MONITORING REPORT FOR THE SETTLEMENT AGREEMENT BETWEEN THE UNITED STATES AND THE STATE OF NEW YORK IN THE MATTER OF *UNITED STATES V. THE STATE OF NEW YORK and THE NEW YORK STATE OFFICE OF CHILDREN AND FAMILY SERVICES* (U.S.D.C. NORTHERN DISTRICT OF NEW YORK)

Facility Monitoring Report:
Taberg Residential Center for Girls
Taberg, NY

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INDIVIDUAL FACILITY MONITORING REPORT:

TABERG RESIDENTIAL CENTER FOR GIRLS

Taberg, NY

I. INTRODUCTION

This is the twenty-third monitoring report for the Settlement Agreement between the United States and the State of New York in the matter of *United States v. the State of New York and the New York State Office of Children and Family Services* (U.S.D.C. Northern District of New York), and it describes the monitoring visit to the Taberg Residential Center for Girls (Taberg) on November 3-5, 2015. As noted in the first monitoring report, the Monitoring Team consists of two Monitors, Dr. Marty Beyer, who is responsible for the Mental Health paragraphs of the Settlement Agreement, (hereafter referred to as the MH Monitor) and Dr. David Roush, who is responsible for the Protection from Harm paragraphs (hereafter referred to as the PH Monitor).

This report evaluates numbered Paragraphs 40-43, 44 a, b (second through fourth sentences), c, f, and g, 57 and 68 in the Settlement Agreement. Specific headings within these groups of paragraphs include Use of Restraints, Use of Force, Emergency Response, Reporting, Evaluation of Mental Health Needs, Use of Psychotropics, Staff Training on Psychotropic Medications and Psychiatric Disabilities, Psychotropic Medication Refusals, Informed Consent, Treatment Planning, Substance Abuse Treatment, Transition Planning, Document Development and Revision, and Quality Assurance Programs.

A. Facility Background Information

Taberg is a 24-bed limited secure facility for girls with two units in one building. Another building contains a gymnasium and library, and the school is in the Annex off-grounds. Taberg is described as having the only mental health unit for girls in New York State (with admission through a statewide Mental Health Unit committee), but the facility operates as an integrated mental health program with the same mental health and substance abuse services offered to residents on both units.

Taberg was a male juvenile facility, and it opened for girls on August 31, 2011 when 12 girls moved from Tryon. Staff originally came primarily from Tryon, Taberg Boys, Annsville, and Tubman; during 2012 many staff left, a large percentage were new and creating a cohesive staff team was a challenge for more than a year.

On November 3, 2015, there were 17 girls in residence at Taberg (an additional girl was at Columbia pending fennering). Five of the girls at Taberg in November, 2015 were there during the monitoring visit in April, 2015; 41% of the November, 2015 population were returnees (1 returnee and 7 new admissions on one unit and 6 returnees and 3 new admissions on the other unit).

The 17 girls ranged in age from 13 to 17. Two were 13 (one was 12 when she arrived at Taberg), 1 was 14, 5 were 15, 6 were 16, and 3 were 17. The 17 girls had been at Taberg from 54 days to 194 days, and the sense of stability likely came in part from both

units having no new admissions for almost two months. Average length of stay is not meaningful given that almost half the residents are returnees.

The 17 Taberg girls had been sentenced for: Criminal Mischief (5), Petit Larceny (4), Assault (3), Robbery (1), Weapon Possession (1), Stolen Car (1), False Report (1), and Impersonation (1).

B. Assessment Protocols

The assessments used the following format:

1. Pre-Visit Document Review

The Monitors submitted a list of documents for on-site review. The Monitors worked with OCFS to make the document production and review processes more efficient, especially ways to make the transportation of documents easier for Home Office without compromising the quality of information provided. The Monitors also received in advance of the monitoring visit a draft version of the *Program Review: Taberg Residential Center for Girls,* October 20, 2015 (also referred to as the QAI Report) from the Quality Assurance and Improvement (QAI) Bureau.

2. Use of Data

The Office of Children and Family Services (OCFS) has a good management information system with access to a wide range of data. A further review of the system and its capabilities allowed for the development of Excel spreadsheets for the regular collection and dissemination of facility data to the Monitors. The Monitors were given OCFS' ninth Six-Month Progress Report on June 17, 2015.

3. Entrance and Exit Interviews

The entrance interview occurred on November 3, 2015 with the Monitoring Team and OCFS representatives, including key staff members from the facility. The exit interview occurred on November 5, 2015. A complete list of attendees of the entrance and exit interviews is available upon request.

4. Facility Tour

Walkthroughs of the facility occurred throughout the visit.

5. On-Site Review

The site visits included a review of numerous documents available at the facility and not included in the pre-visit document request list. These documents included many reports that occurred in the time between the documents prepared for the Monitors and the on-site assessments. The MH Monitor observed two support team meetings, Mental Health Rounds, an intact team meeting, a Dialectical Behavior Therapy (DBT) group, a substance abuse group, a Sanctuary group, a Therapeutic Intervention Committee (TIC) discussion, a pre-shift briefing, met with clinicians/coaches, participated in a re-entry planning discussion, and reviewed seven residents' records. The PH Monitor's direct observations included the facility TIC.

6. Staff Interviews

The Monitors interviewed 26 Taberg staff. In addition to group meetings with staff, the MH Monitor interviewed two clinicians, one Youth Counselor (YC), two Youth Division Aide 3 (YDA 3), and two nurses. The PH Monitor interviewed one Acting Facility Director, four YDA 3s, one Assistant Director for Programs, one Acting Assistant Director for Treatment, six Youth Counselor 1/Administrator on Duty (AOD), one Recreation Specialist, one Bureau of Training Trainer, one Clinician, and two Nurses.

7. Resident Interviews

The MH Monitor interviewed five Taberg girls, and the PH Monitor interviewed 12 girls with an average age of 15.3 years. Interviews occurred in areas with operating surveillance cameras and reasonable privacy.

C. Preface to Protection from Harm and Mental Health Findings

Both Taberg units appeared calmer and more stable at the November, 2015 site visit, and residents were making progress because of the unusually low population and strong intact teams, even given continually changing staff.

The monthly Taberg updates provided by Home Office reflect the following in recent months:

- The number of girls has ranged from 17 (8/14/15 and 11/13/15) to highs of 22 (10/13/15) and 21 (9/14/15).
- On 11/13/15 there were three clinicians, but for the previous four months, only 2 out of the 7 clinical positions were filled.
- Since September, 2015, there have been 7 YCs.
- During three months, 18/32 YDAs were available (8/14/15-21/32, 9/14/15-15/32).
- The number of suicide watches each month has ranged from a low of 8 (7/14/15) to a high of 28 (10/13/15, the month with the highest population); the other three months had 15 or 16 suicide watches.
- The number of arms length supervisions each month has ranged from a low of 4 or 5 (7/14/15, 10/134/15, 11/13/15) to highs of 10 (9/14/15) and 12 (8/14/15).
- The number of admissions ranged from 0 (11/13/15) to 7 (9/14/15), with the other months having 2, 3, or 4.
- The number of releases ranged from 3 (10/13/15 and 11/13/15) to 6 (7/14/15), with the other months having 4.

Since it opened as a girl's facility in 2011, the monitors have expressed concerns about staffing for YDAs, YCs and clinicians. The Taberg administration has managed to recruit and hire many YDAs, but with turnover (including promotions to YC positions), the staff on the units has been described as "green" at every site visit. While the day shift has strong unit leadership and more seasoned staff, a continuing challenge is that the evening

shift often has many inexperienced staff. Since May, 2015, Taberg has been without a Facility Director, although Kathy Fitzgerald from Finger Lakes has provided outstanding leadership as Acting Director. One of the two clinicians became the Acting Assistant Director for Treatment. At the end of June, a new Assistant Director for Programs started at Taberg. The Facilities Manager was at Taberg 2 days a week. Additionally, BBHS has provided clinical coverage 4 days/week (plus a psychologist from Finger Lakes for more than a day a week for several months) and coaching 3 days a week.

Home Office highlights the number of YCs at Taberg for the small population size compared to other OCFS facilities. However, the Monitors found that one YC typically provided individual and group counseling and worked on all the girls' Support Teams on a unit because other YCs fill the AOD position. Sometimes, there are more than 10 residents on a unit at Taberg, whereas the Monitors noted that Finger Lakes operated with three YCs for two units of 10 residents in addition to the AODs. The concern here has nothing to do with the size of Finger Lakes. Independent of the number of budgeted staff, the Taberg daily Coverage and Assignment should have at least 1.5 YCs per unit plus AOD coverage, given the higher needs residents requiring complex re-entry arrangements.

II. PROTECTION FROM HARM MONITORING

Protection from Harm outcomes describe mixed progress at Taberg, even though many improvements and positive outcomes were noted in the QAI Report and outlined to the Monitors during the entrance meeting. Noteworthy were the improvements in communications, a greater sense of community, an increased YDA emphasis on relationships, and the strengths-based focus of Support Teams. The Industry-recommended track system that divides each living unit (Amethyst and Opal) into two smaller groups creating two teams within the unit parallels the Intact Team concept that has worked so successfully at Finger Lakes and strengthens the beneficial processes of mentoring and counseling.

Home Office continues to work hard to address the range of personnel transitions and vacancies at Taberg. Acting Facility Director Kathy Fitzgerald has done a good job of generating more consistency and continuity in daily life and treatment programs. However, she was soon to be replaced by the appointment of a new Facility Director from the Office of Mental Health. Therefore, the progress made under Fitzgerald's tenure will need to be reevaluated following the hiring of the new Facility Director, so the precision of some of these compliance findings may be fluid moving forward given the potential adjustments in how youth and staff respond to new leadership.

The personnel transition-related issues can be tracked through Protection from Harm as they relate to the triggering of emotional distress, the escalation of dysregulation to the point of behaviors qualifying for physical restraints, the intensity of the emotional outbursts as measured by the duration of the restraint, the number of back-to-back restraints, and the application of mechanical restraints in the use of force process. From these perspectives, transitional issues seem to have slowed the pace of return of Protection from Harm paragraphs to the equilibrium that existed before the problems in February 2014. This is not to say that no progress has been accomplished. To the contrary, many Protection from Harm paragraphs continue to show signs of compliance.

Noticeable improvements include:

a. A core group of YDAs gets better and more adept at using the New York Model with every visit. The hope is that this core group expands to a point of being a critical mass that helps the new YDAs become more effective more quickly.

b. Strengthening of the pre-shift briefing, the enhanced attention to specific youth, and the review and discussion of IIP suggestions. After observing two pre-shift briefings, there was a substantial amount of good information and sharing of ideas that occurred. How much positive impact these pre-shift briefings will provide remains a question, but the concept of communicating up-to-date information about both the treatment and safety aspects of the previous shift is an indicator of movement toward greater consistency.

c. Improvement in the DAS and an increase in activities and community involvement. The decorating challenges have been well received by youth and have served as an incentive for appropriate behaviors. The challenge is sustaining the quantity and quality of the special incentive activities.

d. Improvements in the DAS store. Primarily, there has been an improvement in the quality of hygiene products available through the store. The challenge is expanding the quantity and quality of items in the store. Traditionally, effective incentives in a point store have a greater variety.

e. Sustained compliance in medical. Nurses do a good job of tracking Post-Restraint Examinations (PRE) of youth within the time allowed by policy. Nurses are comfortable reporting to the Justice Center any issues that may suggest an excessive use of force or any issues where the youth complains about being hurt. The Justice Center has modified its investigation protocols to respond more quickly, thereby reducing the disruption to staffing and programs whenever a complaint is made.

f. The February 2015 QAI review found 88% of physical restraints were within its “Meets Standards” range.

These improvements indicate then there are several areas of strength that can serve as a foundation for sustained program enhancement, but they have not yet moved Taberg to the point of compliance on several key Protection from Harm paragraphs. The QAI Report focused largely on behaviors between June and August when personnel transitions were most disruptive. The review of the Restraint Packets revealed multiple systemic concerns that Home Office and Taberg administration continue to address. These include understaffing, the use of leave by key staff members with good relationships with certain youth most likely to be involved in multiple restraints, and the number of new YDAs, commonly referred to as "green" staff who have not yet acculturated to the New York Model expectations at Taberg. These strains on staffing can be further seen in the deteriorated quality of documentation that occurred during the review period of the QAI Report.

A. Threats to Protection from Harm

Disruptions to the structure, order, organization, and perceptions of safety have affected Protection from Harm: 1) the increases in Personal Safety and the Suicide Watches; 2) GRS changes from "yellow" to "red" (February 2015 through of October 2015); and 3) a negative impact on the mental health status of some of the girls. Despite substantial Home Office efforts to address the various aspects of this disruption over the past 18 months, problems remain related to understaffing; difficulties hiring YDAs fast enough to fill vacancies on the shift created by injuries, restricted contact status, various leave usages, and resignations; the challenges of filling the YDA shifts without the use of overtime or mandations; and the transitions in leadership including Facility Director, Assistant Facility Director for Programs, Assistant Facility Director for Treatment, to name a few. Subsequently, the Monitors asked for and have received from Home Office monthly status reports on Taberg that include descriptions of staffing, programs to the stability, and key indicators of mental health and Protection from Harm issues identified in the Settlement Agreement.

Use of force data have been generally trending downward, but they remain somewhat fluid, which suggests that Home Office and Taberg efforts to restore Protection from Harm factors to the pre-March 2014 level have not fully taken root or other challenges may be working to the contrary. Evidence of these difficulties is the continued unacceptable frequency and intensity of uses of force.

1. Staffing

There is a fatigue among staff and, perhaps, Home Office regarding the ongoing challenges and transitions that have worked against stability and continuity at Taberg. While a core group of YDAs remains that could be transferred to any other juvenile facility and form the nucleus of an excellent direct care staff, they are simply not yet a critical mass capable of shifting the institutional culture.

The QAI Report is an excellent resource and continues to improve in its analytical depth and breadth. QAI's acknowledgment of staffing issues reflects a commendable level of thoroughness that addresses issues with a direct impact on Protection from Harm. Even though minor points of discussion exist between QAI and the PH Monitor about defining staffing adequacy, QAI and the Home Office Monthly Taberg Updates identify the factors that make staffing a priority at Taberg.

The transitions that have occurred at the Assistant and Facility Director levels have created collateral challenges for documentation and supervision. As priority paperwork accumulated during the transition, various strategies to address the priority concerns have meant that other areas have suffered. Youth Counselors expressed concern about staff not reading the logs, too much inconsistency about staff expectations, the need for training on better use of the IIP, concerns about why popular activities seem to "disappear," and how to address issues of clinical staff accessibility.

Foremost among the staffing challenges is the significant time and energy that has gone into prior attempts to staff Taberg fully and adequately. For example, hiring a large number of YDA staff means that these individuals are in need of experience beyond academy training to get them to the point that they understand the youth, the New York

Model, the Taberg values and mission, and the importance of teamwork. Many juvenile corrections administrators believe that it takes a new direct care staff member approximately 18 months to two years to acquire sufficient experience to be competent and reliable in performing the job duties. Until this happens, these YDAs are commonly referred to as "green." The presence of "green" YDAs simply means that the agency has to be patient as they mature professionally into the job, but several YCs commented that Taberg is presently as "green" as it has ever been.

