

Monitors' Review of DYS' Contracted Programs for Girls

S.H. v Reed (Civil Action No. 2:04-cv-1206)

U.S. v State of Ohio (Civil Action No. 2:08-cv-475)

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Table of Contents

Introduction 3

Column A: MH Assessment, Treatment Planning and the Provision of Services .. 8

Column B: Use of Seclusion in Response to Aggressive Behavior 15

Column C: MH Response to Youth who Engage in Aggressive Behavior 20

Summary and Conclusions 32

Introduction

On May 20, 2014, the Parties to *S.H. v Reed* (Civil Action No. 2:04-cv-1206) and *U.S. v State of Ohio* (Civil Action No. 2:08-cv-475) filed a joint motion for entry of an agreed order to resolve the issues remaining in both Settlement Agreements. The resulting Court Order required DYS to undertake specific actions, outlined in "The Grid" (Exhibit A to the Order), to improve mental health services and reduce the seclusion of male youth on the mental health caseload at three DYS facilities. Compliance with the Grid at Circleville, Cuyahoga Hills and Indian River is discussed in a separate report.

The Court Order clearly indicates that the Grid applies only to "youth at facilities directly managed by DYS," but goes on to specify that "youth at other facilities shall receive mental health services consistent with those described [in the Grid] but appropriately tailored for such non-DYS managed facilities." In other words, DYS needs to ensure that comparable services are delivered to girls who are served at facilities contracted by DYS.

The parameters for monitoring the provision of services at non-DYS facilities are also clearly articulated in the Court Order. Rather than monitoring that includes the extensive activities discussed in *Doc 359* in *S.H. v Reed* or in *Doc 85* in *United States v Ohio*, monitoring for the girls facilities was limited to "a review of youth files or other materials requested by the monitor or subject matter experts" (i.e., a paper review). If the Monitor or subject matter experts identified a troubling practice among the documents they reviewed, the Parties would then meet and confer to negotiate additional access. Fortunately, this did not occur during the review of documents or the various explanatory discussions held among the Monitors, subject matter experts and DYS staff.

Our findings should be viewed within the context of the limited access granted by the Court Order. Although the review of documents was ultimately reassuring (i.e., the documents did not reveal troubling practices that warranted more in-depth access to the facilities), the methodology specified in the Court Order limited what the Monitor and subject matter experts could know about the facilities and thus what the Team is able to say about the delivery of services. On one hand, the documentation and data surrounding seclusion practices (Column B of the Grid) were sufficient for the Monitor to conclude that the girls' facilities have comparable (in some cases, better) practices to what the Team has seen in the DYS facilities for boys. Conclusions about mental health treatment were slightly more difficult given that the subject matter experts were not able to interview youth or staff or observe group treatment, which would normally be a central part of their program assessments. Fortunately, given their greater access to the facilities, DYS provided the Monitoring Team with extensive documentation flowing from a variety of quality assurance and technical assistance activities. These documents were very helpful in assessing the quality of care and also cause the Monitoring Team to feel confident in DYS' capacity to conduct robust quality assurance activities designed to continue to improve the quality of services to girls.

Ultimately, the Monitoring Team found sufficient evidence to state that quality mental health treatment was occurring at all three facilities.

Originally, the Team reviewed records, data and other documentation for girls housed in the facilities between September 2014 and February 2015 (i.e., the same review period used for our most recent assessment of DYS' facilities for boys). In June 2015, one of the three facilities (CAS) was placed on a Corrective Action Plan by DYS to remedy problems associated with the use of seclusion and the quality of mental health treatment. In order to assess the magnitude of improvements, the Team reviewed a second set of records, data and other documentation for girls housed in the facilities during July, August and September 2015. Our opinions about the extent to which services for girls are comparable to those available to DYS boys are based on data from both time periods.

DYS' Contracted Facilities for Girls

In mid-2014, DYS closed its Girls' Unit at the Scioto Juvenile Correctional Facility. The girls housed at Scioto were either released to the community on an aftercare plan or were transferred to one of three facilities that DYS contracted to provide services for girls committed to DYS custody. The facilities include:

- Center for Adolescent Services (CAS) operates a 15-bed unit exclusively for girls committed to DYS. Upon completion of a 3-day clinical intake, the Clinical Intake Assessment is sent to the DYS Administrator for Female Placements and Programs. When a girl is identified with a mental health diagnosis, referrals are sent to one of the two residential mental health facilities (below). Girls who do not transfer to the mental health facilities remain at CAS.
- Applewood is licensed by the Ohio Department of Mental Health and Addiction Services (ODMHAS) as a Type I facility, providing room and board, personal care and certified mental health services to adolescent girls, age 12 to 18. DYS contracts for six beds at Applewood. Applewood's ODMHAS license is current until 8/23/17.
- Pomegranate is also licensed by the Ohio Department of Mental Health and Addiction Services (ODMHAS) as a Type I facility and provides the same type of care as Applewood to adolescent girls, age 12 to 20. DYS contracts for 10 beds at Pomegranate. Pomegranate's ODMHAS license is current until 1/26/2016.

Combined, these three facilities served a total of 53 DYS girls between September 1, 2014 and September 30, 2015. Six girls had more than one admission during that period of time. On September 1, 2014, there were 14 girls at CAS, 6 girls at Pomegranate and 4 girls at Applewood (total, 24 girls). On October 15, 2015, there were 6 girls at CAS, 9 girls at Pomegranate and 6 girls at Applewood (total, 21 girls).

DYS Oversight of Contract Facilities for Girls

DYS fortified its regular contract monitoring (predominantly a financial audit) to include a monitoring process to oversee the quality of services delivered (“DYS monitoring”). DYS staff make frequent (i.e. 2-3 times per month) visits to the facilities and a formal monitoring report is also produced every 6 months. The first DYS monitoring reports were issued in April/May 2015 and the second round was issued in October 2015. Components include:

- Youth involvement in programming
- Grievance, legal assistance, and PREA protections
- Physical plant assessment
- Licensure and certifications
- Treatment services, including whether interventions are evidence-based and whether families are engaged, as well as the frequency of individual and group sessions
- Youth File Reviews to assess intake assessment and treatment planning, case notes, and discharge planning
- Education and Medical services
- Incident reporting, crisis management and disciplinary practices, including the use of seclusion and the use of physical restraints
- Youth and staff interviews

CAS: DYS staff visited the facility at least 3 times per month during both review periods, and met monthly with Court Administrators and CAS administrators. The May 2015 DYS monitoring report did not identify any deficiencies related to services required by the Court Order. However, in the Monitor’s opinion, the report could have benefitted from a more quantitative, detailed focus with regard to the extent to which treatment plans and case notes were judged to be adequate and the extent to which the seclusion policy was being followed. The first DYS monitoring report described what should happen, but did not delve into whether practices are conforming to policy. Seclusion data are now available to DYS through the AMS system, which should facilitate this type of analysis.

Shortly after the first DYS monitoring report was issued, data regarding the implementation of CAS’ revised seclusion policy became available. While DYS noticed a significant decrease in the *duration* of seclusion episodes, an increase in the *frequency* with which seclusion was also evident. As a result, DYS placed CAS on a Corrective Action Plan to ensure that seclusion was used only as a last resort and only in response to an imminent threat to safety of youth or staff. As required by the Plan, as of July 31st, the policy was revised slightly and all CAS staff were retrained to limit the situations in which seclusion is used. DYS conducts on-going targeted reviews to ensure that seclusion is used appropriately. In addition, in June 2015, DYS became concerned about a lack of documentation that reflected the delivery of individual and group treatment that DYS knew to be occurring. A Corrective Action Plan was implemented to ensure existing databases were utilized to capture progress notes from all providers, with the results to be reviewed with DYS on August 31, 2015. Subsequent

information provided by DYS showed that the seclusion policy has now been implemented as designed and that the quality of mental health services has improved considerably.

