table below depicts the information pulled from the three sources of information. It directly relates to the items in question. An analytical breakdown of the raw data is provided below.

Name	Phase Affected	35th Day	Date review signed	Interviewed	Admin Psych	Reviewed by Bureau Chief	BHSAs
TB	1	3/7/13	4/2/13		y	y	y
TB	1	4/26/13	4/26/13		y	y	y
CC	1	3/4/13	3/21/13, revised 3/29/13	3/26/13	y	y	y
BD	1	5/6/13	5/3/13		y	y	y
AF	2	5/21/13	5/21/13		y	y	y
DP	2	4/25/13	4/26/13		y	y	y
DS	1	5/22/13	5/21/13		y	y	y

Administrative Psychiatrist present

Of the 7 reviews that occurred during this time period, there was a rating of 100% compliance with the expectation for the Administrative Psychiatrist to be present.

Facility Programs Bureau Chief present

Of the 7 reviews that occurred during this time period, the Bureau Chief reviewed all seven of the reviews prior to submission. Due to the demands of the Bureau Chief's schedule, it is often difficult to attend every meeting, especially when the tight timeframe is taken into account. Therefore, the Bureau Chief consulted with the DOJ monitors and received approval to not attend such meetings as long as the

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Bureau Chief reviewed the cases and provided feedback when necessary, which explains why the first and sixth reviews did not appear to meet the 35th day timeframe.

Behavioral Health Administrator

Of the 7 reviews that occurred during this time period, there was a 100% compliance rating with the expectation that several Behavioral Health Administrators are present for these meetings.

Conclusion and Recommendations.

The facility is in substantial compliance with this standard. In order to maintain substantial compliance, the CORB will continue to follow its established process.

(8) Standard: Central Office Review Board Substance - Partial Compliance

The CORB utilizes a comprehensive summary of the youth's clinical formulation, treatment, progress and challenges to date. The summary is reviewed by each CORB team member prior to the case review. The CORB issues specific recommendations for refocusing the youth's treatment and sets specific timelines for subsequent reviews. Recommendations are communicated to the IDT, which notifies the youth if the treatment plan has been modified.

Methodology.

The following information should be used to determine compliance with the standard:

- Signed CORB reviews from the months of March, April, May 2013
- IDT minutes

Analysis and Interpretation.

A thorough review of 6 CORB reviews was performed to ensure compliance with this standard. Because the sample size is such a small number, the percentages are not quite as meaningful as if it were a larger sample size. The table below provides a breakdown of the data (the "yes" column denotes compliance).

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	Yes	No	N/A
CORB Tasks/Recommendations:			
CORB review by 35th day	4	2	0
Administrative Psych sig	6	0	0
Bureau Chief sig	1	5	0
BHSA sig	6	0	0
Documents Packet reviewed	5(83%)	1(17%)	0
IDT Minutes reviewed	4 (67%)	2(33%)	0
Case Review Summary provided	6	0	0
PROGRESS Unit History provided (promotions, demotions)	6	0	0
Need for difference approach to treatment intervention	6	0	0
Need for different treatment goals	6	0	0
Contraindicataions for continued placement	0	6	0
If Yes, more appropriate placement determined	0	0	6
Written recommendations provided	6	0	0
Established timeline for next review	6	0	0
Primary Clincian and IDT:			
ITP documentation address CORB recommendations	3(50%)	3(50%)	0
IDT met with youth at next scheduled IDT after Review	2(33%)	4(67%)	0
Youth's summary prepared by Primary Clinician and submitted to CORB			
Includes Clinical formulation	6	0	0
Includes Treatment Progress	6	0	0
Includes Challenges to date	6	0	0
Includes Youth's history	6	0	0
Includes Mental Health diagnoses	6	0	0
Includes Past Treatment (including Meds)	6	0	0
Includes Psychiatric Progress notes	6	0	0
Includes Results of Psychological Testing	4 (67%)	2(33%)	0
Includes Treatment Goals	5(83%)	1(17%)	0
Includes Treatment interventions and responses	5(83%)	1(17%)	0
Includes Need treatment delivered	2(33%)	2(33%)	2(33%)
Includes IDT's conclusions/reasons youth is not progressing	3	3	0

Overall, the results were positive. The CORB is clearly reviewing the documentation prior to writing the reviews, they are providing relevant recommendations that have not been tried by the IDT, and they are creating original comprehensive case conceptualizations before offering recommendations.