Another major variable is staffing availability. The absence of an adequate number of YDAs to work a given shift during the week affects Protection from Harm. The staffing challenge is not simply about the number of authorized positions approved as part of the annual budget. Instead, the attention on staffing numbers has to do with the availability of qualified individuals to work a shift. It is difficult to be patient while managing limited secure custody operations when the number of YDAs who have some type of restriction on job duties due to investigations or safety plans, or have extended leave due to workers comp, FMLA, extended sick and other leave, or have resigned means that there are not enough YDA bodies available to meet the Coverage and Assignment requirements for the shift.

Information provided by Home Office in the November Taberg Update described a situation for YDA 3 staff where only 43% of the budgeted YDA positions were available for work on the shift. When applied to the established biweekly Coverage and Assignment pattern for Taberg, this staffing availability predicts a minimum of eight shifts short for full staffing per week, not including any restricted duty, leave, sick, or vacation time off that may incidentally occur.

Overtime information provided by Taberg staff about the number of mandations for the 16 weeks preceding the monitoring visit revealed an average of seven mandations per week. Over 60% of YDA staff experienced mandations during that time. Of those YDAs who were mandated during this period, the average biweekly number of mandations was 3.7, with a median number of four and a range from 1-9. As a result, YDAs continue to complain that mandations occur at a rate of about 2 to 3 per week for some YDA staff. Hence, mandations continue at levels that stress the ability of YDA staff to maintain an optimal level of job performance.

2. Youth Perspectives

OJJDP's evidence-based literature on Pathways to Desistance notes how little attention is paid to how the institutional experiences are received by youth as opposed to how they are conceived by adults. The Pathways findings provide evidence that the more positively youth perceive their experience, the more likely are reductions in recidivism, even after controlling for individual characteristics and facility type. Beginning with the August 2012 monitoring visit, the PH Monitor has administered (to a stratified non-random sample of Taberg youth selected by the PH Monitor from the ARTS list) a survey about the Taberg experience using questions from the Performance-Based Standards (PbS) Project's Youth Climate Survey. These data provide a basic measure of how the New York Model has been received over time by some of the most challenging youth.

Restoring consistency and continuity to the Taberg program should provide evidence through greater agreement among youth about perceptions of how the programs are operating. While there are specific areas of strong agreement, too much variability in perceptions as yet exists.

One area where consensus existed among youth was the perception that the lack of consistency among YDAs contributes to residents' fears for their safety. Inconsistencies were noted in the application of physical restraints, the justification for the use of physical restraints, and allegations of an absence of fairness in the discipline process. At the same time, youth identified a core group of outstanding YDAs (see comments on page 5). These comments were generally followed by complaints about problems that occurred due to the lack of an adequate number of YDAs or the problems and disruptions created by new YDAs. On the one hand, the core group of YDAs was described as excellent role models, on the other, concerns for safety were tied to not enough good YDAs role models.

Another area for considerable concern is the endorsement by eight of 12 youth that they believe most YDAs tried to hurt them during a physical restraint. The QAI Report contained similar perceptions of youth regarding the amount of force used by staff during physical restraints. This combines with a scant 33% endorsement that YDAs make more positive comments to youth than negative ones. Finally, no youth endorsed the survey statement about most YDAs being fair about discipline issues. Again, there are no expectations for 100% positive endorsements on the youth survey as the threshold indicator of compliance; however, these levels of perceptions are insufficient to support compliance recommendations. They are, instead, indicative of perceptions that support sufficient amounts of frustration and anger toward YDAs to trigger emotional outbursts, some of which justify physical restraints.

The Pathways findings indicate that structure as reflected by the youth's understanding of the rules, policies, procedures, daily schedule, and behavior management (DAS) promote the youth's adjustment to the facility and increase the likelihood of positive program outcomes. Youth appeared to know the facility rules, but expressed a lack of understanding regarding the DAS and YDA applications of discipline (rule enforcement). Improvements in YDA consistency can positively affect these perceptions.

Home Office provided specific training and coaching from Industry personnel for Taberg recreation staff. These remedial activities were happening at the time of the previous monitoring visit. However, during these interviews, youth consistently complained that the quantity and quality of recreational programs need substantial improvements. In particular, several youth expressed dissatisfaction with the activities on the 3:00 PM-11:00 PM shift and weekends, where they allegedly spend most of their waking hours crocheting or watching movies. Staff at every level echoed these comment in varying degrees.

The 2013 youth perceptions of their New York Model experiences were at a level that affirmed other information, observations, and outcome data that supported compliance findings for multiple Protection from Harm paragraphs. To gauge the level of this perception, the PH Monitor compiled an average of the "yes" responses from the three monitoring visits preceding the April 2014 monitoring visit (the first monitoring visit after

the disruption began with the unfounded sexual abuse allegations against staff). Using several key Protection from Harm questions, the pre-2014 average percentage of "yes" responses can be found in the first columns of Tables 1 and 2. These averages are important because they acknowledge that Taberg need not achieve 100% positive perceptions in order to support compliance determinations. Instead, it shows the differences between where Taberg was when compliance was imminent versus the status of the same measures currently. Similarly, the response rates provide a comparison for how well Taberg has responded to the disruptions and moved the program to its previous operating levels in the eyes of youth. From this perspective, the tables below take two different looks at the current status of residents' perceptions.

Table 1 compares the average percent "yes" responses of three survey administrations in 2012-2013 (n = 25) with the four in 2014 and 2015 (n = 35). The intent is to identify those areas of youth perceptions that have not rebounded from the disruptions caused by the unsubstantiated sexual abuse allegations. The greatest changes in youth perceptions have occurred in areas of safety, harshness, and fairness. The Pathways findings suggest that these types of deterioration in perceptions are problematic. Several statements do reveal signs of stability. Rules, supervision (as reflected by consistent responses about stolen property and fighting), and positive comments by staff are areas that provide opportunities for continued improvement.

Table 1. Average Percent "Yes" Responses to the Youth Climate Survey Questions: Before and After Comparisons

Question *n* =	**2012 Apr-2013 Sept** 25	**2014 April-2015 Nov** 35	**Percent Difference**
Do you understand the facility rules?	100.0%	89.5%	-10.50%
Do you understand the level, phase, or points system here?	92.6%	66.5%	-28.18%
Have you feared for your safety?	19.6%	51.8%	*164.77%*
Have you had personal property stolen directly by force or by threat?	27.2%	27.3%	0.31%
Have you been beaten up or threatened with being beaten up?	35.4%	57.3%	*61.73%*
Have you been involved in any fights?	55.3%	45.2%	-18.31%
Do staff make more positive comments to youth than negative comments?	58.2%	43.7%	-24.97%
Are staff members fair about discipline issues?	56.1%	20.5%	-63.45%
If you have been restrained, do you think staff tried to hurt you?	32.4%	59.8%	*84.64%*
Within the last six months here, have you been injured?	38.4%	52.8%	37.73%
If yes, was the injury the result of a physical restraint?	31.0%	56.5%	*82.54%*
Have you ever made a complaint against a staff member as a result of a physical restraint?	42.9%	53.7%	25.22%
On a scale of 1-10, with 10 being the highest, how safe do you feel in this facility?	7.98	6.60	-17.27%

Table 2 compares the average percent "yes" responses of three survey administrations in 2012-2013 (n = 25) with November 2015 (n = 12). This permits a more focused assessment of current status and improvements. While many of the strengths

continue, problem areas seem to be moving in the wrong direction. These changes and percent responses are highlighted in italics. Safety, fairness, and harshness of discipline seem to be the critical elements driving the drop in positive perceptions of the Taberg program. Several warrant immediate attention: youth perceptions of safety, the levels of threats of violence, the drop in perceptions of fairness regarding disciplinary issues, and the substantial increase in the perceptions that staff are trying to hurt youth during restraint. Youth perceptions of safety continue to reflect varying concerns that they are not safe. Ratings of safety were 6.8 on a scale of 1 to 10. When asked what changes could be made to make the facility better, all youth mentioned more staff.

Table 2. Average Percent "Yes" Responses to the Youth Climate Survey Questions: Before and Current Comparisons

Question *n =*	**2012 Apr-2013 Sept** 25	**2015 Nov** 12	**Percent Difference**
Do you understand the facility rules?	100.0%	100.0%	0.0%
Do you understand the level, phase, or points system here?	92.6%	25.0%	*-73.0%*
Have you feared for your safety?	19.6%	41.7%	*112.84%*
Have you had personal property stolen directly by force or by threat?	27.2%	16.7%	-38.83%
Have you been beaten up or threatened with being beaten up?	35.4%	66.7%	*88.06%*
Have you been involved in any fights?	55.3%	58.3%	5.5%
Do staff make more positive comments to youth than negative comments?	58.2%	33.3%	-42.73%
Are staff members fair about discipline issues?	56.1%	0.0%	*-100.0%*
If you have been restrained, do you think staff tried to hurt you?	32.4%	66.7%	*105.9%*
Within the last six months here, have you been injured?	38.4%	41.7%	8.62%
If yes, was the injury the result of a physical restraint?	31.0%	100.0%	*223.1%*
Have you ever made a complaint against a staff member as a result of a physical restraint?	42.9%	58.3%	36.11%
On a scale of 1-10, with 10 being the highest, how safe do you feel in this facility?	7.98	6.79	-14.91%

Youth understood how to manipulate the system to get what they want. These youth further told the PH Monitor that some of physical restraints reflect attempts by certain youth to control the system, and restraints and Personal Safety Watches are well-known ways to get room time (alone time).

Discussions about safety during the interviews revealed areas for improving perceptions of safety. First, youth indicated that there are not enough "good" staff to go around. This seems to influence several other perceptions. For example, not enough "good" staff means that several shifts have staff members that youth do not like and, in some cases, fear (67% of youth who have been restrained believe that staff tried to hurt them during the restraint). When considering that many girls believe they are at risk of harm from other girls, staff effectiveness at keeping them safe may be seen as uncertain, and several girls suggested that the Personal Safety Watches have been a way to get one-on-one attention and to be away from these potentially harmful peers.

3. Staff Perspectives

Current staff confirmed what the staff interviews identified at the previous monitoring visit: there is a pervasive stress under which they approach each new shift. The same three themes emerged as serious problems from the perspective of staff. First, consistency has been improving but not to the point that basic behavior management strategies have become noticeably more effective. Staff pointed to the Daily Achievement System (DAS) where new ideas have prompted great interest by youth but seem to disappear. The DAS remains sensitive to inconsistencies in staffing assignments where "green" staff do not know the youth well enough to reinforce youth who have been doing well as opposed to paying too much attention to problem youth. Second, a few staff still fear that the youth remain emboldened to behave inappropriately because of the lack of timely consequences for misbehaviors, i. e., the admittedly manipulative PSW or SW statuses. Dr. Goel has initiated a strategy using more direct communications about status implications that YDA staff believe holds promise for lessening the amount of manipulation. Third, staff expressed frustration and some apprehension about the staff shortages and the amount of fatigue resulting from too much overtime.

Middle management and line staff expressed more satisfaction with the support from Home Office. A common theme from the April 2015 monitoring visit was the lack of continuity with some of the intermittent on-site assistance from multiple Home Office sources.

B. Use of Restraints

The Taberg GRS protocols triggered this "Red Flag" Restraint Review.

The DOJ-generated "Red Flag" Restraint Review became part of the use of force monitoring strategy as a derivative of the agreement between DOJ and the State. The "Red Flag" Restraint Review requires a more inductive approach to compliance determinations, which would have been reasonably well understood and anticipated by the State when it raised the "number of restraint" objections to DOJ. The "Red Flag" Restraint Monitoring starts with specific observations to detect patterns and regularities that would support broader generalizations and general conclusions related to compliance. The inductive approach involves an accumulation of individual level data elements where the PH Monitor begins with a specific restraint incident and reviews the Restraint Packet (the documentation and the video) using each component in each sentence of the Settlement Agreement paragraph as points of analysis along with the restraint evaluation factors articulated in the QAI Report. Once a "Red Flag" Restraint Review is triggered, acquiring a sufficient amount of individual data to reliably establish patterns and regularities in the absence of aggregate data analyses means that a greater number of restraint incidents will need to be included in the Monitoring. In other words, to move confidently to a general conclusion under this approach requires a larger sampling of restraint events over a designated time, usually the period between Monitoring visits.

The "Red Flag" Restraint Review of Taberg restraint activities included a stratified, non-random sample of Restraint Packets based on the complexity of the restraint (for example, notation of multiple restraint techniques and multiple staff members involved), the length of the restraint, preliminary indications of injuries to youth or staff or referrals

of staff for investigation, and the date of the incident with dates closer to the Monitoring visit having a higher priority. The sample of 10 Restraint Packets contained multiple problems, which provided an opportunity to evaluate the systemic responses to the correction and remediation of difficult circumstances.

Special attention was given to the reason for the restraint (Paragraph 41), the use of the IIP (Paragraph 41b), the use of CPM techniques (Paragraph 42b), the nature and extent of documentation (Paragraph 42c), the use of Documented Instruction (DI) as a teaching and coaching tool (Paragraph 42e), and the nature and extent of supervision of staff (Paragraph 44g). The Restraint Packets normally provide the PH Monitor with the documentation surrounding the physical restraint and the necessary video to substantiate the written documentation.

The review of the Central Services Unit (CSU) Restraint Log between August 1, 2015 and October 30, 2015 revealed increases in the amount of force used by YDAs. These months were selected following the conversation with QAI about their recent Taberg report. Because the QAI audit covered those months during the height of administrative transitions, these months were selected in the anticipation of indicators of increased stabilization and return to normal operations. The comparisons with the OCFS monthly data reports confirmed the 10% increase in the percentage of to-the-ground restraints (with presumptively greater use of force than a standing restraint) from August to October.

The CSU Restraint Log is the best source of use of force raw data and identified 22 uses of handcuffs during a restraint (Paragraph 41a) or 1.58 uses of handcuffs per week. By comparison, there were also 22 uses of handcuffs noted in the previous monitoring report, but these 22 accumulated over 20 weeks or 1.1 uses of handcuffs per week. If the current rate of uses of handcuffs per week were calculated for 20 weeks, the prediction is 32 uses of handcuffs. The October CSU Restraint Log also contained notations of another high number of mechanical restraints (handcuffs), which was corroborated by the OCFS Monthly Data Report.

These findings follow Home Office's proactive December 5, 2014 memorandum to all facilities that addressed the duration of the use of handcuffs and implemented safeguards requiring the approval of the Deputy Commissioner of the Division of Juvenile Justice and Opportunities for Youth (DJJOY) to extend the use of handcuffs beyond a certain time threshold. The Monitors hope these Home Office constraints on mechanical restraints will have a positive effect on reduced frequencies of use and duration.