The October 2015 DYS monitoring report indicated that the new Director appears to have energized the facility. New activities have been implemented (e.g., field day, contests, recreation activities) and the physical environment had been upgraded with new furniture and room decorations. The University of Cincinnati has been providing technical assistance to improve the quality of treatment planning. While the DYS monitoring report indicates that seclusion practices "closely mirror DYS practices," summary data on the use of room restriction would be useful in future reports to provide a baseline against which subsequent review periods can be measured.

Pomegranate: DYS staff visited the facility at least 3 times per month during both review periods (occasionally as often as 7 times per month) and met with both the CEO and Clinical Director of the program. The May 2015 DYS monitoring report describes a program that is safe and treatment-focused and did not identify any deficiencies related to the services required by the Court Order. During the review period for this report, the facility hired a Compliance Manager to ensure that policies were properly implemented, to handle grievances and to manage licensure. Just before the first review period for this report began, concerns about the Alternative Program (discussed in more detail, below) were identified by one of the Plaintiff's counsel. While the problems were resolved during the review period, it would have been helpful for the DYS monitoring report to include both the history and the current practices for the Alternative Program as a response to violent behavior in order to illustrate that, in its current form, it is not a seclusion-based intervention. [As a result, the Alternative Program was not monitored during the July/August/September 2015 period.]

The October 2015 DYS monitoring report indicated that DYS girls had all been moved to one unit, which made managing the schedule easier and prevented many of the treatment disruptions that were caused by multiple clinicians serving this population (i.e., individual treatment and group treatment appointments sometimes overlapped). The physical environment of the facility had improved and furnishings had been upgraded. The substance use treatment curriculum was upgraded, and work continued on improving the specificity of substance use related treatment goals. The facility, at DYS' suggestion, is working to establish a treatment team process.

Applewood: DYS staff visited the facility once per month during the first review period, and the frequency increased to two or three times per month during the second review period. The April 2015 DYS monitoring report describes a program that is focused on safety and treatment and did not identify any deficiencies related to the services required by the Court Order. The October 2015 DYS monitoring report noted an expansion of the substance use treatment options, now provided by a full-time AOD counselor. Services were previously contracted. DYS monitors also noted that treatment files are extensive due to the high volume of treatment youth receive (e.g., 3 to 4 hours of group treatment per day, plus

individual sessions). The DYS monitoring report also applauded Applewood staff's interactions with the Release Authority on behalf of DYS girls.

In addition to overall program monitoring, DYS also deploys behavioral health resources to monitor the quality of treatment being provided by each of the three girls' programs ("QA process/reports"). Using the same quality assurance tools used to review treatment at DYS' boys' facilities, DYS behavioral health staff review treatment plans and case notes for two girls on each clinician's caseload. A QA summary of the September-October 2015 reviews was provided to the Monitoring Team, along with the score sheets for each file that was reviewed. The recommendations resulting from these QA reviews focused mostly on improving the individualization of goals and objectives and ensuring the correspondence between goals and objectives and the content of treatment sessions. When deficiencies were noted (and not many were), DYS provided targeted technical assistance and observed rather immediate improvements among some of the clinicians.

In summary, DYS has developed a solid protocol for overseeing the girls' programs and has implemented a robust quality assurance process that goes well beyond traditional "contract monitoring." Not only did the Monitoring Team conclude that treatment services and seclusion practices are, for the most part, comparable to the boys' programs, but also that DYS' process for assessing quality and improving program performance is as robust as what is implemented in DYS' boys' facilities.

In the next sections of this report, the Monitor and subject matter experts briefly describe what the Grid requires of the DYS facilities and then discuss the services that are provided to the girls in the contracted facilities and whether they are comparable to what the Grid requires. The discussion is organized around the Columns that were the defining feature of the Grid: Column A refers to the quality of mental health assessments, treatment planning and the provision of mental health services (reviewed by Dr. Glindmeyer); Column B refers to the use of seclusion as a response to youth's aggressive behavior (reviewed by Dr. Dedel); and Column C refers to the mental health response to youth who engage in violent behavior (reviewed by Dr. Weisman).

Column A. (Reviewed by Dr. Glindmeyer)

Mental Health Assessments, Treatment Planning and the Provision of Mental Health Services

What the Grid requires of DYS facilities.

Column A of the Grid was developed to ensure that youth receive adequate mental health assessments, appropriate treatment planning with goals derived from the assessments, and mental health treatment that is consistent with stated treatment goals.

This portion of the Grid has two parts. The first is to verify treatment integrity. The Grid requires that quality assurance tools are developed and that audits are conducted to ensure that individual treatment is aligned with treatment goals, and that group therapy treatments display fidelity to design. As such, it would be necessary for case review or record review to reveal correlation between the content of individual sessions and treatment goals. It would also be necessary for group therapy interactions to be reviewed to ensure treatment fidelity.

The second portion of Column A focuses on mental health assessments. The Grid requires that quality assurance tools are developed and audits are conducted to ensure that an initial BioPsychoSocial assessment, inclusive of a broad range of information from a variety of sources that is summarized in a clinical diagnostic formulation, is developed. Then the clinical issues identified via the assessment must be reflected in the youth's treatment plan. As such, it would be necessary for case review or record review to assess the quality of the diagnostic formulation and the treatment plan developed as a result.

The following review assesses the extent to which the contracted girls' facilities: 1) exhibit treatment integrity with regard to correlation between the content of individual sessions and treatment goals; 2) have group therapy interactions that reveal treatment fidelity; 3) develop appropriate BioPsychoSocial assessments that are appropriately summarized in a clinical diagnostic formulation; and 4) develop treatment plans that are based on the issues identified via the clinical diagnostic formulation.

Methodology

In order to determine the level of compliance with Column A for facilities housing female youth, multiple documents were reviewed. As the subject matter expert for Column A was not able to make site visits per the Court Order, DYS provided extensive information obtained via their own on-site monitoring. This included the following:

- DYS provided descriptive information regarding the units at CAS, Applewood, and Pomegranate. This included the process by which each youth is assessed and transferred from CAS to a mental health destination facility (i.e. Applewood or Pomegranate) if mental health treatment is determined to be necessary.

- As Applewood and Pomegranate would not provide copies of policies to the Monitoring Team, DYS conducted an in-depth review of policy and procedure from each program and responded to specific questions from the Monitoring Team. With regard to Column A, this included:
 - The structure of mental health services at both Applewood and Pomegranate.
 - Individual treatment planning process at both Applewood and Pomegranate.
 - Provision of mental health treatment at both Applewood and Pomegranate.
 - Documentation of mental health services at both Applewood and Pomegranate.
- DYS provided detailed information regarding mental health treatment services at each of the facilities. This included the names and the schedules of each of the mental health providers at the facility, the mental health treatment schedule (i.e. number of groups each youth received weekly, and the amount of individual therapy each youth received weekly). Information also included the types of groups that were provided to the girls (i.e. DBT, stress reduction, emotional regulation).
- A list of all girls who were housed in any of the three facilities between September 2014 and February 2015. This included information regarding which facilities each girl was housed in.
- Results of surveys for residential services performed by their state licensing agency, the Ohio Department of Mental Health and Addiction Services.
 - The Applewood survey was performed September 4, 2013. This survey was essentially a quality assurance review that included a review of the youth's personal care plan and progress notes. It was noted that the license renewal for Applewood was approved August 24, 2014 with an expiration date of August 23, 2015, and then extended to August 23, 2017.
 - Pomegranate was reviewed October 28, 2014. While the review of Applewood noted above included a review of mental health documentation, this documentation was not included for Pomegranate. Regardless, the Pomegranate survey was performed October 28, 2013 and the current license expires January 26, 2016.
- While the programs declined to release information regarding facility-generated quality assurance, DYS performed multiple monitoring site visits to the programs and provided reports of their ongoing contract monitoring, which included a review of mental health treatment services. As such, although the subject matter expert was not able to independently visit and observe treatment, ODYS provided reports of their observations of the services rendered.