For their part, the frontline staff is clearly providing much of the necessary materials to the Central Office Review Board in a timely manner; however there are some definite areas of weakness, as is evident by the chart. There is evidence of genuine attempts to adjust the youth's treatment prior to the reviews and then also to implement all recommendations provided and to ensure that they are communicating all changes to the youth.

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Conclusions and Recommendations

As noted in the chart above, there is clear evidence that both parties are working to ensure compliance with this standard. There are some areas that can be improved, such as the IDT meeting with the youth at the next meeting and the CORB following up to ensure that the recommendations offered are followed. Whether this is a failure of actual follow up or documentation of that follow up is not able to be determined from the raw data. Furthermore, because there were only 6 examples used, it will be necessary in the future to continue monitoring these actions.

In order to move from partial compliance to substantial compliance:

1. Central Office must ensure the facility follows through and implements the CORB recommendations.
2. Central Office must take a more supportive role in these reviews by means of communicating with facility frontline staff to determine support needed in order to implement the suggested recommendations and to address any barriers the staff may experience in relation to the recommendations.

[II.13] Phase Demotions
Status: Substantial Compliance

***(1) Standard: Phase Demotion*.**

A deliberative process is utilized to demote youth to a lower phase. Demotions are imposed only for the following reasons: an act of violence, STG activity that promotes or directs an individual to carry out an act of violence, possession of major contraband, repeated verbal threats to cause serious physical harm to staff or other youth. All demotions are approved by the facility Superintendent.

Methodology.

The following information should be used to determine compliance with the standard:

- Phase Demotion Summary Form
- AMS reports
- IDT Contact and Discussion (via email or summary of verbal discussions with UM, Youth Specialists, SW, Psychology Staff)
- IH documentation

Analysis and Interpretation.

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Progress IDT Staff made a total of 25 requests for demotion during the review period of March, April & May of 2013. Of the 25 requests, 11 were denied for demotion (44%) and 14 were approved (56%). During the period of review, the 14 approved for demotion were for the following reasons:

- 6 youth (43%) were demoted due to an act of violence (AOV)
- 6 youth (43%) were demoted due to repeated verbal threats
- 2 youth (14%) were demoted due to possession of major contraband
    - 0 youth were demoted due to possession of STG material The IDT team began addressing possession of STG material as a treatment issue rather than punishment despite the offense being eligible for demotion. This approach resulted in no youth being demoted for possession of STG material.

10 youth accounted for 14 of the demotions as 3 youth had multiple demotions. The following is a breakdown of the youth with multiple demotions:

- Youth MG2 (there are two youth with the initials MG) was demoted three times, once for possession of contraband, once for repeated verbal threats and once for a Youth on Staff assault
    - On 3/20/13, demoted from Buckeye Transition Phase 2 to Buckeye Transition Phase 1
    - On 4/12/13, demoted from Buckeye Phase 1 to Cedar (Phase 2)
    - On 5/1/13, demoted from Cedar (Phase 2) to Sycamore (Phase 1)
- Youth WH was demoted twice for repeated verbal threats, which included youth walking toward staff with his fist balled up while making threats to physically assault staff
    - On 3/19/13, demoted from Buckeye Transition Phase 1 to Cedar (Phase 2)
    - On 3/22/13, demoted from Cedar to Sycamore (Phase 1)
- Youth DS was demoted twice for repeated verbal threats
    - On 3/19/13, demoted from Buckeye Transition Phase 1 to Cedar (Phase 2)
    - On 4/17/13, demoted from Cedar to Sycamore (Phase 1)

The following youth were demoted a single time for the following reasons:

- On 4/2, BD was demoted from Buckeye Transition Phase 1 to Sycamore for a youth on staff assault
    - The team made two recommendations for demotion prior to the 4/2 assault:
        - On 3/19/13, IDT recommended BD for demotion based on youth receiving YBIRs consistently. The recommendation for demotion was denied and the team was encouraged to address his behaviors through a behavioral contract.
        - On 3/29/13, BD was involved in a youth on youth fight. IDT recommendation for demotion was denied and the team was encouraged to revise his behavioral contract.
- On 4/2/13, TR was demoted from Buckeye Transition Phase 1 to Sycamore for a youth on staff assault.
    - On 3/19, IDT recommended TR for demotion for threatening conduct, but was denied. IDT was encouraged to work with TR on how to handle change and his aggression.
- On 5/31/13, AF was demoted from Cedar to Sycamore for a youth on staff assault.