Conversely, the number of injuries to youth during the restraint (Paragraphs 42f and 44c) decreased by 16% over the same time frames. One YDA speculated that the reduction in the rate of injuries to youth during restraint may be a result of the increased use of handcuffs during restraints. The rationale was that handcuffs are generally used on youth who are powerful (size and strength) and who are inclined to substantially greater intensities of emotional dysregulation. Rather than persist in struggling against multiple and fatigued staff, the application of the handcuffs seems to reduce the physical exertion by the youth according to staff member. This requires additional investigation.

The Monitors noted on page 12 of the January 20, 2014 Taberg Report under this paragraph that

> a gap exists in the implementation of the New York Model. The list of concerns could go on, but the point is that gaps existed in the way that Taberg staff try to implement a consistent and uniform approach to help youth regain emotional regulation and reduce or avoid the use of force.

Next, the Monitors stated on page 9 of the August 2015 Taberg Report under this paragraph that the Home Office justifications of "annualized uses of force at this level seems to question the effectiveness of the intervention." Therefore, we note again that, while OCFS accurately points out that some uses of force are necessary with this population of youth, current practices question the efficacy of the New York Model as implemented at Taberg.

The Monitors remain consistent in their support of the New York Model and continue to affirm its effectiveness with Taberg girls who are engaged with their support teams. In the process of forming strong relationships with staff, these girls are supported to figure out their future goals, improve distress tolerance and emotional regulation, learn DBT and Sanctuary skills, make progress in family relationships, participate in re-entry planning to continue their gains in their next location, and plan for relapse prevention. As Home Office data show, this group has a low rate of restraints and self-harm.

The Taberg implementation of the New York Model appears less effective with girls who arrive from residential programs and/or are returnees. These girls seem to require a tremendous staff effort to become even moderately regulated, and in the process (which often takes months) they tend to have high numbers of restraints and self-harm incidents. Staff do a commendable job trying to keep the units stable with the emotional upheavals of one or more extremely distressed girls. But it appears that Taberg remains in the red on the GSR primarily due to self-harm protection related restraints and other restraints, which are often lengthy on-the-ground restraints.

Dr. Goel's innovative individual program, which provide one-on-one attention to a girl coordinated with her work with her clinician and YC, appeared to be a relatively successful use of the New York Model to intensify support for a girl who could not regulate herself (the individual program is more than simple Arms Length Supervision). The individual program approach requires more staff than Taberg maintains using a standard OCFS Coverage and Assignment formula. The innovative individual program necessitates both a sufficient number of seasoned staff who have the additional time to collaborate. Trying to provide an individual program for one girl on each unit by mandating staff quickly undermines morale. In addition, one clinician and one YC per unit appear not to be sufficient to meet the expectation that there will usually be at least one girl who needs an individual program on each unit, given the regular demands of their caseloads. It has been common to have more than one girl on each unit in the highly dysregulated category.

It is likely that, given the population, Taberg is the only facility in the state that has 7-8 high needs residents, plus one or more residents requiring one-on-one attention, on each unit at all times. Home Office acknowledges that this is a unique population, so the OCFS allocation formula for YDAs, YCs, and clinicians must be reevaluated for Taberg.

Without sufficient staff for this admittedly unique population of youth, it is predictably difficult to apply the New York Model effectively.

With a large proportion of admittedly "green" YDAs on a shift, Taberg requires more direct coaching on New York Model practices. Classroom training may be of limited benefit; hands-on coaching by the Assistant Director for Treatment, with the other clinicians and YCs, would be time-consuming and problematic even for a fully staffed Taberg. The level of New York Model skill enhancement would involve most YDAs, which includes taking YDAs off-the-floor where they have no direct care and resident responsibility. Skill enhancement through a program of coaching, like training, would require additional staff to be on duty to supplement the supervisory responsibilities of these YDAs. The Taberg clinicians and YCs, while talented individuals, have not had the time to form an organized coaching team—where they could support each other in teaching the New York Model to staff—because of the challenge of staffing the next shift. Taberg has had to rely on BBHS staff from outside the facility to guide staff, resulting in a less consistent and hands-on approach than is required by "green" staff who have to know they can rely on seasoned staff on the unit at any moment.

40. The State shall, at all times, provide youth in the Facilities with reasonably safe living conditions as follows:

41. Use of Restraints. The State shall require that youth must not be subjected to undue restraints. The State shall create or modify policies, procedures, and practices to require that the use of restraints be limited to exceptional circumstances, as set forth below, where all other appropriate pro--active, non--physical behavioral management techniques have been tried and failed and a youth poses a danger to himself/herself or others. Restraints shall never be used to punish youth. Accordingly, restraints shall be used only in the following circumstances:

i. Where emergency physical intervention is necessary to protect the safety of any person;

ii. Where a youth is physically attempting to escape the boundary of a Facility; or

iii. Where a youth's behavior poses a substantial threat to the safety and order of the Facility.

PARTIAL COMPLIANCE

COMMENT: The PH Monitor's review of data, including multiple Restraint Packets, combines with direct observations, youth and staff interviews, and the conclusions from the Taberg QAI Report to support this finding. The QAI Report raises concerns about restraints that were considered not sanctioned by OCFS and identified as such in ARTS.

The Crisis Prevention and Management (CPM) policy and procedure 3247.12 along with PPM 2081.00 and PPM 3247.14 fulfill the requirement that OCFS create a new set of requirements on the use of restraints. During staff interviews, all staff had a working knowledge of the policy and the physical restraint approach. Taberg administration is familiar with policy and procedure that limit the circumstances when the use of restraints is necessary, and staff interviews confirmed a working knowledge of these circumstances.

The PH Monitor reviewed 10 Restraint Packets of youth who were housed at Taberg between July 3, 2015 and October 19, 2015. The justifications listed in the documentation for initiating the use of force in all 10 Restraint Packets was for the "safety of any person" (Paragraph 41i). Of these, five packets were inconclusive because the restraint occurred off camera or in the youth's room, leaving five restraint packets for consideration. (This is the second consecutive sample of 10 Restraint Packets where half of the Restraint Packets were inconclusive due to insufficient video). Two Restraint Packets (776206 and 777907) had sufficient video evidence that corresponded with the documentation to justify a safety rationale. Three Restraint Packets (733206, 773805, and 782005) showed restraints initiated following what appeared to be the youth's failure to follow directions. In none of these Restraint Packets was there behavior from the youth that indicated a clear safety threat the staff or others. So, 40% of Restraint Packets met the justification requirement or less than a preponderance.

Further, the State shall:

41. a. Create or modify and implement policies, procedures, and practices to require that in the limited circumstances when the use of restraints is necessary, staff shall employ only the minimum amount of physical control and time in restraints necessary to stabilize the situation.

PARTIAL COMPLIANCE

COMMENT: The policy and procedures are established; the training on the policies and procedures has occurred. However, the amount of time needed to stabilize and those that qualify as "as necessary restraints" raise concerns. Of the 10 previously mentioned Restraint Packets, the average amount of time "necessary to stabilize the situation" through the application of force was 20.3 minutes. Yet, more precarious durations continue to exist. Restraint Packet 777907 reported the youth was restrained for 61 minutes with 46 minutes in handcuffs. Restraint Packet 782005 involved a supine restraint and nine minutes in handcuffs following staff's pre-restraint refusals of the youth's two requests for a timeout (time away was listed on her IIP). It is difficult to qualify as "necessary" a restraint where a YDA overrides the recommendations on the IIP without any explanation to the contrary.

The Taberg GRS shows a slight trend of decreased use of force, but the OCFS data also indicate that the rates over the past six months are 170% larger than the "red" level threshold indicator. A similar finding of concern was the number of supine restraints that occurred during August through October. A total of 22 supine restraints were noted in the CSU Restraint Log. They were distributed among six youth, one who accounted for nine supine restraints. The supine restraint presumes a greater use of force than a to-the-ground, one or multiple person seated restraint.

41. b. Create or modify and implement policies, procedures, and practices regarding the application of restraints to youth at heightened risk of physical and psychological harm from restraints, including, but not limited to, youth who are obese, have serious respiratory or cardiac problems, have histories of sexual or physical abuse, or are pregnant.

PARTIAL COMPLIANCE

COMMENT: The PH Monitor's review of data, including multiple Restraint Packets, combines with direct observations, youth and staff interviews, and the conclusions from the Taberg QAI Report to support this finding. While policy and procedures exist, the training on the policies and procedures has occurred, and staff and resident interviews were consistent with the policy and procedures, the PH monitor found an insufficient coherence exists between the IIP recommendations and YDA assessments of their effectiveness.

The IIP is an OCFS-generated treatment resource to help staff reduce the risk of use of force harm by identifying for other staff individual risk factors for each youth and delineating safety strategies to de-escalate emotional dysregulation sufficiently to avoid use of force. Interviews with direct care and health care staff revealed a working knowledge of physical conditions and circumstances that limit the restraints to youth due to heightened risk of physical or psychological harm. YDA staff members consistently pay attention to the physical limitations that restrict CPM. An unreasonable expectation would be an absolute adherence to the IIP, but expecting more parallels between the IIP and staff documentation of staff behaviors consistent with the IIP during a restraint event is reasonable; and examples do exist where staff have used effectively the prescribed de-escalations.

Of the 10 previously mentioned Restraint Packets, four (4) (40%) contained documentation that staff used de-escalation strategies listed in the youth's IIP. Of these uses, not one (0%) was evaluated as effective in the documentation. It is understood that this sample of the Restraint Packets represents some of the most challenging situations for staff regarding use of force; but this also underscores the continued disconnect between what the collective wisdom of the support team recommends as strategies for helping youth reestablish emotional regulation and the difficulty of effectuating emotional calming during a crisis situation even though the youth is part of the team generating the strategies. To address this concern, a Taberg AOD conducts a pre-shift briefing each day between the second and third shifts. In addition to discussing the particular problems that will carry over from one shift to another, there is an updating of YDA staff about the IIP of some of the most challenging youth, along with time for discussion about how to apply the IIP contents effectively. The hope is that the pre-shift briefing will help YDA staff increase the effectiveness of the IIP strategies in the de-escalation of inappropriate behaviors.

41. c. *If face--down restraints continue to be used, create or modify and implement policies, procedures, and practices to require that staff utilize them only in emergencies when less restrictive measures would pose a significant risk to the safety of the youth, other youth, or staff. In addition:*

    i. Face-down restraints shall be employed for only as long as it takes to diffuse the emergency, but in no event shall a youth be restrained in a facedown position for more than three (3) minutes.

    ii. Trained staff shall monitor youth for signs of physical distress and the youth's ability to speak while restrained.

    iii. Medical personnel shall be immediately notified of the initiation of a facedown restraint position, and the youth shall be immediately assessed by

medical personnel thereafter. In no event shall more than 4 hours lapse between the end of a facedown restraint incident and the assessment of the involved youth by medical staff.

COMPLIANCE

COMMENT: The PH Monitor's review of data, including multiple Use of Force Packets, combines with direct observations, youth and staff interviews, and the conclusions from the Taberg QAI Report support this finding. The policy and procedures exist; the training on the policies and procedures has occurred; and staff and resident reports are consistent with the policy and procedures. There has been an elimination of facedown or prone restraints. Isolated instances occur as a result of unusual circumstances or concerns about individual staff members, but these are mostly technical failures or accidental circumstances and do not represent systematic problems.

41. d. Prohibit the use of chemical agents such as pepper spray for purposes of restraint.

COMPLIANCE

COMMENT: Taberg has sustained compliance with this paragraph. The PH Monitor's direct observations, document reviews, youth and staff interviews, and the findings from the Taberg QAI Report support this finding.

41. e. Prohibit use of psychotropic medication solely for purposes of restraint.

COMPLIANCE

COMMENT: Taberg has sustained compliance with this paragraph. The PH Monitor's direct observations, document reviews, youth and staff interviews, and the findings from the Taberg QAI Report support this finding.

41. f. Create or modify and implement policies, procedures, and practices to require that staff are adequately trained in appropriate restraint techniques, procedures to monitor the safety and health of youth while restrained, first aid, and cardiopulmonary resuscitation ("CPR"). The State shall require that only those staff with current training on the appropriate use of restraints are authorized to utilize restraints.

COMPLIANCE

COMMENT: Training also continues to be a strength. The number of trainings provided is quite large due to the influx of new YDAs members. However, about staff being current on CPM and first-aid, the records show that all staff who qualify for training have had their refresher courses. Some confusion existed in the posting of those individuals who had not completed CPM or first-aid; however, the number was quite small, and attention needs to be paid to this reporting and notification requirement so that the accurate, updated, and current information can be posted in CSU.

A noteworthy concern expressed by one YDA, who youth and YDAs identified as an exceptional worker, was the perceived lack of knowledge and understanding among YDAs about the New York Model. Discussions with Trainer Rutledge about the occurrences of New York Model training suggested that all YDA staff need a refresher training session.

Regarding possible health and sanitation risks to the YDA staff performing physical restraints on Taberg youth who have introduced bodily fluids and excrements into the physical restraint process, Home Office created the Procedures for Dealing with Blood and Other Bodily Fluids Question and Answer document and informed the Monitors of its distribution to all staff in March of 2015, along with instructions to include it in annual Blood Borne Pathogens and Exposure Control Plans training at the facilities. Home Office will also include these procedures as part of the Blood Borne Pathogens training provided to all incoming YDAs during Basic Academy Training.

B. Use of Force

42. Use of Force. In order to adequately protect youth from excessive use of force at the Facilities, the State shall:

42. a. Continue to prohibit "hooking and tripping" youth and using chokeholds on youth.

COMPLIANCE

COMMENT: Taberg has sustained compliance with this paragraph. The PH Monitor's direct observations, document reviews, youth and staff interviews, and the findings from the Taberg QAI Report support this finding.

42. b. Create or modify and implement a comprehensive policy and accompanying practices governing uses of force, which shall provide, among other things, that the least amount of force necessary for the safety of staff and youth is used.

PARTIAL COMPLIANCE

COMMENT: The PH Monitor's review of data, including multiple Restraint Packets, combines with direct observations, youth and staff interviews, and the conclusions from the Taberg QAI Report to support this finding. The QAI Report raises concerns about restraints that were considered not sanctioned by OCFS and identified as such in ARTS. The logic of the New York Model (as is common with most behavioral treatment systems for juvenile correctional facilities) is that the application of its principles and techniques by youth and staff should increase emotional regulation in the face of problems and crises and, thereby, mitigate the accompanying practices governing uses of force. This does not imply that the New York Model will eliminate the need for an occasional use of force or physical restraint, and the Monitors have never suggested that it should. There has been acknowledgement of the effectiveness of the model with many girls where fewer uses of force have been an indicator of improved affect regulation. Similarly, when this "accompanying practice" becomes an effective use of New York Model principles for the girls described on pages 13-14 of this report, the "amount of force necessary" will be lower.

During the monitoring visit, the focus was on the events that have occurred in August through October. This three-month period accounts for those events that are farthest removed from the effects of the transition. With respect to these data, there was an increase in the use of supine restraints. As mentioned earlier, several YDAs suggested that the supine, along with handcuffs, are ways for staff members to implement a restraint at the minimum amount of risk of injury to themselves and the youth. While the supine restraint requires a greater use of force, it may be a temporary choice exercised by YDAs in order to maintain their continued physical ability to perform the job. The situation

identifies a concern that challenges the notion that a supine restraint is the least amount of restraint for the safety of youth. When combined, the CPM requirements, the strength and endurance of certain youth, and the physical characteristics of certain staff contributes to the belief among many staff that the supine restraint involves the least amount of force necessary for the safety of staff as measured by pain to knees and backs. Either way, there needs to be greater resolution of this dilemma before a definitive assessment of compliance can be made.