These summaries were based on multiple site visits as described below:

- Pomegranate was visited by DYS reviewer, Nan Hoff, on eighteen occasions between January 12, 2015 and April 27, 2015. An additional twenty visits occurred between May 15, 2015 and September 30, 2015.
- CAS was visited by DYS reviewer, Nan Hoff, on twenty occasions between October 2, 2014 and April 29, 2015. An additional seventeen visits occurred between May 7, 2015 and September 17, 2015.
- Applewood was visited by DYS reviewer, Nan Hoff, on eight occasions between October 15, 2014 and March 24, 2015. An additional twelve visits occurred between April 9, 2015 and October 5, 2015.
- Medical records for specific youth were provided:
 - At CAS, many of the girls only remained there a short time pending referral and transfer to either Applewood or Pomegranate. As such, a summary of assessments, orientation, group attendance, and progress was provided for a total of seven youth (TL, AL, DT, JM, AW, AY and CS). For the second review period, documentation was provided for youth LB, JW, and KR. In addition, two conference calls regarding the treatment/treatment planning of youth LB were held.
 - Three youth records from Applewood were provided for review (AL, CS, and TL). For the second review period, documentation was provided for youth VW and AS.
 - Six youth records from Pomegranate were provided for review (AW, AY, BE, DT, JM, and RLB).
- Given reviews at CAS where DYS determined inadequacies existed, action plans were authored. The action plan pertinent to Column A was regarding documentation of treatment services. In the initial document request, information from CAS, specifically treatment documentation was missing. While there was notation that treatment occurred, it was included in the daily log. As such, DYS made the decision to draft an action plan which has reportedly been both well received and implemented by CAS. Conversations with DYS behavioral health staff indicated that interim reviews of treatment documentation indicated improvement. Ultimately, DYS determined that ongoing quality assurance monitoring would occur at all three facilities.
- On July 29, 2015 an interim review of the progress toward compliance with the CAS action plan for documentation of mental health treatment was conducted by DYS. Per this review, treatment specialists had been entering progress notes effective June 12, 2015. Furthermore, DYS, via the Chief of Behavioral Health Services, provided a detailed review of CAS documentation dated July 31, 2015. Per this review:
 - Group notes regarding nine different youth were reviewed, individual progress notes from South Community Behavioral Health Care regarding four different youth were reviewed, and individual progress notes regarding two different youth from Wright State University School of Professional Psychology were

reviewed. This review included a qualitative analysis of the CAS documentation inclusive of documents provided via contracted providers (South Community Mental Health Center and Wright State University School of Professional Psychology). This document included areas in need of improvement and indicated plans to address areas in need of improvement via staff training. There was also documentation of plans for ongoing quality assurance reviews to determine ongoing improvement and compliance with the corrective action plan.

- Subsequent QA reviews were performed at all three facilities. The review for the month of August (completed October 5, 2015) and for September (completed November 2, 2015) revealed in-depth quality assurance monitoring of the integrated treatment plan and case notes at all three facilities. Group therapy was observed at both Pomegranate and CAS. Applewood group therapy could not be observed due to confidentiality issues. Youth who were not assigned to DYS also participate in these groups. In addition, treatment team meetings were observed at all three facilities.
 - Quality assurance monitoring indicated that DYS is identifying issues at all facilities; specifically, areas where cross-training and technical assistance are necessary. This is the goal of quality assurance. What is most important is that DYS is able to identify areas where improvement is necessary and develop technical assistance to address weaknesses.

What the documents revealed is provided to girls at the facilities contracted by DYS.

CAS

With the initiation of this monitoring review, DYS developed program monitoring and quality assurance reviews for CAS. In doing so, weaknesses were identified at CAS and corrective action plans were developed. Action Plan 4 specifically addresses the documentation of treatment services provided at CAS.

While it is noted that CAS is not technically a mental health facility, diagnostic assessments, treatment plans, individual therapy, and group therapy are provided. Action Plan 4 requires that the youth's treatment and progress in treatment is recorded in the JCS (Juvenile Court System) database. In addition, progress notes from outside providers must be included in the youth's record. This Action Plan requires a joint review by CAS and DYS by August 31, 2015. In the interim, the Chief of Behavioral Health Services of DYS conducted a review of CAS documentation dated 6.1.15 through 7.15.15. This review revealed areas of improvement in that CAS is now documenting group therapy via case notes, and documenting the specific CBT skill taught in the group. The review also identified additional areas in need of improvement. For example, the review noted the need for individualization of progress notes, better descriptions of the methods utilized to teach CBT skills, documentation of the youth's understanding of a specific skill, documentation of the youth's progress in treatment

(or the lack thereof), and better correlation with the individualized service plan (treatment plan).

In an effort to ensure ongoing progress, CAS and DYS have developed a QA plan, and DYS plans to implement a QA process at CAS similar to that present in the facilities that house boys. This would reportedly include a review of group therapy interaction, file review using QA tools, with onsite training and coaching as necessary. In conversation with DYS staff, it was noted that CAS administration is willing and open to improvement efforts.

Documents inclusive of seven youth records were provided for review. These records predated the improvements noted in the DYS review documented above. The strength of the CAS program is the initial youth assessments. These were individualized, generally detailed, and provided information to allow for the development of an individualized service plan, or as titled at CAS, the personal program plan.

However, the personal program plan was essentially a checklist and not individualized. Goals were not measurable, nor were specific interventions identified outside of a checklist of available group interactions. Progress notes regarding group and individual therapeutic interactions were included in shift notes and did not describe the group therapy or individual therapy adequately. As noted above, these documentation issues were being addressed via ongoing QA review by DYS with corrective action plans developed as needed to include staff training and mentorship.

For the second review period, additional youth records and quality assurance monitoring results were reviewed. This revealed marked improvements in the documentation of treatment including individual and group therapies. Quality assurance monitoring is ongoing. While there remain issues in documentation, (e.g. the need for consistent treatment goals, consistent use of SOAP note format for documentation of group therapy), what is important is that improvements are apparent and DYS is able to identify the weaknesses and has plans for ongoing technical assistance to address these.

Applewood

DYS performs contract monitoring site visits at this facility. Between 10.1.14 and 4.1.15, eight visits were conducted. Documentation received from this facility included three youth records containing mental health assessments, individualized service plan, group counseling notes, and individual counseling notes. While checklists were utilized to populate some sections of the mental health assessments, a case formulation was included. These were individualized and provided information to allow for the development of the treatment plan (service plan).

Service plan goals did not appear to be individualized, with similar goals noted in different records. There was a need for improvement in documentation in both group and individual therapy progress notes. For example, improvements in goal development would allow for these goals to be addressed in individual therapy with progress toward specific goals

outlined in the progress notes. However, even with the documentation issues, it was apparent that treatment was occurring at this facility.

QA is also performed by the facility, although these data were not available for review. DYS reported plans to obtain the records of girls receiving treatment at this facility and to perform their own record reviews for QA purposes on a regular basis.

For the second monitoring period, an additional twelve DYS contract monitoring visits occurred between April 9, 2015 and October 5, 2015. In addition, DYS has implemented in depth quality assurance of treatment team meetings, individualized treatment plans, and case notes. As group therapy at this facility includes youth not assigned to DYS, group therapy encounters were not observed. Quality assurance monitoring for this facility revealed that goals and objectives for treatment planning were written in template format; however, other information, specifically the specific needs of the individual youth with regard to mental health treatment was individualized.