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- The team made two recommendations for demotion prior to the 5/31 assault:
  - On 5/16/13, IDT recommended AF for demotion based on youth receiving YBIRs, refusing programming, and not making progress on his ITP goals. The request was denied and the Superintendent on 5/16/14 because the reason for demotion did not meet the Court Order. The Superintendent subsequently reviewed the Court Order as it related to phase demotions with the Unit Manager.
  - On 5/24/13, IDT resubmitted their recommendation for demotion stating threatening conduct and the recommendation was denied pending additional documentation illustrating youth's threatening conduct.

- On 3/19/13, MG1 was demoted from Buckeye Transition Phase 2 to Cedar for having $50 found on his person after a strip search. The IDT recommended the demotion; however, youth was not demoted until youth was proven by the IH process to have had contraband in his possession.
  - The IDT made a subsequent request for demotion which was denied. On 5/23/13, IDT recommended demotion due to possession of STG material. The recommendation was denied. MG1 was taking a picture during the school graduation party and held up gang signs. He was also found with a STG letter. The letter did not direct anyone to carry out an act of violence. Nor did the letter mention any past violence. The Superintendent encouraged the IDT to address his STG affiliation, poor decision making skills and their impact and how to build positive/healthy relationships.
- On 3/22/13, DP was demoted Buckeye Transition Phase 1 to Cedar (Phase 2) for making repeated threats of harm. This youth was admitted into the program due to his involvement with orchestrating an assault on a unit manager. He was documented as having a conversation with the same youth who carried out the assault on the unit manager.
  - On 3/28/13, IDT recommended demotion due to threatening conduct. The recommendation was denied because it was one isolated incident and there was no evidence that there were repeated verbal threats.
- On 3/23/13, TB was demoted from Cedar to Sycamore for youth on staff assault.
- On 5/25/13, TH was demoted from Buckeye Transition Phase 1 to Sycamore for a youth on staff assault.

The development and implementation of the Superintendent's Review for Demotion form assisted in identifying the act(s) that lead to the request for demotion, a description of the incident, the evidence that was reviewed and the deliberative process that was used to justify the decision and the identification of the phase that the youth was being demoted to, if the request for demotion was approved.

Conclusions and Recommendation:
The analysis revealed several dynamics in support of a finding of substantial compliance. First, phase demotions were incremental. Youth who committed repeated verbal threats or had possession of contraband/STG material were not demoted all the way to Phase I, but instead were demoted

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incrementally to the next more restrictive phase. Only when a youth's behavior resulted in acts of violence against a staff member were they demoted to Phase 1. Second, nearly half of the demotion requests were denied when the act in question was not of sufficient severity or not properly documented, showing that the Superintendent strictly adheres to the requirements of the Court Order. Finally, occasionally youth have engaged in one of the "big 4" infractions but were not demoted at all; instead, the Superintendent required the IDT to exhaust less punitive sanctions and additional treatment options prior to demotion. In order to maintain substantial compliance, ODYS will continue to ensure that the documentation supports the requirement of a deliberative process to determine whether the facts of the incident support the youth's eligibility for demotion and why.

[II.14] Policies, Procedures and Handbooks
Status: Substantial Compliance

(1) Standard: Policies and Procedures
Policies and procedural manuals are current, accurately describe the operation of the PU, and provide guidance to staff in implementing the standards for the Unit. The Youth Handbook accurately describes the operation of the PU so youth know what to expect from the program and what is expected of them.

Methodology.
The following information is used to determine compliance with the standard:

- Email from monitor Kelly Dedel, PH.D dated April 10, 2013 stating ODYS is in substantial compliance with this provision.
- PU Policy Effective May 31, 2013
- PU Handbook Effective May 31, 2013
- PU Handbook Revised 6-19-2013 to reflect ODYS Central Office new address so youth could mail grievance to the correct address

Analysis and Interpretation.
The Court Order granted DYS 60 days from the day of signing to submit policies, procedures and Handbooks that accurately describe the operation of the PU. Per the 1st PU Status Report DYS submitted these materials to the Monitor within the required timelines.

Recommendations.
In order for ODYS to continue to maintain substantial compliance with this provision DYS will review policy, procedure and handbooks yearly and continue QA/QI to ensure that what is outlined in policy is actual practice on the PU.

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