One implication of the February 2015 agreement on the GRS is that the capacity of the GRS system as demonstrated at Finger Lakes is a reliable mechanism to identify both problems and solutions. The Monitors could now define these "accompanying practices" that exceed the least amount of force necessary for safety by using this important indicator. One problem remains: Whereas, there were clear interactions between certain variables and changes in GRS status at Finger Lakes, the Monitors have not been able to discover the same connections between variables at Taberg despite many different statistical analyses of the many variables in the OCFS data. For Finger Lakes, statistical analyses of the Protection from Harm variables provided reliable estimates of changes in GRS thresholds, thus allowing Finger Lakes and Home Office TICs to take essential action to create an environmental context supportive of the emotional regulation anticipated from an effective use of the New York Model. These GRS-prompted actions contributed to changes at Finger Lakes that ultimately yielded compliance with the Protection from Harm sections of the Settlement Agreement. The same statistical analyses of the same variables show no meaningful correlations at Taberg. As a result, Home Office and the PH Monitor have had numerous discussions, data reviews, and case analyses to acquire a better understanding of the GRS utility at Taberg. The general agreement is that there needs to be a rethinking of the GRS thresholds as they relate to certain unique situations and contexts at Taberg. Recommendations to DOJ may be forthcoming before the Spring 2016 monitoring visit.

42. c. Create or modify and implement policies, procedures, and practices to require that staff adequately and promptly document and report all uses of force.

PARTIAL COMPLIANCE

COMMENT: The PH Monitor's review of data, including multiple Restraint Packets, combines with the conclusions from the Taberg QAI Report to support this finding. While the policy, procedures, training, and evidence of a corresponding practice exist, the quality of documentation remains inconsistent.

While registering concerns about the quality of documentation, particularly the number of times critical events did not appear in the documentation or the quality of the documentation was unacceptable, the QAI Report also noted the substantial backlog of Restraint Packet reviews and other critical actions that prompted a temporary change in procedures. To get caught up, administrative staff and middle management staff provided by Home Office on loan from other facilities spent additional hours conducting Restraint Packet reviews, placing a lower priority on other documentation. Some of these documentation challenges remained during this monitoring visit.

The previous monitoring report quoted one staff member as responding to Documented Instruction with "It's a good concept but people do the wrong thing over and

over, and there are no repercussions. Administration needs to know the difference between a training need and a bad attitude." While documentation is a challenge in every facility across the country, the primary concern for Protection from Harm is the stabilizing of Taberg personnel and allowing them to address quickly the resolution of these documentation issues with continued assistance from Home Office.

42. d. *Create or modify and implement a system for review, by senior management, of uses of force and alleged child abuse so that they may use the information gathered to improve training and supervision of staff, guide staff discipline, and/or make policy or programmatic changes as needed.*

PARTIAL COMPLIANCE

COMMENT: The GRS provides important information for compliance determinations for this paragraph. The Therapeutic Intervention Committee (TIC), in conjunction with the administrative review of Restraint Packets, is the aforementioned "review by senior management." The Monitors observed a monthly TIC meeting. Additionally, these TICs are the mechanism tied to the OCFS restraint metrics by which GRS "red zone" status moves to "yellow" or "green" status.

Table 3 charts the past year's uses of restraints. The results are still not acceptable. At no time does the GRS "red zone" status move to "yellow" in fewer than 90 days; Taberg spent 11 of 12 months in GRS "red zone" status; and nine months (three quarters of the year) of GRS "red zone" determinations at a level two time greater that the GRS "red zone" threshold.

Table 3. November 2014 – October 2015 Graduated Response System Data

	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	Ave.
Care days per month	662	644	552	490	524	546	660	599	544	606	644	597	589.0
Total Number of Unique Standing/Escort:	31	40	23	5	28	20	47	27	24	22	26	17	25.83
Standing/Escort Rate Per 100 Days	4.68	6.21	4.17	1.02	5.34	3.66	7.12	4.51	4.41	3.63	4.04	2.85	4.30
Total Number of Unique Ground/Restraint:	43	64	39	14	39	32	83	69	59	32	46	44	47.0
Unique Ground/Restraint Rate Per 100 Days	6.50	9.94	7.07	2.86	7.44	5.86	12.6	11.5	10.9	5.28	7.14	7.37	7.87
Technique Not Sanctioned Rate Per 100 Days	0.15	0.47	0.00	0.00	0.38	0.37	0.00	0.00	0.00	0.00	0.00	0.00	0.10
Total Unique Restraints	75	107	62	19	69	54	130	96	83	54	72	61	73.42
GRS Zone	11.18	16.5	11.3	3.88	12.79	9.52	19.7	16.0	15.3	8.91	11.2	10.2	10.5

The difficulties moving the GRS into the "yellow" or "green" zones are important in conjunction with the earlier references to the CSU Restraint Log data regarding uses of unauthorized restraints, handcuffs during a restraint, and injury to youth during the restraint. These issues require resolution before additional discussions about the GRS can move forward. Unauthorized restraints, inappropriate uses of CPM techniques, and alleged use of supine restraints as a way for staff to protect knees and backs are a few starting

points. Resolving these issues can clear the way for a constructive re-examination of GRS thresholds at Taberg.

42. e. *Establish procedures and practices whereby each Facility Administrator or his or her designee will conduct weekly reviews of the use of force reports and videotaped incidents involving uses of force to evaluate proper techniques. Upon this review, staff who exhibit deficiencies in technique(s) shall be prohibited from using force until such staff receive documented instruction on the proper technique(s).*

PARTIAL COMPLIANCE

COMMENT: The PH Monitor's review of multiple Restraint Packets, including the Video Review Forms (VRF), combines with administrative interviews and the conclusions from the Taberg QAI Report to support this finding. The policy and procedures exist, and there is a practice in place. An SG-18 or above facility administrator completes a review and logs the information and recommendation on the OCFS 2091 form, which is reviewed by the Facility Director.

There was no way to identify characteristics of the restraint event prior to selecting the Restraint Packets, so the presence again of five partial in-room restraints out of a sample of 10 restraints raises questions about use of force practices related to Suicide Watches (SW), Personal Safety Watches (PSW), and Arm's-Length-Supervision (ALS). In-room restraints are problematic because they are off-camera and, as noted above, there is no way to verify the accuracy of the justification for restraints as listed in the documentation. As a result, Home Office needs to consider a plan to address in-room restraints. Until that occurs, DI should occur at a minimum and should also include a critical incident review on how staff can better help themselves and youth by remaining on camera. Granted, this is problematic if the restraint occurs because the youth is actively engaged in a suicidal gesture in her room that requires staff to remove a dangerous item. Nonetheless, greater thought needs to be given to this type of use of force.

The selection of these Restraint Packets includes restraints that are complex and challenging but assess how well staff respond to the most difficult circumstances. Implicit in these assessments is the assumption that staff make mistakes or do things incorrectly and that even the proper application of CPM may result in unwanted outcomes. Therefore, an important element of compliance is an effective system for corrective actions. OCFS has made great use of DI and coaching as methods to correct and improve staff skills.

Documented Instruction (DI) was a source of discussion. Some Taberg staff suggested that DI was being used for every conceivable issue associated with a physical restraint due to previous recommendations in the Taberg Reports that DI was an important tool that was some times omitted as part of a corrective response. Part of the explanation focused on the particular combination of factors that make the Facility Administrator's Review of a physical restraint an especially difficult task. For example, this population of youth may be the single most challenging group of juveniles in the juvenile justice system. The tendency of these youth to react to a range of environmental factors with an emotional outburst and potentially dangerous or violent behaviors is probably the highest among any group in custody. This increased likelihood of behaviors that justify uses of force combine

with a physical restraint strategy that is safer for youth than previous approaches to physical restraints but substantially more difficult for YDAs to implement effectively.

Deficits continue to exist in staff's ability to use CPM techniques correctly. The QAI Report identified 21 Restraint Packets with evidence that CPM was not appropriately performed. CPM, even when implemented properly, puts YDAs in some very uncomfortable physical positions. This has been a concern of YDAs since the introduction of CPM. Multiple YDAs described severe pain and self-diagnosed damage to knees and backs associated with CPM. YDAs use some innovative accommodations to moderate the pain, including providing the primary staff member with various cushioning materials for under the knees, having an additional staff member stand immediately behind the primary YDA to stabilize and support the back and spine during a seated restraint, doing makeshift massages on aching back and shoulder muscles, and, most importantly, rotating into the primary position another YDA to relieve the previous primary YDA. When there are enough YDAs, the rotation of the primary YDA may occur multiple times depending on the strength of the youth, the intensity of the emotional outburst, and the length of time required by staff to calm the youth to a point of releasing the restraint. A few YDA admitted that when the pain gets too great, they request mechanical restraints as an alternative method to control the youth's struggling. The frequency of occurrences of mechanical restraints was sometimes justified by insufficient numbers of available YDAs to replace the primary YDA during the restraint, according to these YDAs. Many of the same YDAs also admitted that they go immediately to a supine restraint with certain girls any time a seated restraint is indicated in order to minimize the pain and stress on the back and knees. If accurate, a situation exists where a technique (supine) that involves a greater amount of physical force is used because it entails less pain and discomfort to staff.

42. f. *Train direct care staff in conflict resolution and approved uses of force that minimize the risk of injury to youth. The State shall only use instructors who have successfully completed training designed for use of force instructors. All training shall include each staff member's demonstration of the approved techniques and require that each staff member meet the minimum standards for competency established by the method. Direct care staff skills in employing the method shall be periodically re--evaluated. Staff who demonstrate deficiencies in technique or method shall be re--trained at least every six months until they meet minimum standards for competency established by the method. Supervisor staff who are routinely involved in responding to incidents and altercations shall be trained to evaluate their subordinates' uses of force and must provide evaluation of the staff's proper use of these methods in their reports addressing use of force incidents.*

SUBSTANTIAL COMPLIANCE

COMMENT: Taberg has achieved sustained compliance with this paragraph. The PH Monitor's direct observations, document reviews, youth and staff interviews, and the findings from the Taberg QAI Report support this finding.

C. Emergency Response

43. Emergency Response. The State shall create or modify and implement policies, procedures, and practices relative to staff use of personal safety devices (sometimes referred to as "pins") to call for assistance in addressing youth behavior. To this end, the State shall:

43. a. Immediately revoke the December 18, 2007 directive to staff of Finger Lakes to "push the pin."

NOT APPLICABLE

43. b. Create or modify policies providing staff with guidelines as to when a call for assistance is appropriate.

COMPLIANCE

COMMENT: Taberg has achieved sustained compliance with this paragraph. The PH Monitor's direct observations, document reviews, youth and staff interviews, and the findings from the Taberg QAI Report support this finding.

43. c. Create or modify policies and procedures regarding the appropriateness of the response to the situation presented.

COMPLIANCE

COMMENT: Taberg complies with this paragraph. The PH Monitor's review of data, including multiple Restraint Packets and the Restraint Log from CSU, combines with the Special Incident data from Home Office to support this finding. The policy and procedures exist (PPM 3246.02); the training on the policies and procedures has occurred; and staff reports were consistent with the policy and procedures. The PH Monitor verified the existence of the response team chart in the CSU booth and the log entry of response descriptions in the CSU logbook.

43. d. Require administrators of each Facility to submit an emergency response plan for review and approval in accordance with statewide policy.

COMPLIANCE

COMMENT: Taberg has achieved sustained compliance with this paragraph. The PH Monitor's direct observations, document reviews, youth and staff interviews, and the findings from the Taberg QAI Report support this finding.

43. e. Train all Facility staff in the operation of the above policy and procedures.

COMPLIANCE

COMMENT: Taberg has achieved sustained compliance with this paragraph. The PH Monitor's direct observations, document reviews, youth and staff interviews, and the findings from the Taberg QAI Report support this finding.

D. Reporting and Investigation of Incidents

These paragraphs refer largely to the activities of the Special Investigations Unit (SIU) and the new Justice Center, officially implemented as of June 30, 2013. The Monitors

appreciate the information provided by Home Office on the development and responsibilities of the Justice Center. The Monitors recommended that any implications for monitoring be resolved first by the Parties (Home Office and DOJ). As such, the Parties have agreed to the following:

> In light of the fact that some of the responsibilities described in Agreement portion Section III.A, paragraph 44 have been reassigned from facility control to centralized state control (SIU and/or the Justice Center), the parties agree that Paragraph 77d termination shall not be conditioned on compliance with those subsections. Specifically, the subsections that are outside of facility control include: 44b, first sentence only, and 44d, e and h. This understanding in no way removes the requirements of paragraphs 44b (first sentence), or 44d, e or h from the Agreement, and substantial compliance with these paragraphs is still required for Termination pursuant to paragraph 77a and 77b.

The findings in this section take into account the Parties agreement regarding Paragraph 44.

44. Reporting and Investigation of Incidents. The State shall adequately report, investigate, and address the following allegations of staff misconduct:

i. Inappropriate use of restraints;

ii. Use of excessive force on youth; or

iii. Failure of supervision or neglect resulting in:

(1) youth injury; or

(2) suicide attempts or self-injurious behaviors.

To this end, the State shall:

44. a. Create or modify and implement policies, procedures, and practices to require that such incidents or allegations are reported to appropriate individuals, that such reporting may be done without fear of retaliation, and that such reporting be done in a manner that preserves confidentiality to the extent possible, consistent with the need to investigate and address allegations.

COMPLIANCE

COMMENT: Taberg has sustained compliance with this paragraph. The PH Monitor's direct observations, document reviews, youth and staff interviews, and the findings from the Taberg QAI Report support this finding.

44. b. Create or modify and implement policies, procedures, and practices providing that such incidents or allegations are promptly screened and which establish criteria for prioritizing Facility investigations based on the seriousness and other aspects of the allegation. There shall be a prompt determination of the appropriate level of contact between the staff and youth, if any, in light of the nature of the allegation and/or a preliminary investigation of the credibility of the allegation. The determination shall be consistent with the safety of all youth. The determination must be documented.

First Sentence: The Parties agree that this part of Paragraph 44b is outside the control of Taberg staff and is not included in the compliance findings for this facility.

Second through Fourth Sentences: COMPLIANCE

COMMENT: In those instances of allegations, the Facility Director makes the initial determination in conjunction with the supervisor (the Facilities Manager) and with OCFS regional staff supervised by another arm of OCFS that oversees the creation of safety plans. No problems or concerns were noted regarding a prompt determination or an appropriate level of contact.

44. c. Create or modify and implement policies, procedures, and practices to require that a nurse or other health care provider will question, outside the hearing of other staff or youth, each youth who reports to the infirmary with an injury regarding the cause of the injury. If, in the course of the youth's infirmary visit, a health care provider suspects staff-on-youth abuse, the health care provider shall immediately take all appropriate steps to preserve evidence of the injury, report the suspected abuse to the Statewide Central Register of Child Abuse and Maltreatment ("SCR"), document adequately the matter in the youth's medical record, and complete an incident report.