Pomegranate

DYS performs contract monitoring site visits at this facility. Between 1.12.15 and 5.12.15, 18 visits were conducted. Documentation received from this facility included six youth records containing the diagnostic assessment, individualized service plan, group therapy progress notes, and individual therapy progress notes. While the group and individual counseling notes were descriptive of the treatment provided, there was a need for improvement in the case formulation development. However, even with the documentation issues, it was apparent that treatment was occurring at this facility.

QA is also performed at this facility, although these data were not available for review. DYS reported plans to obtain the records of girls receiving treatment at this facility and to perform their own record review for QA purposes on a regular basis.

For the second monitoring period, an additional twenty DYS contract monitoring visits occurred between May 15, 2015 and September 30, 2015. In addition, DYS has implemented in-depth quality assurance of the individualized treatment plan, case notes, group therapy observations, and treatment team meetings. Quality assurance monitoring for this facility revealed that goals and objectives were similar for all girls and that some therapy notes were superficial. There were also therapists who demonstrated therapy notes that were well written.

Whether the services received by the girls at facilities contracted by DYS are comparable to those delivered to the boys at DYS facilities, and therefore, whether DYS is in substantial compliance with the Court Order.

Please note that this review has limitations, as the monitors and subject matter experts were not able to visit the facilities, meet with clinicians, interview youth, observe group therapies,

or conduct other activities typical of a facility review. As such, it was necessary to rely on a review of youth records and other reviews conducted by DYS behavioral health staff. In the DYS facilities housing boys, DYS has done a good job of developing quality assurance (QA) tools, using these tools to identify weaknesses in the system, and developing corrective action plans to address these weaknesses. This has resulted in an adequate quality assurance program. Admittedly, the early QA activities conducted via DYS have been staff dependent; however, over time, it is hoped that these activities will become routine, and utilized at both the central office and facility level to effect change in the system.

Per the DYS quality assurance review of CAS, it was reported that mental health services were occurring commensurate with what is occurring at the boy's facilities. While in the initial review, this was not directly seen in the documents reviewed by the subject matter expert, DYS has reviewed the documentation and expressed confidence in the treatment being provided. DYS also has pledged to continue QA monitoring of this facility. For the second review period, treatment documents revealed improvements. In addition, DYS quality assurance monitoring has continued on a monthly basis. Again, while this has revealed improvements, there remain issues that have been identified and are being addressed via technical assistance. As such, to the extent possible given the limits of the methodology for this review, services appear to be commensurate to those provided to the boys.

At Applewood and Pomegranate, it was apparent that treatment was occurring. Both of these facilities have their own QA process, although the results were not available for review by the Monitoring Team. In addition to the current site visit monitoring that DYS is conducting, DYS Behavioral Health staff review the treatment records for youth receiving treatment in these facilities for QA purposes. Although the need for improvements in documentation was noted, there was no question that treatment was occurring. As a result, to the extent possible given the limits of the methodology for this review, services appear to be commensurate to those provided to the boys. For the second review period, ongoing quality assurance monitoring revealed results consistent with the first review for both of these facilities.

Column B. (Monitored by Dr. Dedel)

Use of Seclusion in Response to Youth's Aggressive Behavior

What the Grid requires of DYS facilities.

Column B of the Grid was designed to reduce the reliance on seclusion as a response to youth's aggressive behavior. Ultimately, DYS was required to prohibit the use of disciplinary seclusion (which it did as of January 1, 2015) and to significantly reduce the length of time that youth remained in pre-hearing seclusion immediately following a violent incident. The length of stay could no longer be pre-determined and was to be based on the youth's readiness to safely return to regular programming. A regular schedule of opportunities for youth to process their behavior with staff is required, starting at the 4-hour mark, and then repeating every 3 hours if the youth initially refuses. Pre-release interviews (i.e., Safe to Release interviews) are designed to inquire about the underlying causes of the youth's behavior and how the youth might respond differently in the future.

The following review assesses the extent to which the contracted girls' facilities: 1) impose seclusion as a disciplinary sanction for violent misconduct; and 2) utilize seclusion as an immediate response to a youth's violent behavior and how long that seclusion lasts.

What the documents revealed is provided to girls at the facilities contracted by DYS.

Applewood and Pomegranate

Per ODMHAS licensing requirements, seclusion is not permitted at either facility. Nothing in the documents received indicated that the practice is ever used at Applewood. DYS staff reported that the doors to the youth's rooms do not lock and the facility does not have "seclusion rooms." Furthermore, the Quality Assurance review indicated that youth who are agitated may be placed on 1x1 status, where a staff person remains with the youth at all times, including sitting outside the open doorway if the youth is in her room.

While seclusion is also not permitted at Pomegranate, just before the first review period began (August 2014), one of the Plaintiff's attorneys received reports from girls that they were being placed in "Alternative Program" (AP) for several days at a time and that AP consisted of serving time in a hallway where the doors at both ends and rooms on the sides were locked. Girls had little interaction with staff and program services were not continued during this time. While it was not imposed in the traditional way (i.e., hallway versus resident's room), Plaintiffs counsel and the Monitoring Team felt that AP had the essential features of "seclusion."

Subsequent discussions with DYS led to shared concern and DYS administrators took immediate steps to change the practice. In early September 2014, DYS administrators visited the program and communicated their concerns to the program's CEO, who also took

immediate action. Following staff meetings on all three shifts, the Alternative Program policy was immediately revised (effective 9/9/14), staff were re-trained and youth were informed about what they should expect. AP was immediately adjusted to remove the features that created the greatest concern and now does not include any type of seclusion in a locked room or area.

Currently, youth may be placed on AP immediately following an aggressive incident in order to separate them from potential victims. They are in a hallway, but are permitted free access to their rooms and have a place to sit, eat, and do treatment and school work. Staff are present at all times and are constantly interacting with the youth. DYS staff have been invited back multiple times to observe the program and to talk to girls who've spent time in it and have found that it is being implemented as designed.

Although it is troubling that these problems were not discovered by the program itself, or by DYS during the course of its program monitoring, both the facility and DYS enacted procedures to ensure that disciplinary practices continued to be aligned with DYS policies and program licensing requirements. The facility hired a Compliance Manager and one of her tasks is to monitor the AP. DYS is also informed every time a youth is placed in AP, for what reason and for how long. These incidents are compiled in a running log, which was provided to the Monitor. During the 1st 6-month review period for this report, AP was used 7 times, with an average length of stay of 25 hours (range 11-39 hours).

As noted above, youth are no longer secluded while on AP, so the various provisions required by the Grid for DYS facilities do not apply. As a result, AP was not monitored during the 2nd review period.

CAS

CAS is part of a community corrections facility, not a mental health facility, so it is not subjected to the same licensing requirements regarding seclusion as Applewood and Pomegranate. During an August 2014 site visit, one of the Plaintiff's attorneys indicated that several girls indicated that they'd been placed in seclusion for either 24- or 48-hour periods. While these lengths of stay were commensurate with what DYS permitted in its facilities at the time, in a conversation with the Monitoring Team in September 2014, DYS noted that it intended to ensure that CAS' policies and practices regarding seclusion evolved alongside DYS'.

CAS drafted a new policy (3C-11) in mid-September 2014 that included all of the major components required by the Grid. The policy:

- Prohibits the use of room confinement as a punishment and permits its use only for the purpose of de-escalation/imminent threat;
- Requires 30-minute assessments/justifications if the restriction is going to be continued;
- Gives the line staff authority to release the youth once calm;

- Requires the Program Director to become involved if the youth has not been released at the 8-hour mark;
- Includes an insight-oriented component (requires a Thinking Error Report); and
- Is fortified by the "Rules of Conduct" policy, which does not list room confinement as a permissible sanction for any of the rule violations.

Since then, DYS has pushed further to ensure that CAS' policy reflects the best practices identified in the DYS-managed facilities. Currently, DYS and CAS are working to implement a Corrective Action Plan that includes: 1) ensuring that room confinement is used only as a last resort; 2) better structuring the assessment of the youth's readiness for release; 3) referring all youth placed on room confinement to the clinical team; 4) reviewing room restriction data on a weekly basis to ensure compliance with policy; and 5) reviewing all AMS reports on a daily basis at DYS Central Office.

While the policy was drafted in September 2014, it was not implemented until March 1, 2015 due to distractions caused by County and Court Administrator program audits. That said, the table below show a declining average length of stay and increasingly larger proportions of youth who were released within 4 hours (the threshold set by DYS' new policy and the Grid).

Of the 45 seclusion episodes during the 1st review period (October 2014-April 2015), 56% (n=25) were completed in 4 hours or less, 13% (n=13) were completed in 4-8 hours, 11% (n=5) were completed in 8-12 hours, and 20% (n=9) lasted longer than 12 hours (all of which included an overnight stay). The *average length of stay* during the 1st review period was 6.06 hours and the *longest* length of stay was 26.1 hours. These data are comparable to the durations observed at the DYS-managed facilities during the review period.

Of the 49 seclusion episodes during the 2nd review period (May 2015 through September 2015), 92% (n=45) were completed in 4 hours or less. Only 3 episodes (6%) were between 4 and 8 hours, and only 1 episode (2%) was between 8 and 12 hours. The *average length of stay* during the 2nd review period was 1.84 hours and the *longest* length of stay was 8.80 hours. These lengths of stay are significantly shorter than those witnessed in the DYS boys' facilities at the conclusion of the monitoring period for boys (August 2015).

As noted in the introduction to this report, DYS closely oversees the use of seclusion at CAS by reviewing AMS reports on a daily basis and providing feedback to the site about whether the use of seclusion appeared to be justified or whether alternative strategies could have been effective. This oversight, coupled with a additional policy revisions completed in July 2015 have decreased the frequency of seclusion to levels that approximate what occurs in DYS' boys facilities.

CAS: Use of Seclusion, October 2014 through September 2015												
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept
ADP	6.7	8.9	11.5	10.3	10.1	10.0	9.2	6.8	9.3	9.9	9.2	8.7
# episodes	~	5	10	5	1	11	13	5	12	16	9	7
% less than 4 hrs.	~	20%	30%	20%	~	91%	77%	100%	100%	88%	89%	71%
% 4 to 8 hrs.	~	60%	~	40%	100%	~	~	~	~	13%	11%	14%
% 8-12 hrs.	~	~	20%	~	~	~	23%	~	~	~	~	14%
% 12+ hrs.**		20%	50%	40%	~	9%	~	~	~	~	~	~
ALOS	0.0	7.3	12.29	12.2	6.0	3.07	1.6	1.3	1.24	1.89	1.9	2.88
LOS range	~	2.0- 17.5	1.2- 21.5	1.5- 26.1	~	0.5- 19.2	0.5- 11.9	0.5- 1.5	0.5- 3.0	0.5- 5.37	0.5- 5.75	0.42- 8.80
*Most of the seclusion episodes lasting more than 8 hours included an overnight stay (8.75 hours of total time were sleeping hours).												

One of the concerns that led to the Grid's development was the accumulation of seclusion hours on certain youth with high-frequency aggressive behaviors. During the 1st review period, two girls had a significantly higher number of seclusion episodes than the others. One (S.S.) had 8 total episodes with a total seclusion time of 120.5 hours over a 5-month period. This translates to her spending approximately 3.3% of her time in custody in seclusion. The other (S.J.) had 7 total episodes with a total seclusion time of 42.50 hours over a 2-month period. This translates to her spending approximately 3.0% of her time in custody in seclusion. During the 2nd review period, one girl (L.B.) accounted for 23 of the 32 seclusion episodes (72%) in July, August and September. Her total time in seclusion (53.3 hours) translated to only 2.5% of her time in custody. These rates of accumulation are significantly below the levels that originally generated concerns about the use of seclusion at the DYS boys' facilities.

The key mechanism for shortening the length of stay in seclusion is the use of a robust process for assessing the youth's readiness for return to the regularly scheduled activities of the unit. CAS has implemented a process that is as strong as any reviewed by the Monitor across the country. CAS' Room Restriction Form requires a detailed description of the youth's behavior that qualifies as a threat to self or others and supervisory approval of the initial placement in seclusion. Every 30 minutes thereafter, staff members must provide a narrative description of the youth's mood, attitude, behavior, statements, non-verbal cues, etc. that justify either the continued use of room restriction or the youth's removal. After one hour, the On-Duty Administrator interviews the youth and determines whether she can safely return to scheduled programming or whether she remains a threat to self or others and must remain in room restriction.

The Monitor reviewed the Room Restriction forms for all 32 youth who were placed in Room Restriction during July, August and September 2015. Only very small and very infrequent errors were noted among them (e.g., a single missing or late 30-minute check; justifications for continuing room confinement that could have used some additional information). It's worth highlighting that it is not CAS' protocol or format for review that makes its process so outstanding, but rather the level of detail and richness of descriptions that are provided by CAS' staff about the girls' situations at any given time.

Whether the services received by the girls at facilities contracted by DYS are comparable to those delivered to the boys at DYS facilities and therefore, whether DYS is in substantial compliance with the Court Order.

Currently, neither of the two facilities licensed by ODMHAS utilizes any behavior management practice that includes secluding a girl alone in a locked room. While prior to the beginning of the review period, implementation problems with the Alternative Program at Pomegranate did result in girls being secluded in a locked hallway, once the problem was brought to the program administrator's attention, the practice ceased. This has been verified by DYS staff who make frequent on-site visits to the facility. The Alternative Program remains an option, but the girls are not secluded and continue to be engaged in programming throughout their time in AP. In summary, the document review completed by the Monitor indicated that current behavior management practices at Applewood/Pomegranate are aligned with what was required by the Grid at the DYS-managed boys' facilities.

CAS uses seclusion to de-escalate a youth who is out of control, but the new policy drastically shortened the length of stay. Data from the past 12 months reveal that the frequency and duration of the seclusion episodes (even before the new policy was put into effect) are very short, compatible with what is commonly necessary to de-escalate a youth who is a threat to self or others, and are similar to what has been witnessed at the DYS boys' facilities. Furthermore, the process for assessing youth's readiness to return to regular programming is outstanding. Youth are assessed very frequently (i.e., every 30 minutes) and staff provide rich, detailed narratives about the youth's current state of mind at each interval. Taken together, CAS' use of seclusion easily satisfies the requirements of Column B of the Grid.

In all three facilities, a structured quality assurance process has been implemented to ensure that services meet the needs of the girls housed at the facilities. DYS is encouraged to include quantitative seclusion data in its QA reports for CAS. DYS' close oversight of the use of seclusion at CAS, coupled with its demonstrated willingness to use the Corrective Action tool to ensure that practices are aligned with DYS managed facilities, create considerable confidence that continued external oversight around the use of seclusion from the Monitoring Team is not necessary.

Column C. (Monitored by Dr. Weisman)

Mental Health Response to Youth's Aggressive Behavior

This report provides observations of each of the girls' facilities during two distinct monitoring periods. The first monitoring period covered the six months between January and June 2015. The second monitoring period covered the three months between July and September 2015. Findings for each facility for these distinct time frames will be noted in the text as **Review One** (January - June, 2015) and **Review Two** (July - September, 2015).

What the Grid requires of DYS facilities.

There are two essential requirements of Column C, and while the girls' facilities do not have to provide *identical* services, they must provide *comparable* services. The first requirement is a review and potential revision of the individual treatment plan following each AOV. In reviewing this documentation it was clear that each of the facilities provided both individual and group interventions in a timely manner following each girl's involvement in a single AOV. Documentation does not specifically identify the AOV in the intervention notes, however the focus of these sessions is on emotional regulation which is clearly a clinical issue informing the girls' behavioral dyscontrol.