COMPLIANCE

COMMENT: Taberg has sustained its compliance with this paragraph. The clinic remains a Protection from Harm strength. Reviews of Post Restraint Examinations (PRE) were complete and comprehensive, and the number of restraint events noted in the CSU Restraint Log corresponded to the number of PREs. The procedures for the Post Restraint Examination remain the same. At the closeout meeting, Nurse Leonard announced her resignation. She has been a leader in the provision of health care to youth and will be missed.

44. d. Create or modify and implement policies, procedures, and practices to require that all allegations of staff misconduct described above are adequately and timely investigated by neutral, trained investigators and reviewed by staff with no involvement or personal interest in the underlying event.

i. Such policies, procedures, and practices shall address circumstances in which evidence of injuries to youth, including complaints of pain or injury due to inappropriate use of force by staff, conflicts with the statements of staff or other witnesses.

ii. If a full investigation is not warranted, then the reasons why a full investigation is not conducted shall be documented in writing. In cases where a youth withdraw an allegation, a preliminary investigation shall be *conducted to determine the reasons for the withdrawal and, in cases where it is warranted, a full investigation will be conducted.*

The Parties agree that Paragraph 44d is outside the control of Taberg staff and is not included in the compliance findings for this facility.

44. e. Create or modify and implement policies, procedures, and practices to require prompt and appropriate corrective measures in response to a finding of staff misconduct described above.

The Parties agree that Paragraph 44e is outside the control of Taberg staff and is not included in the compliance findings for this facility.

44. f. Provide adequate training to staff in all areas necessary for the safe and effective performance of job duties, including training in: child abuse reporting; the safe and appropriate use of force and physical restraint; the use of force continuum; and crisis intervention and de-escalation techniques. Routinely provide refresher training consistent with generally accepted professional standards.

COMPLIANCE

COMMENT: Taberg has sustained compliance with this paragraph. The PH Monitor's direct observations, document reviews, youth and staff interviews, and the findings from the Taberg QAI Report support this finding.

44. g. Create or modify and implement policies, procedures, and practices to require adequate supervision of staff.

PARTIAL COMPLIANCE

COMMENT: The level of staffing-related disruption has had an adverse effect on supervision, largely due to the small number of staff at the facility and the strain placed on supervisors during staff shortages. Disproportionate numbers of "green" YDAs combine with the presence of challenging youth to create situations where available veteran staff cannot adequately supervise, mentor, or even intervene quickly enough to prevent problems. Hence, the strategic, appropriate, but after-the-fact uses of DI, coaching, and supervisory follow-up have increased as an attempt to reduce future of problems. Still, the frequency of these corrective actions needs to return to levels similar to those experienced by staff at the end of 2013. The difficulty in achieving adequate staff supervision has been confounded by the instability in YDA and administrative staffing patterns.

Another side effect of personnel transitions and understaffing has been the consistent use of the Restraint Monitor. The role of the Restraint Monitor remains a question. The QAI Report referred to a sustained lack of performance in this area.

44. h. The State shall utilize reasonable measures to determine applicants' fitness to work in a juvenile justice facility prior to hiring employees for positions at the Facilities including but not limited to state criminal background checks. The State shall update state criminal background checks and SCR clearances for all staff who come into contact with youth every two years.

The Parties agree that Paragraph 44h is outside the control of Taberg staff and is not included in the compliance findings for this facility.

III. MENTAL HEALTH MONITORING

Despite continuing problems with hiring and retention, Taberg staff are implementing the New York Model. Addressing a complex variety of mental health and developmental needs is a continuing challenge in a facility that is the only limited secure program for girls and has the only mental health unit for girls in the state. Most of the girls on both units have challenging behavior driven by trauma and many do not have a re-entry

placement likely to provide permanency and adequate support to continue the progress they make at Taberg.

The lower Taberg population resulted in smaller, less stressful units and clinicians and YCs having more time for each girl. Even when there are 8 or 9 girls on a unit, it is a challenge to have sufficient trained staff to provide the 1:1 attention and support for self-calming necessary for this traumatized population.

Until shortly before the November, 2015 site visit, Taberg had only two clinicians, one of whom was also the Acting Assistant Director for Treatment. While having one YC per unit contributed to stability, a unit of 8 or 9 girls requires a YC and a clinician to work long hours.

Except for the 7-3 shift, seasoned YDAs are not in the majority. Most YDAs were working double shifts several times a week. As result, YDAs are often too inexperienced and too exhausted to provide the individual attention and early intervention necessary to prevent a girl from escalating. Furthermore, when there is a high rate of special watches, more staff are required.

Taberg is still lacking a substance abuse clinician, although the BBHS Social Work Supervisor provided full-time assistance at Taberg to convene weekly substance abuse groups and complete substance abuse evaluations.

A troubling 41% of the girls at Taberg were returnees at the time of the November, 2015 site visit, despite the thorough re-entry preparation done by Taberg staff. This is a serious systemic problem. It appears connected to the unusually high rate of DSS clients admitted to Taberg after years of disrupted placements not evident in other facilities. As has been seen during other site visits, two Taberg residents had no release options, which is related to both the high number of residents having been traumatized by multiple placements and the returnee problem.

Taberg staff have worked hard on teamwork and what they call "creating a community: making ourselves into a team and each unit a team. This results in more intimacy that the girls want but are fearful of." The work of purposeful community building so everyone can say "I've got a team" has happened through the efforts of the leadership, among YDAs, clinical, medical, and school staff, within each unit team and among the residents. Having a consistent YC on each unit has made a difference. "Girls feel increased confidence in YDAs and YCs—they aren't asking clinicians to defuse everything." Part of safety is knowing others are on your side both for staff and residents. Part of distress tolerance is having the guarantee someone will help you keep it together. Taberg is proud of their 5 K event in which the whole community came together to raise funds for and celebrate the 5-year old son of the Taberg cook who was diagnosed with cancer.

The MH Monitor is focusing on staff demonstration of consistent New York Model practices to determine compliance. The biggest obstacles to New York Model implementation at Taberg remain the shortage of clinicians and YCs, insufficient seasoned YDAs on all shifts and the large number of extremely high-needs girls requiring intensive support.

45. The State shall provide adequate and appropriate mental health care and treatment to youth consistent with generally accepted professional standards as follows:

46. Behavioral treatment program. The State shall provide an integrated, adequate, appropriate, and effective behavioral treatment program at the Facilities. To this end, the State shall:

46a. Create or modify and implement policies, procedures, and practices for an effective behavioral treatment program consistent with generally accepted professional standards and evidence-based principles. The behavioral treatment program shall be implemented throughout waking hours, including during school time.

COMPLIANCE

The New York Model and training comply with the requirements of 46a, and 46a is being implemented into practice at Taberg.

Policy PPM 3243.33 (revised, May 2015) entitled "Behavioral Health Services" responds to the Settlement Agreement by describing treatment that is "child and family-focused, culturally competent, developmentally appropriate, trauma informed, empirically validated and well integrated with other facility and community services" which complies with 46a.

The QAI review of the New York Model implementation at Taberg examined residents' records for integrated assessments, psychiatric evaluations, support plans, diagnoses, psychiatric contact notes, medication, family outreach, suicide response, substance abuse services and release planning, staff and residents were interviewed, and support teams, Mental Health Rounds, and groups were observed in the QAI review.

46b. Create or modify and implement policies, procedures, and practices to require that mental health staff provide regular consultation regarding behavior management to direct care staff and other staff involved in the behavioral treatment program.

COMPLIANCE

The New York Model and BBHS procedures regarding Mental Health Rounds, support teams, and the coaching role of mental health staff comply with the requirements of 46b.

Mental health staff at Taberg were observed complying with 46b.

46c. Create or modify and implement policies, procedures, and practices to regularly assess the effectiveness of the interventions utilized.

COMPLIANCE

The New York Model, BBHS procedures and OCFS Psychiatry Manual regarding Mental Health Rounds, and support teams comply with the requirements of 46c.

Through support teams and Mental Health Rounds Taberg staff are complying with 46c on an individual basis. The Taberg Integrated Assessment, IIP, Support Plan, and contact notes by the psychiatrist, clinicians, YCs and CMSO were all accessible on JJIS and comply with 46c. JJIS is designed to capture how a strengths- based, trauma-responsive approach is being implemented with each resident and tracks the diverse interventions of

the New York Model. JJIS makes it possible to document practice according to the procedures that comply with several mental health paragraphs in the Settlement Agreement and allows for the regular assessment of the effectiveness of interventions required by 46c.

The PH and MH Monitors met with staff to discuss the Taberg TIC. Monthly TICs address what is working, what is not working, staff achievements and program successes, family involvement, restraint data for the month, the role of staff in a restraint on video, and goals for improvement. Taberg staff continue to be frustrated with scheduling problems that prevent YDAs from participating and plan to change the TIC to Tuesdays when more YDAs are available. They are also considering doing regular reviews of restraint videos at the intact team meetings when the maximum number of YDAs can participate in the discussion. They believe it has been beneficial to schedule a Red Flag meeting from issues raised at the TIC. They hope to implement a Resident Council similar to Finger Lakes. Instead of continuing to delay training, as they have for more than a year, until Taberg is "fully staffed," the Monitors encouraged the Taberg TIC to modify NY Model training to ensure confidence in skills and teamwork among staff with varied experience.

46d. Explain the behavioral treatment program to all youth during an orientation session, setting forth Facility rules and the positive incentives for compliance as well as the sanctions for violating those rules. The rules for the behavioral treatment program shall be posted conspicuously in Facility living units.

COMPLIANCE

The Facility Admission and Orientation policy (PPM 3402.00 Limited Secure and Non-Secure Facilities Admission and Orientation and PPM 3402.01 Secure Facilities Admission and Orientation with the Admission Checklist, Orientation Checklist and Facility Classification forms) and PPM 3443.00 "Resident Rules" (renamed "Youth Rules") are consistent with the New York Model and comply with 46d.

Taberg staff provide orientation to new residents in compliance with 46d.

On Site Observations Regarding Paragraph 46a-d (11/15)

Paragraph 46 of the Settlement Agreement requires an effective program to meet the needs of residents. OCFS does not have to implement the New York Model to comply with Paragraph 46, but OCFS is choosing to comply with Paragraph 46 with the New York Model.

The New York Model has been implemented at Taberg. Integrated assessments and support plans continue to improve. Support teams are excellent, although they seldom include YDAs. The Daily Achievement System (DAS) is being improved and the phase system is in place. Taberg staff continue to work diligently to achieve trauma-responsive, relationship-driven, culturally competent, and strengths-based teamwork to meet residents' complex needs. All the girls at Taberg have long histories of trauma and troubled behavior, and staff dedication to teaching residents emotional regulation is commendable.

The MH Monitor observed Mental Health Rounds in which all the girls at Taberg were discussed. For five of the residents, serious emotion regulation problems were nearly daily (at Taberg 6 months, 5 months, 4 months and two returnees for 2 months). Three

were continuing to make progress (at Taberg 6 months, 5 months, and a returnee for 2 months). Seven were engaged in release planning (two at Taberg for 5 months, two for 2 months, and three returnees for 6 months and 3 months). Two had no release options (at Taberg 4 months, and a returnee for 2 months). One of the strengths of Rounds is that each week clinicians and YCs are able to stand back from daily ups and downs to see small increments of improvement in girls. Taberg leadership could consider on the day Mental Health Rounds meets to have a slightly extended Pre-Shift meeting and instead of the regular review of an IIP and a de-escalation skill, present an "increment of improvement" perspective on several girls from the Rounds discussion. All the participants agreed that they still want YDAs involved in Rounds, but because of scheduling problems, Taberg is missing one of the primary benefits of the original design of Mental Health Rounds and support teams: that YDAs can make a unique contribution with their observations and can learn from the perspectives of the psychiatrist, clinicians and YCs as they share their views of a resident. One option might be to invite a YDA who is a mentor for one girl possibly receiving special attention at Rounds to attend Rounds that day to contribute to the discussion about her and other girls—over time most girls' mentors would participate in Rounds.

The QAI Review of Taberg (October, 2015) commended the observed Mental Health Rounds: "It was notable that all team members seemed to have substantial relationships with each youth. For almost each youth, everyone had something to contribute and could share different interactions. When there were specific issues going on with a youth, at least one (usually more than one) team member was able to identify a way to engage that youth or at least consider possible solutions to address said issue. It was evident that communication across disciplines was consistent, as everyone appeared to have the same information. When particularly challenging youth were discussed, team members remained positive and solution-focused. They discussed underlying reasons for the behaviors and how they could best work with them."

The MH Monitor observed a strong intact team meeting. The YC led the meeting and commented that the unit team was "really coming together and that the unit feels a lot better." The YC reviewed the new draft DAS and described the work of the committee that revised it. He proposed trying it out by comparing the new draft and the old form completed by staff for the same day and then revising it for a final form. The Taberg Education Coordinator urged the addition of school behaviors to the DAS, arguing the benefits of incentives for positive behaviors in school as well as on the unit. The YC also reviewed recent restraint data for the unit, commending unit staff for fewer restraints and no difference between shifts on restraints.

The MH Monitor observed a DBT group led by a clinician whose patience and use of creative activities kept the girls involved. One 13-year old was unable to stay in her seat, talked constantly and seemed unaware that she was interrupting. Two other girls also talked out of turn throughout the group. The clinician gave the most talkative participants a chance to volunteer for a demonstration which they liked. Meanwhile, a girl on suicide watch sat outside the group making negative comments and another girl was angry at the clinician for something unrelated to group, yet he was able to pull them into the meeting. He set up a drumming activity and some of the girls showed their talents. Everyone agreed

it got them stirred up, "raised our blood pressure." The clinician commented that "You can't use Pros and Cons that we learned in our last session when your blood pressure is up, so what can you do to calm yourself?" He used a fun exercise of two girls putting their faces in cold water and they commented on how calming it was. They said they had not thought about splashing their faces with cold water to calm themselves. At the end of the group, the clinician led deep breathing which could also be used for self-calming.

The MH Monitor observed a Sanctuary group led by the YC at the last minute because the group facilitator's car had broken down. He reviewed a handout on types of safety; the girls were obviously bored, but they reassured him when he finished by saying, "Good Job." The clinician helped by proposing putting the chairs in a circle and then asking, "When do you not feel safe?" The girls opened up and talked about feeling unsafe under certain circumstances. The YC then led an activity with passing a ball of yarn back and forth across the group: it was fun, and the girls came up with creative and cooperative solutions for rolling the yarn up. After the yarn exercise everyone seemed to feel more part of the community. Without facilitation, the girls spontaneously talked to each other in the group about caring more for each other, rather than arguing.