This report will not dissect these interventions. It must be assumed that the facilities are providing appropriate care given their licensing requirements by the Department of Mental Health and the fact that the girls only engaged in one AOV. This speaks to the effectiveness of their interventions.

The second requirement of Column C is a formalized process in place to address the mental health needs of youth who engage in repeated acts of violence (AOV). Within DYS secure facilities for boys, youth who engage in repeated AOVs are managed by Special Review Teams (SRT) consisting of the youth, the youth's primary clinician, Unit Manager and social worker. The purpose of the SRT is to identify the causes and functions of the AOVs, to prescribe more intensive interventions aimed at addressing the root causes of the behavior, and to recommend updates to the Individual Service Plan (ISP).

The focus of this report will be on the facilities' clinical management of girls' who engage in repeated AOVs.

Methodological Note.

The facilities did not provide their policies for the auditors to review. We were also unable to make site visits to the facilities, observe programming or speak with the girls. As a result, this report relies heavily on the extensive analysis and on-going QA activities by ODYS and the subject matter expert's thorough review of the following documents:

- ❖ For Round Two, the Monitoring Team received DYS Behavioral Health Quality Assurance summary (dated 11/2/15) and the underlying score sheets for each record reviewed. This QA protocol mirrors that implemented in the DYS boys' facilities. This Behavioral Health QA review was summarized in the introduction to this report.
- ❖ For each monitoring period, the Monitoring Team received Nan Hoff's monitoring reports as follows:
 - **Review One** - CAS (5/15/15); Pomegranate (5/12/15); Applewood (4/1/15)
 - **Review Two** - CAS, Pomegranate and Applewood (10/13/15)

Information contained in these documents is summarized in the introduction to this report.

- ❖ For each monitoring period, the Monitoring Team received facility-specific Incident Tracking forms detailing the dates, incident descriptions and consequences of AOVs for individual youth:
 - **Review One** - Pomegranate (2- 7/15); Applewood (1/15 - 6/15)¹
 - **Review Two** - CAS, Pomegranate and Applewood (7/15 - 9/15)

This information was used to identify the number of girls who met the AOV threshold so that the subject matter expert could ascertain whether they received services comparable to what is required by the Grid. It should be noted at the outset that there were a total of 28 youth in residence at the three facilities during the first review period. During this period, seven youth met the SRT threshold, or 25%. During the second review period there were 21 youth in residence. Of these, only three met the SRT threshold, or 14%. This speaks to the relative infrequency of a youth engaging in multiple AOVs, and to the overall improvement in the facilities' management of some of the most challenging behavior.

- ❖ For each monitoring period the Monitoring Team received youth-specific treatment plans and progress notes.
- ❖ Since the Monitoring Team did not have access to the facilities' policies, on August 14, 2015, the Chief of Behavioral Health Services provided the Monitoring Team with a detailed memo describing the processes in place at each of the facilities for their management of youth who engaged in AOVs.

¹ The Monitoring Team did not request a specific listing of AOVs for Round 1, relying instead on DYS' identification of girls who engaged in AOVs. In Round 2, the Team requested and received this list so that the identification of girls who engaged in AOVs was made independently.

Given the small number of youth involved in the review from each of the three facilities, calculation of compliance ratings in terms of percentages makes little sense. Instead, evidence of compliance, when it occurs, is noted for each youth.

Pomegranate

Review One (1/15 - 6/15): DYS provided the following background on Pomegranate policies based on their site visits, document reviews and interviews with staff and youth. The following processes are in place to respond to and address AOVs:

- In-the-moment processing of AOVs;
- CBT Packets as part of the Alternative Placement intervention²;
- Critical Incident Reviews following incidents in which a youth causes or sustains a serious injury (though none of the DYS girls have been involved in an incident which would trigger such a review);
- Monthly SAVE Committee (i.e., Staff Against Violent Environments) in which the underlying causes of restraints are examined and specific interventions are prescribed.

The subject matter expert reviewed the mental health records for six girls. Of these, five had had altercations that met the SRT threshold. In each instance, the therapist met with the youth immediately following the incident to process the event, and the youth was subsequently returned to programming. In one instance, a youth (JM) received an extra 90 days due to her altercation. Pomegranate has no requirement that the ISP be reviewed and revised or modified following AOVs.

DYS provided substantial information to help us better understand how the other interventions, listed above, provide services that are functionally equivalent to the SRT process that is available to DYS boys. To summarize the information the Monitoring Team received from DYS:

According to policy, after each act of violence, there is a Critical Incident Review (CIR), that includes staff, a shift supervisor and administrative staff. Monthly there is a Staff Against Violent Environments (SAVE) committee meeting which reviews all AOVs. It is within this forum that Root Causes of the AOVs are addressed. While there is no formal written policy to govern this, programming operates from a CBT/DBT model, which dictates that any behavioral concerns are reviewed, discussed and worked into the client's individual case

² As noted previously in this report, Pomegranate uses what they refer to as Alternative Programming for some youth who engage in AOVs. AP does not have a pre-determined duration. Programming is taken to youth who are on AP and staff is always present. With regard to Column C requirements, one of the requirements while on AP is to complete a CBT packet related to the event leading to AP and to process the information in the packets with staff. The youth's primary clinician is required to meet with the youth while on AP.

conceptualization. That conceptualization of the case translates into interventions within the client's program and related to the client's ISP goals. Safety plans are used as needed. By policy, treatment team meetings are to be held "no less than once a month and at clinical junctions," though the current practice is to have weekly team meetings and clinical staffings are scheduled more frequently if needed.

DYS conducted in-depth reviews of CIR and SAVE meeting minutes and talked about the process with program staff. In their summary report provided to the monitors, DYS stated, "CIRs are triggered by a youth causing or sustaining serious injuries, etc., and are targeted to ascertain the cause of the incident / outcome and to learn from the incidents to avoid critical incidents in the future. No DYS girls have needed a CIR in the recent past." DYS reported that the SAVE committee minutes focuses on institutional reforms that responded to trends noted in AOVs and other undesirable occurrences. For example, DYS noted that "The July 2015 SAVE minutes included the following: revamp the coping skills, addressing what the youth need to be successful, providing tangible items for the youth to use, implementing a pilot program, and creation of behavior management plans."

In addition, DYS reported that, "The SAVE Committee did a day-by-day break down of restraints in June. They discovered some trends as it related to days of the week and addressed staffing levels on those days. The Committee also reviewed a list of kids who had the highest number of restraints and the Restraint Reduction Group was assigned to meet and further discuss those youth."

Although DYS' information suggested that the CIR and SAVE Committee meetings had been implemented as prescribed in policy, the Monitoring Team was also interested in whether these interventions were effective in reducing violence among girls with mental health issues. On 8/13/15, DYS provided the following outcome data:

- Five girls would have met the criteria for SRT at some point over the past 16 months;
- The range of days the SRT would've been active ranged from 14 to 73 days. [Note that by policy, the minimum active time is 14 days.] The median was 25 days.
- No girl would have met the SRT criteria in the month immediately following her initial SRT, though one girl would have again met criteria 4 months later.

Subject Matter Expert's Assessment: **Review One.**

Although the subject matter expert was not personally able to review some of the documentation related to Column C, DYS made every effort to fill in the blanks by going on site and reviewing the substance of the relevant documentation. The Monitoring Team was provided with detailed findings from the DYS staff conducting these reviews. The documents the subject matter expert personally reviewed, along with the summaries received from DYS, suggest that although Pomegranate does not have an SRT per se, the immediate intervention following the AOV, ongoing clinical interactions and the CIR and SAVE meetings combine to form a comparable process to what is in place for boys at DYS. Outcome data suggest that

these have been effective in limiting the girls' involvement in AOVs.