Taberg has relied on two innovations to assist girls in not escalating and learning self-calming: (1) immediate response of a clinician to calm a girl before escalation and (2) special 1:1 for girls (not on suicide watch) who escalate very rapidly. Both these interventions were effective, but they took too much staff time and were not possible with only two clinicians. It continues to be an essential feature of the Taberg program to focus on self-calming for girls who are unable to stop themselves from escalating. In addition to more clinicians being able to be on the unit and in school, immediate support for self-calming requires YDAs who recognize when a girl needs calming and taking individual time with her immediately. Doing so consistently means the other YDAs also responding by paying attention to the whole unit to cover for the YDA concentrating on the girl. In the 3-11 PM shift when there are typically fewer and less experienced YDAs, this approach to calming appears to happen less. Immediate calming and teaching self-calming contributes to the sense of safety on a unit.

The Taberg coaching team (clinicians and YCs) continues to provide encouragement and guidance to YDAs in giving soothing individual attention and teaching self-calming to girls. They described one YDA as "a walking de-escalation— funny, kind, high energy, articulate; we are lucky to have him because he does so well with difficult kids." We discussed recruiting outstanding YDAs to take the role of shift leader/coach, with coaching by the YCs and clinicians and the goal of including them in the coaching team meeting.

Returnees to Taberg. Seven of the 17 Taberg girls at the time of the site visit were returnees(41%, as compared to 29% at the April, 2015 site visit); nearly half the population being returnees is unacceptable. , now age 15, arrived 6/14, left 1/15 to CMSO, returned 9/15; [redacted], now age 16, arrived 8/14, left 12/14 to St. Josephs, returned 5/15; [redacted], now age 17, arrived 5/14, ran away from a visit with her daughter from the local county Division of Social Services building 10/14, returned 8/15; , now age 16, arrived 11/14, left 6/15 to CMSO, returned 8/15; [redacted], now age 15, arrived 10/14, left 6/15 to Aichorn, returned 9/15; [redacted], now age 17, arrived 4/15, left 6/15 to Wyndham, returned 7/15; and [redacted], now age 15, arrived 4/14, left 4/15 to Aichorn, returned 8/15.

For example, is a 15-year old returnee still being described as "often an outcast due to poor social skills and frequent outbursts of anger." Her long trauma history includes being neglected by her parents who had mental health problems, domestic violence, and alcohol abuse. She describes her family as loving but often hostile, and her enmeshment has been documented. After seven months at Taberg, she was released to CMSO, was detained 10 weeks later and revocated, was hospitalized, admitted to a private agency, hospitalized again, and returned to Taberg with little likelihood that her family could provide a supportive re-entry environment.

Returnees may be a worsening problem at Taberg. These residents arrive angry about what precipitated their return and shame that they "failed" after their success at Taberg. Some may be relieved to return to the comfort of their relationships at Taberg but may not want to acknowledge their dependency. They may believe they have completed the program and may not want to start over; they may feel hopeless and not want to set new goals or resume their work on skill- building. The returnees are discouraging for staff who put so much effort into the resident's progress at Taberg and planning for re-entry success, especially because of the effects they have on the dynamics of a unit when they return. Taberg cannot deny admission to residents. Taberg's outstanding efforts to arrange services on discharge should result in success in their next placement. But sufficiently intensive services comparable to what Taberg offers are not available for girls in step-down placements and in difficult home situations.

After the April, 2015 site visit, the MH Monitor recommended several steps to reduce the number of returnees to Taberg: (1) preventing the placement at Taberg of long time DSS clients who have not received needed trauma treatment and have been harmed by multiple placements (it is predictable that these residents would form trusting relationships at Taberg that they would have difficulty replacing); (2) working with step-down residential and foster care programs that might be placements for Taberg residents to insure that they have sufficiently intensive, relationship-based, trauma-responsive services to continue girls' progress; and (3) her team developing a specific return-to-Taberg-prevention-plan with a resident, her CMSO and stepdown placement before discharge. Home Office has been working on enhancing services in the community and in residential placements, and these efforts must continue to substantially reduce the returnee rate at Taberg.

Inappropriate placements at Taberg. At every site visit, there is at least one new resident who stands out as an inappropriate placement, and this problem continues to reduce Taberg's effectiveness. Staff spend many hours providing extra support for residents who are not typical delinquents, but due to trauma-related behaviors were sent to RTCs where their needs were not met and their reactivity in the program led to their placement at Taberg. The systemic response to these girls should instead be to intensify services at a residential program specifically designed to treat trauma.

For example, [redacted] is a [redacted] inappropriately placed at Taberg at age 16 in April, 2015 for violating probation by stealing $7.56 worth of candy and juice which she ate in the playroom at the grocery store. She had been in residential placement since 2013. has Fetal Alcohol Spectrum Disorder with central nervous system and facial abnormalities, low verbal comprehension, poor frustration tolerance, executive function deficits and

elementary school reading and arithmetic skills. Her trauma history includes substance abuse and domestic violence by her parents, living in a drug rehabilitation program with her mother, and sexual and physical abuse resulting in placement in foster care at age 9. She experiences chronic depression, irritability, nightmares, intrusive thoughts and intense worries from sexual abuse and is reactive to people who remind her of the perpetrator; she ruminates about past rejection and abandonment. Her diagnosis is PTSD, Disruptive Mood Dysregulation Disorder, and Borderline Personality Disorder, and she was prescribed Intuniv, Clonidine, Zoloft, and Perphenazine. Three months after she arrived at Taberg, the psychiatrist noted "continued ups and downs in her behavior and intermittent restraints; most seem triggered by acute episodes of behavioral dysregulation of peers. More than five months after she arrived at Taberg, had a psychological assessment that recommended (1) a thorough neurodevelopmental assessment at the Institute for Basic Research/George Jervis Clinic; (2) learning effective nonverbal strategies to manage intense emotions because being talked to about her behaviors or emotions increases her frustration and she reacts aggressively; and (3) Occupational Therapy to learn non-verbal coping strategies and assess for possible tactile sensitivity. A month later the Taberg psychiatrist noted, "Chronically struggles with acute sensitivity to what she perceives others think and feel about her. Learned, impulsive aggression toward others and self-injury. Decreased restraints and less self-injury." She was on extended Arms Length Supervision. At the November, 2015 site visit was described in Mental Health Rounds as not knowing how to make friends on the unit and the other residents avoiding her because of her aggression. She had clusters of 5-10 restraints in 2-3 days, and staff were hoping a bed would open at August Aichorn RTF for her. It is commendable that Taberg staff provided care that met [redacted]s unique needs, but she is a long-term DSS client with PTSD and a neurodevelopmental disorder—she is at risk in a delinquency facility and requires specialized mental health and developmental interventions. Taberg staff should not be expected to stretch their limited staff resources for a young person who belongs in the child welfare and developmental disabilities systems. Court placement of a developmentally disabled, emotionally disturbed child welfare client at Taberg where staff build relationships with her unfortunately may also make her want to return to Taberg after she is discharged.

The high demands of inappropriate placements and returnees as well as the needs of traumatized delinquents who are first-timers at Taberg require extraordinary teamwork among YDAs, YCs, clinicians, and other staff. Until all the clinical positions are filled, seasoned YDAs are in the majority, and there are greatly reduced mandated double shifts, it will be difficult for Taberg to comply with the Settlement Agreement. The allocation of positions for clinicians and YCs may not be sufficient for the size and complexity of the Taberg population. Each clinician has high needs residents, plus new residents requiring Integrated Assessments, plus residents requiring considerable work to arrange re-entry services. These are all time-consuming clinical responsibilities in addition to individual therapy usually once weekly, group therapy, family work, support teams, special watch evaluations, and JJIS documentation. For all staff to collaborate on supporting residents to develop distress tolerance and emotional regulation so they can be successful in re-entry requires clinicians who not only have the time to provide individual, group and crisis treatment but also to coach staff to effectively teach DBT and Sanctuary skills.

Until a week before the November, 2015 site visit, Taberg had been operating for nearly six months with two clinicians, one of whom is also Acting Assistant Director for Treatment. As a result, one clinician had a too-large caseload of more than half the residents while the Acting Assistant Director for Treatment also carried a caseload, as did the BBHS Social Work Supervisor. The Monitors met the new psychologist at Taberg, and he was taking responsibility for new admissions as well as several other residents. Hopefully, having one clinician per unit will strengthen each team's individualized response to girls, although if Taberg has more than 18 residents, more than nine high needs residents on a clinician's caseload— especially given family treatment needs and re-entry arrangements—is too much.

During 9/15/15-10/15/15, one clinician saw nine residents in individual therapy, four three times, two four times, two five times, and one six times. A second clinician, who was also the Acting Assistant Director for Treatment, saw six residents in individual therapy, one twice, one three times, one four times, and three six or more times.

The revision of 3243.33 Behavioral Health Services policy (PPM 3243.33, revised 5/21/15) updated reporting requirements to reflect electronic reporting in the Juvenile Justice Information System (JJIS) and strengthened the requirement for clinicians' family contact to at least twice monthly. Both the residents whose support teams were observed by the MH Monitor and are described later in this report received impressive family treatment by their clinician.

The QAI Review of Taberg (October, 2015) indicated that when staff were interviewed and asked how behavioral health services are integrated into Taberg's daily program, "all staff spoke positively about the efforts made for integration. Clinicians were reported to see the youth almost daily. Respondents said that the clinicians run groups, are always there for the youth and that they respond to Code Greys and assist youth in crisis. Responses suggested that clinicians are very connected with the youth and always available to assist. Staff also stated that clinicians do a good job but that they are understaffed and can only do so much."

The MH Monitor observed IIPs (Individual Intervention Plans) in the reviewed Taberg records; support plans indicated the IIP has been reviewed. IIPs were reviewed at the observed support team meetings and intact team meeting. Taberg clinicians are preparing exemplary IIPs that are instructive for all staff. For example, one resident's IIP indicates that she is "hypersensitive to males with a controlling posture and voice." Another resident's IIP included: "Validation-she often assumes that people do not understand her or care about her situation; validate her feelings but do not reinforce negative behaviors. Speak directly-she does not like 'beat around the bush;' if she feels staff are avoiding a topic or being indirect she will become increasingly agitated. Be direct but appear caring." Another resident's IIP included: "Use humor and distraction–she will be much more willing to discuss a conflict or complete a chain analysis once she has calmed down. Allow time away-If she says 'leave me alone' she needs time away. She is capable of expressing emotion and discussing conflict, but when she is mad it takes her time to get her feelings managed again."

The MH Monitor observed a Pre-Shift Briefing with a large group assembled outside in the sunshine. Following their daily practice at Pre-Shift Briefings, the Acting Assistant Director for Treatment reviewed the IIP of a girl who required extra support from staff; two other girls who were struggling were briefly presented in order to encourage early intervention by staff. They also reviewed a de-escalation intervention.

The QAI Review of Taberg (October, 2015) commended the Taberg Pre-Shift Briefing "as a means to provide staff with more than typical shift-related information, with two new topics required for each meeting." During a QAI observation of a Pre- Shift Briefing, "Practicing a de-escalation skill coupled with the reading of an IIP during the pre-shift briefing was innovative. This process could significantly impact staff's ability to build relationships in a positive way and be trauma informed."

During the November, 2015 site visit, a Taberg DAS workgroup including YDAs, YCs and clinicians was completing a revision of the DAS to make it more effective in shaping residents' behavior. They particularly want to ensure residents feel respected, listened to and safe and to teach better communication. Staff had opened a Taberg DAS store and it was an effective incentive; staff asked residents, "How does your behavior impact what you can get at your store?" In addition, Taberg finally got MP3 players to use in the phase system. For the first time, two residents made Generalization Phase. Staff said they could see the benefit of girls who made phase saying to other residents, "I'm doing well, and you can do it too." On the old DAS form, on 10/23, 10/27, 10/28 and 10/30 one resident got a perfect score of all 5s and on 10/25 she missed only one achievement. On the same DAS form, on 10/22 another resident had a difficult time 6-10 PM, getting four code yellows, making sexual comments and not responding to staff coaching, but the remaining four periods she got all her achievements except for cursing in the afternoon. On 10/26 she scored all 5s, but on 10/27 she again was scored for making inappropriate comments and not accepting responsibility 6-10 PM and during 10 AM-2PM she was cursing, refusing to follow directions and a code yellow was called. On 10/28 she qualified for an A despite two incidents of cursing. On 10/30 she got a B due to cursing, inappropriate dancing and not accepting "No."

All the girls interviewed by the MH Monitor commented on the need for more activities. They reported that they have little to do after school, in evenings, or on weekends, no matter what the schedule said. They complained that not having anything to do led to depression and anxiety and more friction between girls. They were critical of the recreation specialist seldom doing scheduled activities, and they want daily exercise including going outside, playing games, and going to the gym. They said they could not understand why their Step Team was discontinued after their performance was a success and it showed that girls from both units could work well together.

A unique strength of Taberg was the important role of a talented nurse who had been with the program since its inception. Troubled girls often have health worries, and the Taberg girls were fortunate that they could confide in Ms. Leonard, get daily support and encouragement from her (on more than medical concerns), and that she was an active participant in support teams and Mental Health Rounds. Her resignation is a big loss to the Taberg team.

FUTURE MONITORING

It is essential for Taberg to have all clinician positions filled and to have a majority of seasoned YDAs with no staff having more than one double shift per week in order to continue to demonstrate compliance with Paragraph 46.

Having sufficient clinicians is essential for most residents to be seen in individual therapy weekly, given the trauma treatment required. Coaching staff in the integration of DBT and Sanctuary skills on the unit should occur both in individual discussions and by the inclusion of YDAs in Mental Health Rounds and support teams.

Compliance with Paragraph 46 requires consistent program effectiveness that is not compromised by the large number of returnees and inappropriate admissions at Taberg. It is essential that inappropriate admissions of girls who are not typical delinquents be reduced by intensifying services in residential programs specifically designed to treat trauma. It is essential that the number of returnees be greatly reduced, by stepdown and community programs offering the quality and intensity of services provided by Taberg.

The MH Monitor will observe the facility's use of information to regularly assess the effectiveness of interventions for all residents, with attention to teaching self-calming to residents who escalate quickly, and modifying support plans.

The MH Monitor will observe continued implementation of effective New York Model practices (including improvements in the use of DBT and Sanctuary skills).

47. Mental health crises. The State shall provide any youth experiencing a mental health crisis with prompt and adequate mental health services appropriate to the situation. To this end, the State shall:

47a. Train all appropriate staff, including direct care staff, on appropriate positive strategies to address a youth's immediate mental health crisis, including a crisis manifesting in self-injurious behavior or other destructive behavior. Such strategies should be utilized in an effort to stabilize and calm the youth, to the extent possible, while awaiting the arrival of a qualified mental health professional. Staff shall not resort to uses of force, including restraints, except as provided in paragraphs 41 and 42 [of the Settlement Agreement].

COMPLIANCE

The CPM policy and training comply with the requirements of 47a.

The revised PPM 3247.60 "Suicide Risk Reduction and Response in OCFS Facilities" (9/15/14) complies with the requirements of 47a.

Staff at Taberg were observed complying with 47a.

47b. Create or modify and implement policies, procedures, and practices for contacting a qualified mental health professional outside of regular working hours in the event of a youth's mental health crisis or other emergency situation.