Review Two (7/15 - 9/15): Pomegranate had no youth who engaged in repeated AOVs during this monitoring period. To be clear, none of the girls met the threshold for an SRT. There was one AOV in July, two in August and two in September. Only one girl had two AOVs within this time frame, but those were spaced so as to not meet the requirements.

This is remarkable progress. As DYS noted in their report (8/13/15), five girls had met the SRT threshold in the prior 6 months. In the subsequent three months reviewed, no girls met the threshold. This certainly suggests improvement in Pomegranate's management of these events.

In her Monitoring report of 10/13/15, Nan Hoff notes the many changes that have been implemented at Pomegranate. According to her report:

- DYS girls are now housed on one unit making it easier to provide programming.
- The unit the girls are housed on has been softened. All girls painted murals on the walls of their rooms, and a mural for the common area is underway.
- Girls are able to attend community activities such as weekend home passes, shopping with staff, going to museums, walking in the neighborhood and going out for dinner.
- Educational achievement of the girls is going well with two girls having graduated high school and one attending college.
- A Treatment Team model that meets monthly with each youth is being implemented.
- The Director of Pomegranate has scheduled refresher training for all staff on trauma informed care.

These changes are huge and no doubt account for the calming of the youth on the unit. The collaboration between DYS and Pomegranate resulting in Pomegranate's use of strategies now commonly in use in DYS facilities is to be commended. Issues such as the softening of the environment, implementing treatment teams, community-outings and a greater focus on trauma-informed care are clearly having a positive impact on the behavior of the girls.

Subject Matter Expert's Assessment: **Review Two.**

Pomegranate has made significant progress in their ability to provide meaningful services to the DYS youth in their care. Evidence of this is the reduction of youth with repeated AOVs from the first to the second review. At the time of Nan Hoff's review, there were 9 girls in residence at Pomegranate. None of the girls at Pomegranate met the threshold for an SRT. The benefits of the collaborative relationship between DYS and Pomegranate are clearly in evidence.

However, a concern remains about the lack of individualization of treatment plans for girls at Pomegranate. The plans reviewed by the subject matter expert were nearly identical. It is

recommended that going forward DYS and Pomegranate work on improving the girls' treatment plans. DYS has noted the similarity in goals and objectives (as stated in their 11/2/15 Quality Assurance Summary) and plans to continue to work with the clinicians on this issue.

Applewood

Review One (1/15 - 6/15): DYS provided the following background on Applewood's policies based on their site visits, document reviews and interviews with staff and youth, the following process are in place to respond to and address AOVs:

- In-the-moment processing of AOVs;
- Addressing AOVs during regularly scheduled treatment interventions;
- Reviewing AOVs during weekly clinical rounds and prescribing necessary interventions;
- Monthly team meetings that include summaries of issues that can be then integrated into youth's treatment, reflected in progress notes; and
- 90-Day Review Meetings.

These interventions are all prescribed by policy, and DYS' oversight verified their implementation. Although the program did not provide policies to the Monitoring Team, DYS responded to a series of structured questions from us about the substance of policies. DYS reported that according to policy, acts of violence should be processed with staff in the moment, if feasible. Client cases should be reviewed weekly in clinical rounds. Participants in clinical rounds should consist of the entire treatment team. At this time any/all incidents should be reviewed, as well as the youth's response to interventions and progress in treatment. Additionally, clients should be individually reviewed monthly with the treatment team and community stakeholders (i.e., probation officers, legal guardians, custodians, etc.).

The subject matter expert personally reviewed mental health records for three girls. Of these, two had engaged in AOVs that met the SRT threshold. The mental health records consisted of Group Therapy Notes, Individual Therapy Notes, Partial Hospitalization notes and an Intake Mental Health Assessment.

For the period 1/31 - 3/2, Applewood reported five serious incidents. Youth AL was responsible for four of these incidents. ISP goals and interventions, developed upon intake, were focused on "emotional regulation" and substance abuse. There was evidence that AL's AOV were addressed in the context of a group on two separate occasions (3/5 and 3/6/15).

Applewood may use a "shut down" intervention and/or a "cottage restriction." In policy, these practices are defined as follows: "Shut Down: Failure to follow transition rules i.e., remaining in assigned hallway during hygiene routine or causing a significant bedtime disruption,

continually out of area, or using doorway that sounds an alarm. Client will be restricted to sitting in their room during all transition periods. (2) Cottage Restriction: Attempted or successful AWOL as defined as leaving campus without permission will result in 72-hour cottage restriction." It is said that these are used in rare circumstances. However, all three of the girls had experienced these or other consequences following their AOV: Youth AL - Separation Plan, Youth CS - Shut Down, Youth TL - Unit Restriction.

Youth TL was placed on Unit Restriction for a lengthy period due to her unrelenting self-injurious behavior. During this time she was not able to attend groups in an abundance of caution for her safety. She did however, receive focused individual therapy during this period. She was also placed on a Safety Plan that was reviewed weekly. It is clear from reviewing the Safety Plans developed between 4/16/15 and 6/8/15 that the strategies Applewood was implementing had the desired effect because over this period TL was able to earn back restricted items and begin attending groups.

Although DYS' information suggested that the various interventions had been implemented as prescribed in policy, the Monitoring Team was also interested in whether these interventions were effective in reducing violence among girls with mental health issues. On 8/13/15, DYS provided the following outcome data:

- o Five girls met criteria for an SRT at some point in time over the last 16 months.
- o The range of days the girls would have been on an SRT ranged from 14 to 29 days (Note: the minimum is 14 days since a person is kept on the SRT for a minimum of 14 days following the date they meet the threshold). The median was 19 days.
- o Only one girl would have gone back on an SRT after coming off her first SRT.
- o No girls would have met the criteria for an SRT in the month following the month she came off an SRT (i.e., in consecutive months).

Subject Matter Expert's Assessment: **Review One.**

There is sufficient evidence to assert that Applewood addresses AOVs in a manner consistent with Column C requirements. Some of the supporting documentation that would have provided additional evidence that their formalized processes are in place seems to be attributable to their manner of documentation. Meetings in which more than one youth is discussed do not appear in the individual notes of the youths' in question, and thus were not provided to the Monitoring Team in response for our request for individual treatment records.

Applewood's treatment plans are not individualized. The treatment plans for the three girls reviewed were nearly identical - this despite the fact that the girls presented with some of the same, but some distinct issues. It is recommended that DYS monitor the adequacy of Applewood's case formulations and their relationship to service provision. As with Pomegranate, it is recommended that DYS work with Applewood to improve the girls'

treatment plans.

Review Two (7/15 - 9/15): Applewood had two youth who met the SRT threshold during this review period:

- TL - AOVs: 7/24 (H), 7/27 (S) and 8/3 (S)
- TW - AOVs: 9/19 (S) and 9/28 (S)

TL is the same youth reviewed in Round One, and she remained unsafe during the second review period. Following TL's AOV on 8/3/15, she received individual or group counseling everyday from 8/6/15 through 8/15/15.

There are two notes indicating that TW directly addressed the restraint episode related to her AOV during an individual therapy session on 9/23; the second note states that TW brought up her AOV during group on 9/24. Thereafter, TW received a daily combination of individual and group therapies from 10/1 -10/15/15.

Subject Matter Expert's Assessment: **Review Two.**

Applewood's policies and practices conform to the requirements of Column C. While Applewood's documentation does not exactly mirror what is required of clinicians at the boys' facilities, there is ample evidence that the girls are receiving services which are at least as intensive as those the boys' receive.

The subject matter expert again notes the lack of individualization of treatment plans. The treatment plans for both girls are nearly identical and do not seem to be reviewed or revised following an AOV.

CAS

Review One (1/15 - 6/15): The subject matter expert personally reviewed the mental health records for six youth. There was considerable overlap of youth who were presented at Pomegranate and Applewood. The following youth appeared in multiple settings:

- AL (CAS and Pomegranate)
- AW (CAS and Applewood)
- AY (CAS then Pomegranate then CAS)
- TL (CAS and Applewood)

This is because, as noted previously, CAS serves as both the receiving facility for girls to be served in any of the three facilities and as a provider of services for those youth determined not to be in need of more specialized mental health services. If the youth evidences mental health concerns, she is referred to either Applewood or Pomegranate. On occasion, girls who do not do well in these more therapeutic programs, or who are determined not to have

mental health concerns of sufficient severity to require their maintenance in these programs, are returned to CAS.

Of the six girls reviewed by the subject matter expert, three had engaged in AOVs. None of these met the threshold for an SRT. The only information provided regarding CAS' response to these events indicated that:

- Youth AW: placed in her room on 15 minute checks
- Youth DT: physically restrained, placed in room and on Unit Restriction
- Youth AY: placed on a behavior contract

In addition to the types of interventions that were provided and whether they were functionally equivalent to what is provided to the DYS boys, the Monitoring Team was also interested in whether CAS' services were effective in reducing violence among the girls. According to data reviewed by ODYS (8/21/15): "CAS went 11 consecutive months with no girl meeting the criteria for an SRT. One girl met the criteria in July (that was the first one to meet the criteria in 11 months). Since then, a medication consultation has occurred for her. Medication adjustments have been made. SOPP is providing individual therapy. Family members have been brought in and family sessions are starting. (In addition), a case conference with Pomegranate was held to see about the possibility of them getting involved."

This youth will be discussed in greater detail in the second review.

Subject Matter Expert's Assessment: **Review One.**

Documentation provided from CAS was insufficient to comment on their processes in addressing youth who engage in repeated AOVs and the extent to which they may be comparable to what occurs in the ODYS facilities for boys.

CAS has entered into a Corrective Action Plan with DYS to ensure that their documentation is more robust:

- The Treatment Specialists have been entering JCS notes effective June 12, 2015. These notes reflect the resident's progress in CBT groups. These notes are continuously being reviewed to ensure they are clear and individualized to the resident
- CAS has begun providing copies of Individualized Service Plans, Diagnostic Assessments and therapeutic goals for all residents on their caseload. As of August 1, 2015 they will be providing notes regarding each therapy session.

- The psychiatrist will provide weekly updates on youth seen and monthly psychiatric notes.

Review Two (7/15 - 9/15): One youth (LB) accounted for nine of the 14 AOVs that occurred during this time frame (63%). LB engaged in three Severe AOVs in July, four Severe AOVs in August and two Severe AOVs in September. She is the only youth to have met the SRT threshold. It should be noted that she is the first youth to have met this threshold in 11 months.

LB is a very complicated case and managing her assaultive, oppositional behavior has been a huge challenge for all concerned. DYS Central Office's involvement in this case and general oversight of CAS' clinical management of DYS youth in their care has been extensive and impressive. There have been multiple case conferences and visits between DYS and CAS to jointly develop a clinical strategy to address her needs. On 9/23, Dr. Dachowski (who participated in all case conferences) spoke directly with Dr. Hart about LB's diagnoses and medications. There have been two case conferences that involved staff from CAS, DYS Central Office, and the mental health subject matter experts. All this clinical dialogue resulted in articulation of a set of strategies to address her behavior and underlying issues, among which was a decision to place LB on a behavior management plan. On 10/6, Dr. Stinson shared a draft behavior management plan with CAS for their input and on 10/7 he went to CAS to present the plan to LB.

The level of clinical attention devoted to LB meets or exceeds the requirements of Column C.

There have been remarkable improvements in the quality of clinical service provision at CAS. Perhaps most importantly, in the time since the first review, CAS has a new director with a treatment focus. According to Nan Hoff's monitoring report (10/13/15), the following improvements have been implemented at CAS:

- Monthly clinical meetings which the youth attends (analogous to a treatment team);
- University of Cincinnati is working with the CAS clinical staff in the development of individualized goals and objectives for the girl;
- Inclusion of girls in all levels of decision-making regarding the changes that are occurring.
- Colorful, softer furniture has replaced the harder institutional furniture;
- Colorful artwork and posters are now displayed in the main hallway greeting all who enter;
- Girls are now able to hang pictures and quotes on the walls of their rooms;

Nan Hoff notes in her monitoring report that, "with the arrival of a treatment focused director and changes, there's a major culture change going on."

Subject Matter Expert's Assessment: **Review Two.**

CAS has demonstrated remarkable improvement in their delivery of treatment services for DYS girls. This is undoubtedly a result of the hugely successful collaboration between CAS and DYS Central Office, and the newly appointed treatment oriented director. The hoped for outcome of the CAP, and oversight by DYS has occurred. CAS is now functionally equivalent to the DYS boys' with regard to Column C requirements.

Other Services Provided to DYS Girls at Contracted Facilities.

Pomegranate

While not directly related to Column C indicators, surely it can be said that the groups, programs and activities offered at a facility play a role in engaging youth and reducing the likelihood of AOVs. Pomegranate offers a rich array of groups and activities, including:

- Values in Ourselves
- Art Making Studio
- Breaking the Ice
- Decision Making
- Team Building
- Life Skills
- Self-Esteem
- Positive Skills
- Life Skills
- Understanding Symptoms
- Behavior
- Team Building
- Decision Making

While the groups have different foci, in all, basic Dialectical Behavioral Therapy (DBT) skills are emphasized. In reading through group notes, the array of strategies used to engage youth appears thoughtful and accessible.

Applewood

Among the groups offered at Applewood are:

- CBT
- Social Awareness
- Emotional Healing through Art
- Stress Reduction
- Emotional Regulation
- Nurture and Grow
- Creative Cultural Art
- Bibliotherapy
- Resiliency

- Self-Care/Hygiene
- Anger Management
- Relational Aggression
- Boundaries
- Needs, Wants and Expectations
- Communication
- Beyond the Violence
- Empathy and Compassion
- Conflict Resolution
- Me, Myself and I
- How to Train Your Dragon
- Healthy Habits
- Independent Living

Once again, this is a rich array of groups and activities that engage youth in a variety of modalities focused essentially on emotional regulation.

CAS

The groups offered at CAS are:

- Motivation to Change
- DBT Emotional Regulation
- EQUIP
- Girls Moving On
- Strengthening Families

Girls may be enrolled in two different groups at any given time.

Whether the services received by the girls at facilities contracted by DYS are comparable to those delivered to the boys at DYS facilities, and therefore, whether DYS is in substantial compliance with the Court Order.

Both Applewood and Pomegranate are licensed mental health facilities that provide a rich array of programming to DYS girls. Information obtained directly from the providers and summaries from DYS about information they collected while on site suggest that the programming received by girls in these facilities following an AOV is comparable to what boys in ODYS facilities receive. DYS oversight and technical assistance to these facilities is excellent.

CAS is not a mental health facility and so the level of therapeutic programming is contemplated to be somewhat reduced. While programming at CAS is not comparable to what is offered at Pomegranate and Applewood, overall CAS has made enormous gains in their clinical service provision and documentation. The corrective action plan that DYS placed CAS on is having its intended effect.

Summary & Conclusion

The following chart illustrates that practices at the contracted girls facilities were assessed as being functionally equivalent to services prescribed by the Grid for boys at DYS facilities. Our second review revealed significant progress at CAS with the quality of treatment, documentation in clinical progress notes, and further restrictions on the use of seclusion—all of which were products of a very effective Corrective Action Plan.

Are Services Functionally Equivalent to Services for Boys at DYS Facilities?			
Facility	Column A: quality of MH assessments, treatment planning and provision of MH services	Column B: use of seclusion as a response to youth's aggressive behavior	Column C: MH response to youth who engage in aggressive behavior
Applewood	✓	✓	✓
Pomegranate	✓	✓	✓
CAS	✓	✓	✓