COMPLIANCE

A 3/12 memorandum entitled "Contacting Mental Health Professionals Outside of Regular Work Hours" (linked to the Behavioral Health Services policy (PPM 3243.33))

complies with 47b and indicates that "each of the facilities reports having an established procedure in place." Updates regarding the staff person to be contacted for mental health crises after hours at Taberg are decided at the facility level and are maintained at the Central Services Unit (CSU), which complies with 47b.

47c. Require that any youth who experiences a mental health crisis and resorts to maladaptive coping strategies, such as self-injurious behavior, is referred for mental health services following the resolution of the immediate crisis. A qualified mental health professional shall develop a crisis management plan in conjunction with the youth and his or her other mental health service providers. The crisis management plan shall specify methods to reduce the potential for recurrence through psychiatric treatment, treatment planning, behavioral modification and environmental changes, as well as a strategy to help the youth develop and practice positive coping skills. Such services shall continue throughout the duration of the youth's commitment to the Facility.

COMPLIANCE

The revised PPM 3247.60 "Suicide Risk Reduction and Response in OCFS Facilities" (9/15/14) complies with the requirements of 47c: "From the point of entry into the DJJOY system, throughout all areas of youth programming and extending to the transition back to the community, staff must be continually aware of suicide risk factors and the possibility of adolescent suicide or serious self-harm. Further, when evidence or information arises about the possible suicidal ideation, intent, or behavior of a particular youth, OCFS will respond effectively to maintain the physical safety and emotional well being of the youth. A youth shall remain on enhanced supervision status until a mental health clinician authorizes modification of the enhanced supervision or removing a youth from special supervision status based on a clinical assessment."

On Site Observations Regarding Paragraph 47a-c (11/15)

The MH Monitor observed completed ISO 30s in Taberg residents' records.

Taberg staff described the continuing large number of suicide watches as a "barometer of a facility, particularly after the departure of the long-time Director and having only two clinicians. We have a heightened awareness of what the girls are saying to us. It has helped to have a Red Flag for every resident with suicide issues or three restraints in a week. Trauma comes up for a girl over and over, until she has some internal regulation." Taberg decreased stress for residents by changing the school schedule to reduce class size by having four sections instead of two, and there were fewer codes during school hours. Taberg also responded to the difficulties many residents face at bedtime. To enhance sleep, they focused on a calming bedtime routine and encouraging residents to have a self-soothing object they could take to bed.

Taberg had 26 suicide watches between 9/25/15-10/26/15, which is the same as March, 2015 studied by the MH Monitor for the last site visit. Between 9/25/15-10/26/15, 12 residents had suicide watches; one returnee had five, one developmentally impaired resident had four, three had three, one had two and six had one suicide watch during the month. Eighteen of the 26 suicide watches were for one day, six for 2 days, one for 3 days and one for 4 days. Between 9/25/15- 10/26/15, three residents had personal safety

watches, less than half the PSWs in March, 2015. Each had one personal safety watch, each for one day. Between 9/25/15-10/26/15, there were four arms length supervisions, less than in March, 2015. One resident had ALS twice, once for three days and once for one day. Another resident had ALS for three days, and another for one day. The number of special watches at Taberg, although decreased before the November, 2015 site visit, remains concerning (13 residents at some point in the month were on personal safety watch, or ALS, or Suicide Watch). Completing mental health assessments for suicide almost every day, and then re-evaluating each resident, is a major time commitment for clinical staff.

The QAI Review of Taberg (October, 2015) reported that between August 1, 2014 and August 31, 2015, there were 263 Self-Harm Behavior RIRs. Tour 3 had more than double the amount of RIRs than Tour 2. Sixty-three percent of these incident occurred during the 3 p.m. to 11 p.m. shift and 21% of that shift's incidents occurred between 9 and 10 p.m. The highest number of self-harm incidents occurred in March and May 2015, with 21 incidents in each month. August 2014 and April 2015 had the second highest numbers, with 18 incidents in each of those months. Monthly self-harm RIRs by unit and shift should be discussed at the Taberg TIC and intact team meetings.

The QAI Review of Taberg (October, 2015) commended Taberg's efforts regarding the overall improvement of both the number of enhanced supervisions, as well as the quality of the subsequent documentation. Taberg has been focusing on the behaviors leading to the need for enhanced supervisions since Spring 2015 with the intention of increasing residents' feeling of safety, thus reducing the need/want to be placed on enhanced supervision. The QAI Review of Taberg (October, 2015) included excerpts from a message written to QAI from the Acting Assistant Director for Treatment that explains Taberg's commendable efforts to reduce secondary gain of suicide watches (somewhat edited): "In an effort to better understand the increase in suicidal threats and gestures leading to heightened supervision, the Taberg team met and discussed variables making suicide watch desirable to youth. In the beginning stages, the clinical team became focused on discussing with youth, what made suicide watch appealing. A number of variables were identified by the youth. Youth used suicidal threats and gestures as a means of 'getting back at staff.' They were essentially nonverbally illustrating the need to feel empowered to regain a sense of control over their environment. 'If I get on watch, then I know Mr. X will be mandated and I will be able to get back at him for redirecting me;' 'I feel a sense of powerlessness and know that if I say or do suicidal things I will be able to dictate my program.' Suicide watch became a system where youth were getting a number of secondary needs met. Youth were designing their movements ('instead of going to group, I have my own staff to take me for a time away in the courtyard where I will sunbathe'). Youth made statements such as 'I have my own personal staff' since they had somebody sitting with them throughout the day providing them with highly relational conversations to the point where suicide watch became very desired as a means of maintaining a close relationship with staff. It became clear to the team that suicide watches were inadvertently meeting significant needs for youth through maladaptive actions and statements. The suicide watch policy was reviewed and discussed in pre-shift meetings. AODs were invited to observe suicide watch assessments to allow them to hear how the youth's needs were being met through maladaptive means. The suicide watch expectations was a short document created to aid staff in minimizing the secondary gains youth were relying on by

implementing a high directive, low relational interactional style while focusing solely on the youth's safety concerns during a suicide watch. Additionally, youth had to demonstrate 'safe' behaviors for a period of time in order to earn their belongings back. Lastly, rather than making suicide watches about youth and YDA interactions alone, each member of the team (AOD, case manager, nursing, clinical) had a role in upholding the structure of a suicide watch. The enhanced supervision status log book form was created in order to prompt YDA staff to review a youth's IIP and safety plan in order to both be prepped as to how they could intervene in the instance that a youth became dysregulated and consequently engaged in self-harm, in addition to making it common practice for YDA staff to speak with youth regarding specific skills youth and staff can do to avoid these behaviors in the future. Additionally, we implemented the requirement that if a youth had more than 2 suicide watches in a week, they would be identified as needing a Red Flag review for suicidal threats and/or gestures, reviewing behavior chains and discussing underlying issues related to the youth's suicidal threats and/or gestures while allowing youth to discuss variables that increased their reliance of suicide watch."

It would be useful before the spring, 2016 Taberg site visit for Home Office to repeat the analyses of intakes (especially returnees), abuse allegations, restraints, and suicide RIRs per 100 care days at Taberg for April, 2015-April, 2016 (previously done for October, 2013-March, 2015) including the percentage of restraints that occurred when staff intervened to remove a dangerous item (e.g., an article of clothing or sharp object) from a girl threatening to hurt herself.

No residents were admitted to a psychiatric hospital from Taberg in the six months before the November, 2015 site visit.

FUTURE MONITORING

The MH Monitor will observe staff teaching youth self-calming and providing effective de- escalation and chain analysis to prevent mental health crises of girls at Taberg.

The MH Monitor will review documentation of suicide assessments and rate of Suicide Watch, PSW, and ALS at Taberg.

The MH Monitor will observe how Taberg maintains the low level of secondary gain for residents of Suicide Watch, PSW, and ALS.

48. Evaluation of mental health needs. The State shall require that youth with mental health needs are timely identified and provided adequate mental health services. To this end, the State shall:

48a. Create or modify and implement policies, procedures and practices to require that each youth admitted to a Facility is comprehensively screened by a qualified mental health professional in a timely manner utilizing reliable and valid measures. The State shall require that any youth whose mental health screening indicates the possible need for mental health services receives timely, comprehensive, and appropriate assessment by a qualified mental health professional and referral when appropriate to a psychiatrist for a timely mental health evaluation.

COMPLIANCE

The BBHS Facility Clinical Procedures described the Integrated Assessment, which complies with 48a.

Taberg records reflect that residents are seen soon after admission by a mental health professional who completes the ISO-30 and begins the Integrated Assessment. Youth who arrive on psychiatric medication or who are referred to the psychiatrist by facility staff are seen soon thereafter, documented in a psychiatric evaluation or psychiatric contact note.

The MH Monitor observed completed and timely Integrated Assessments in the Taberg records that demonstrated compliance with 48a.

48b. Require that any youth whose mental health screening identifies an issue that places the youth at immediate risk is immediately referred to a qualified mental health professional. The qualified mental health professional shall determine whether assessment or treatment is necessary. A determination to transfer a youth to a more appropriate setting on other than an emergency basis shall require consultation with a committee designated by OCFS' Deputy Commissioner for Juvenile Justice and Opportunities for Youth (DJJOY) or his or her designee or successor. Such committee may include qualified mental health professionals at OCFS' central office. If a determination is made that the youth should be transferred to a more appropriate setting, the State shall immediately initiate procedures to transfer the youth to such a setting.

COMPLIANCE

The procedure for referring a youth for evaluation to a qualified mental health professional is in place. Memos in 2/12 and 12/12 described the procedure for referral of youth to a committee for a mental health placement (linked to the Behavioral Health Services policy, PPM 3243.33) and complies with 48b.

48c. Require that assessments take into account new diagnostic and treatment information that becomes available, including information about the efficacy or lack of efficacy of treatments and behavioral interventions.

COMPLIANCE

The Integrated Assessment form complies with 48c. The OCFS Psychiatry Manual (3/14, updated 10/14) complies with the requirements of 48c.

Completing thorough Integrated Assessments is a time-consuming expectation of clinicians. Taberg staff are completing the Integrated Assessment for every resident.

Taberg staff are including in Integrated Assessments: (a) information from a complete review of past records, including mental health, hospital, residential, school, substance abuse and other community assessments and reports; (b) a thorough trauma history, symptoms of trauma and how trauma appears to be affecting the resident's behavior; (c) history of substance use and how it may be related to behavior and trauma; and (d) learning disabilities and how they appear to be affecting the resident's behavior. Continuing to achieve universal high quality in the Integrated Assessments is necessary for sustained compliance with Paragraph 48.

Efficacy of interventions is discussed in Mental Health Rounds and psychiatric contact notes.

48d. Create or modify and implement policies, procedures and practices to require that for each youth receiving mental health service, the youth's treating qualified mental health professional(s), including the treating psychiatrist, if applicable, develop a consistent working diagnosis or diagnoses. The diagnosis or diagnoses shall be updated uniformly among all qualified mental health professionals providing services to the youth.

COMPLIANCE

The OCFS Psychiatry Manual (3/14, updated 10/14) complies with the requirements of 48d.

One psychiatrist is at Taberg for 10 hours per week, which allows little time for participation in support team meetings or Red Flag meetings, although he discusses diagnosis with clinicians and YCs in Mental Health Rounds and individual consultations.

48e. Create or modify and implement policies, procedures, and practices to require that both initial and subsequent psychiatric evaluations are consistent with generally accepted professional standards. Initial evaluations should be legibly written and detailed, and should include, at a minimum, the following information for each youth evaluated: current mental status; history of present illness; current medications and response to them; history of treatment with medications and response, including adverse side effects or medication allergies; social history; substance abuse history; interviews of parents or guardians; review of prior records; and explanation of how the youth's symptoms meet diagnostic criteria for the proffered diagnosis or diagnoses.

COMPLIANCE

Psychiatric Contact Notes comply with 48e and were completed in Taberg records reviewed by the MH Monitor.

The OCFS Psychiatry Manual (3/14, updated 10/14) complies with the requirements of 48e.

OCFS has incorporated the DSM-5 in JJIS and provided information for psychiatrists and clinicians. BBHS released a BBHS Sharepoint site including a variety of resources for psychiatrists and clinicians.

On Site Observations Regarding Paragraph 48a-e (11/15)

In November, 2015, the 13 Taberg residents prescribed psychiatric medication had the following diagnoses (most had more than one):

ADHD
Anxiety Conduct Disorder (2)
Depression Disruptive Mood Dysregulation Disorder
Insomnia (8)
Mood Disorder (5)
PTSD (3)

Unspecified Personality Disorder

The requirement of Paragraph 48 is to "develop a consistent working diagnosis(es)." OCFS provides clinical guidelines in the BBHS Facility Clinical Procedures and the Psychiatry Manual (3/14, updated 10/14). On 1/29/14 the Director of BBHS sent a memo to all OCFS psychiatrists indicating that "OCFS has committed to having a uniform working diagnosis for each youth receiving mental health services. Changes in a youth's diagnosis should result from an updated evaluation or as a result of the support/treatment team discussion...The treating clinician and the psychiatrist (with input from the mental health rounds team) will develop a single working diagnosis, which is reflected in JJIS and in the support plan."

The Taberg psychiatrist continues to work one 10-hour day/week. During 9/15/15-10/15/15, the psychiatrist was at Taberg five days; during the month he saw 16 residents, seven of them once, six of them twice, and three three times. Once weekly Mental Health Rounds are scheduled for the day he is at Taberg. If he was at the facility more hours, he would be able to participate in support team and Red Flag meetings.

FUTURE MONITORING

The MH Monitor will continue to review Integrated Assessments, particularly for the inclusion of (a) a thorough trauma history and how trauma appears to be affecting the resident's behavior, (b) substance abuse history and how it appears to be affecting the resident's behavior; and (c) cognitive impairments (including language and executive function difficulties) and how they appear to be affecting the resident's behavior.

The MH Monitor will continue to review consistency in diagnostic practices and efforts to routinely arrive at agreement about what is behind a resident's behavior and how staff can effectively respond.

49. Use of psychotropic medications. The State shall require that the prescription and monitoring of the safety, efficacy, and appropriateness of all psychotropic medication use is consistent with generally accepted professional standards. To this end, the State shall:

49a. Create or modify and implement policies, procedures and practices to require that any psychotropic medication is: prescribed only when it is tied to current, clinically justified diagnoses or clinical symptoms; tailored to each youth's symptoms; prescribed in therapeutic amounts, as dictated by the needs of the youth served; modified based on clinical rationales; documented in the youth's record with the name of each medication; the rational for the prescription of each medication, and the target symptoms intended to be treated by each medication.

COMPLIANCE

The revised PPM 3243.32 entitled "Psychiatric Medicine" (9/15/14) complies with 49a: "When medicine is indicated, the diagnosis/diagnoses, the symptoms targeted by the medicine and the rationale for use of each medicine shall be clearly stated in the psychiatrist's evaluation and contact notes located in the Juvenile Justice Information System (JJIS). Copies of the psychiatrist contact notes shall be included in the Mental Health section of the youth's medical record."

The OCFS Psychiatry Manual (3/14, updated 10/14) complies with the requirements of 49a.

The Psychiatric Contact Note links diagnosis with the medication prescribed. The requirement of 49a is to state "the target symptoms intended to be treated by each medication." OCFS provides clinical guidelines in the BBHS Facility Clinical Procedures and the Psychiatry Manual (3/14). The Director of BBHS sent a memo to all psychiatrists on 1/29/14 reminding them of the expectation that they clearly identify in their contact notes the target symptoms and rationale for each medication being prescribed.

The MH Monitor observed the Taberg psychiatrist explaining the rationale for prescribing particular medication to treat a resident's symptoms in Mental Health Rounds.

49b. Create or modify and implement policies, procedures and practices for the routine monitoring of psychotropic medications, including: establishing medication-specific standards and schedules for laboratory examinations; monitoring appropriately for common and/or serious side effects, including requiring that staff responsible for medication administration regularly ask youth about side effects they may be experiencing and document responses; establishing protocols for timely identification, reporting, data analyses and follow up remedial action regarding adverse drug reactions; monitoring for effectiveness against clearly identified target symptoms and time frames; requiring that such medications are used on a time-limited, short-term basis where such use is appropriate, and not as a substitute for adequate treatment of the underlying cause of the youth's distress; requiring that youth are not inhibited from meaningfully participating in treatment, rehabilitation or enrichment and educational services as a result of excessive sedation; and establishing protocols for reviewing such policies and procedures to require that they remain consistent with generally accepted professional standards.

COMPLIANCE

The revised PPM 3243.32 " Psychiatric Medicine" (9/15/14) complies with 49b.

The OCFS Psychiatry Manual (3/14, updated 10/14) complies with the requirements of 49b.

The MH Monitor reviewed thorough Psychiatric Contact Notes by the Taberg psychiatrist in JJIS indicating diagnosis, efficacy, side effects, and the rationale for continuing, changing or discontinuing each medication in compliance with 49b.

The revised PPM 3243.32 " Psychiatric Medicine" (9/15/14) required: "The use of three or more medicines simultaneously to treat one youth is discouraged and may only occur following consultation from the supervising psychiatrist. Use of two medicines from the same class is also discouraged." A JJIS note in the youth's record documents the consult.

Discussion with the supervising psychiatrist was reflected in the Psychiatrist Contact Note for a Taberg resident prescribed four psychiatric medicines.

Forms to track laboratory findings and side effects comply with 49b and were completed in Taberg records.

49c. Require that the results of laboratory examinations and side effects monitoring are reviewed by the youth's psychiatrist, if applicable, and that such review is documented in the youth's record.

COMPLIANCE

The revised PPM 3243.32 "Psychiatric Medicine" (9/15/14) complies with 49c: "The psychiatrist, psychiatric nurse practitioner and mental health clinician will assess youth for beneficial effects of medicine on the target symptoms. Clinicians meet with youth weekly for scheduled visits. Prescribers meet with youth monthly, and more often when clinically indicated. Each youth prescribed psychiatric medicines shall be assessed by the psychiatrist or psychiatric nurse practitioner every 30 days or more frequently when clinically indicated."

The OCFS Psychiatry Manual (3/14, updated 10/14) complies with the requirements of 49c.

Forms to track laboratory findings and side effects comply with 49c and were completed in Taberg records.

On Site Observations Regarding Paragraph 49a-c (11/15)

In November, 2015, 13 of the 17 Taberg residents had psychiatric diagnoses and were prescribed psychiatric medication:

ADHD-Concerta
Anxiety-Zoloft
Conduct Disorder-Atarax
Conduct Disorder-Clonidine
Conduct Disorder-Intuniv
Depression-Prozac
Disruptive Mood Dysregulation Disorder-Perphenazine
Insomnia-Benadryl (3)
Insomnia-Melatonin (4)
nsomnia-Trazodone
Mood Disorder-Abilify
Mood Disorder-Celexa Mood Disorder-Clonidine
Mood Disorder-Geodon
Mood Disorder-Lamictal
Mood Disorder-Prozac
Mood Disorder-Seroquel
Mood Disorder-Zoloft
Personality Disorder-Seroquel
Personality Disorder-Zoloft
PTSD-Clonidine (2)
PTSD-Geodone
PTSD-Intuniv
PTSD-Prazosin

In November 2015, three Taberg residents were prescribed three psychiatric medications (Clonidine, Geodon, and Lamictal; Celexa, Prazosin, and Benadryl; Seroquel, Zoloft, and Benadryl). One Taberg resident was prescribed four psychiatric medications: Intuniv, Clonidine, Zoloft, and Perphenazine. The MH Monitor reviewed recent Psychiatrist Contact Notes and found that this medication regime had been discussed with the Supervising Psychiatrist.

The MH Monitor observed completed forms for laboratory and clinical monitoring of residents prescribed psychiatric medication (Weight and Vital Signs Flow Sheet and Psychiatric Medicine Monitoring Flow Sheet) in the Taberg records.

The MH Monitor observed documentation of diagnosis, dosages, and administration of psychiatric medication in the individual records at Taberg.

FUTURE MONITORING

The MH Monitor will review consistency of tracking diagnosis, symptoms and efficacy and side effects of psychiatric medicines at Taberg.

The MH Monitor will observe discussions of efficacy of medicines at Taberg Mental Health Rounds and support teams.

The MH Monitor will review documentation of consultation with the Supervising Psychiatrist when three or more psychiatric medications and more than one medication per class are prescribed for Taberg residents.

50. Staff training on psychiatric medications and psychiatric disabilities. The State shall create or modify and implement policies and procedures requiring staff in Facilities to complete competency-based training on psychotropic medications and psychiatric disabilities.

50a. The training shall provide, at minimum, an overview of the behavioral and functional impact of psychiatric disabilities on youth, common treatments for such psychiatric disabilities, including both behavioral and pharmaceutical interventions; commonly used medications and their effects, including potential adverse side effects and intended benefits; and warning signs that a youth may be suffering a serious adverse effect of a psychotropic medication and the immediate and follow-up actions to be taken by the staff in such an incident.

COMPLIANCE

The training curriculum entitled "Introduction to Psychiatric Medicine" complies with 50a.

50b. The State shall create or modify and implement policies, procedures and training materials for staff at all Facilities as follows: Staff employed at the Facilities who routinely work directly with youth (but not including qualified mental health professionals or medical professionals) shall complete a minimum of six (6) hours of competency-based training regarding psychotropic medications and psychiatric disabilities annually for the term of this Agreement. Such staff includes, but is not limited to, Youth Division Aides, Youth Counselors, teachers, recreation staff, licensed practical nurses, Facility Administrators, and Deputy Administrators. All other staff at

the Facilities shall be required to complete a minimum of one (1) hour of competency-based training on psychotropic medications and psychiatric disabilities annually for the term of this Agreement.

COMPLIANCE

Staff are provided with an orientation on the Psychiatric Medication policy and a 7-hour training on Mental Health and Psychiatric Medication that complies with 50b.

FUTURE MONITORING

The MH Monitor will continue to review documentation that Taberg staff are adequately trained about mental health and informed about residents' medications.

51. Psychotropic medication refusals. The State shall create or modify and implement policies, procedures, and practices regarding psychotropic medication refusals by youth, which provide, at minimum, as follows:

51a. All youth who are scheduled to receive medication shall be taken without the use of force to the medication administration location at the prescribed time. Any youth who expresses his or her intent to refuse medication shall communicate his or her refusal directly to medical staff.

COMPLIANCE

The revised PPM 3243.32 " Psychiatric Medicine" (9/15/14) and Policy PPM 3243.15 (updated 12/24/14) entitled "Refusal of Medical or Dental Care by Youth" comply with 51a. PPM 3243.32 contains procedures when youth refuses psychiatric medicine.

The curriculum for the one-hour training for nurses entitled "Refusal of Psychiatric Medication" complies with 51a.

Nursing staff at Taberg described practices that comply with 51a.

51b. In circumstances where staff's verbal efforts to convince a youth to report to the medication administration location results in an escalation of a youth's aggressive behavior, staff shall not forcibly take the youth to receive medication. The supervisor shall document the youth's refusal on a medical refusal form, and shall complete an incident report documenting the circumstances of the refusal, including the justification for not escorting the youth to medication.

COMPLIANCE

The revised PPM 3243.32 " Psychiatric Medicine" (9/15/14) and Policy PPM 3243.15 (updated 12/24/14) entitled "Refusal of Medical or Dental Care by Youth" comply with 51b. PPM 3243.32 contains procedures when youth refuses psychiatric medicine.

The training for nurses entitled "Refusal of Psychiatric Medication" complies with 51b.

Nursing staff at Taberg described practices that comply with 51b.

51c. A medical refusal form shall be completed each time a youth is scheduled to receive medication and refuses. In addition to the date and time, youth's name and prescribed medication which the youth is refusing, the form shall include an area for either the

youth or a staff person to record the youth's stated reason for refusing medication, an area for the youth's treating psychiatrist to certify that s/he has reviewed the medication refusal form, and signature line for the refusing youth.

COMPLIANCE

The training for nurses entitled "Refusal of Psychiatric Medication" complies with 51c.

The MH Monitor observed signed medication refusal forms in Taberg residents' records that complied with 51c.

51d. The youth's psychiatrist shall receive, review, and sign all medication refusal forms prior to meeting with the youth.

COMPLIANCE

The MH Monitor observed signed medication refusal forms in Taberg residents' records that comply with 51d.

51e. The youth's treatment team shall address his or her medication refusals.

COMPLIANCE

The MH Monitor observed documentation that medication refusal had been discussed in Taberg residents' support teams and Mental Health Rounds in compliance with revised PPM 3243.32 " Psychiatric Medicine" (9/15/14) which complies with 51e.

FUTURE MONITORING

The MH Monitor will continue to review documentation of medication refusal at Taberg.

52. Informed consent. The State shall revise its policies and procedures for obtaining informed consent for the prescription of psychotropic medications consistent with generally accepted professional standards. In addition, the State shall require that the information regarding prescribed psychotropic medications is provided to a youth and to his or her parents or guardians or person(s) responsible for the youth's care by an individual with prescriptive authority, such as a psychiatric nurse practitioner. This information shall include: the purpose and/or benefit of the treatment; a description of the treatment process; an explanation of the risks of treatment; a statement of alternative treatments, including treatment without medication; and a statement regarding whether the medication has been approved for use in children.

COMPLIANCE

The revised PPM 3243.32 " Psychiatric Medicine" (9/15/14) complies with the requirements of 52 and contains guidelines for informed consent for psychiatric medicines: "The assent and understanding of the youth shall be sought for psychiatric medicines. The youth needs to understand, in accordance with his or her developmental ability, how the medicine may impact the way he or she feels, acts, and thinks, as well as the benefits and risks of treatment."

Staff receive orientation on the Psychiatric Medications policy, which includes informed consent procedures, and a 7-hour training on Mental Health and Psychiatric Medications, which comply with 52.

Completed informed consent forms were in the Taberg records reviewed by the MH Monitor.

FUTURE MONITORING

The MH Monitor will continue to review documentation of informed consent for psychiatric medications at Taberg.

53. Treatment planning. The State shall develop and maintain adequate formal treatment planning consistent with generally accepted professional standards. To this end, the State shall:

53a. Create or modify and implement policies, procedures and practices regarding treatment planning which address, among other elements, the required content of treatment plans and appropriate participants of a youth's treatment team.

COMPLIANCE

The New York Model implementation training included the integrated assessment and support plan and how to utilize both in support teams.

"The NY Model: Treatment Team Implementation Guidelines" complies with 53a.

The support team practices at Taberg comply with 53a.

53b. Require that treatment teams focus on the youth's treatment plan, not collateral documents such as the "Resident Behavior Assessment."

COMPLIANCE

Mental health staff at Taberg were observed complying with 53b and the support team meetings observed by the MH Monitor complied with 53b.

53c. Require that the youth is present at each treatment team meeting, unless the youth is not physically located in the Facility during the meeting or the youth's presence is similarly impracticable, and that, if applicable, the youth's treating psychiatrist attend the treatment team meeting a minimum of every other meeting.

COMPLIANCE

Support team meetings at Taberg comply with 53c.

Sustained compliance with 53c requires that the Taberg psychiatrist continues to participate in support teams of residents with complex diagnoses and/or psychiatric medicine issues.

53d. If a youth has a history of trauma, require that treatment planning recognizes and addresses the youth's history of trauma and its impact and includes a strategy for developing appropriate coping skills by the youth.

PARTIAL COMPLIANCE

Because all the Taberg residents have experienced trauma that continues to cause severely dysregulated behavior and relationship problems, complying with 53d is difficult. Taberg has made commendable progress in describing the specific effects of trauma on each resident's thinking and behavior in Integrated Assessments and support plans. To meet the Settlement Agreement's requirement for "a strategy for developing coping skills [for trauma] by the youth," the effects of trauma on the resident's behavior must be part of staff assistance in the youth's achievement of goals, and trauma must become a safer topic in the process of residents changing their thinking and behavior. All staff (not just clinicians and YCs) must be confident in their ability to teach self-calming and other skills as part of each resident's unique process of trauma recovery.

53e. Require that treatment plans are individualized for each youth, and that treatment plans include: identification of the mental and/or behavioral health issues to be addressed in treatment planning; a description of any medication or medical course of action to be pursued, including the initiation of psychotropic medication; a description of any individual behavioral treatment plan or individual strategies to be undertaken with the youth; a description of the qualitative and quantitative measures to monitor the efficacy of any psychotropic medication, individual behavioral treatment plan or individual strategies utilized with the youth; a description of any counseling or psychotherapy to be provided; a determination of whether the type or level of treatment needed can be provided in the youth's current placement; and a plan for modifying or revising the treatment plan if necessary.

COMPLIANCE

Mental health staff at Taberg were observed complying with 53e and the support team meetings observed by the MH Monitor complied with 53e.

Taberg support plans have improved, with resident-specific change goals (composed with staff guidance) and team members' interventions to support girls in achieving their goals.

53f. Require that treatment plans are modified or revised as necessary, based on the efficacy of interventions, new diagnostic information, or other factors. The treatment plan shall be updated to reflect any changes in the youth's mental health diagnosis.

COMPLIANCE

Mental health staff at Taberg were observed complying with 53f.

On Site Observations Regarding Paragraph 53a-f (11/15)

The MH Monitor observed two excellent Taberg support team meetings, both demonstrating strong relationships with girls, outstanding family treatment and crucial involvement of CMSO.

[redacted] arrived at Taberg in August, 2015 at age 15 for Violation of Probation. did not know she was adopted until she was 12 and a cousin told her. She said she felt angry, unwanted and betrayed that her mother had not told her. had been a talented child actress (age 3-13) and an excellent student at private schools, but her risky behaviors began after learning of her adoption. By 2013 was using marijuana daily and had high

risk sexual behaviors and in 2014 she stopped attending school and was associating with violent peers; her mother reported that PINS petitions were repeatedly dismissed. Her mother described her as having "many assets and then she took a U-turn in life." Her Integrated Assessment indicated that she is an intelligent and college-bound 10th grader, with strong writing skills. She was motivated to improve her relationship with her mother. Neither the integrated assessment nor her support plan (nor her diagnosis) characterized her adoption, feeling betrayed, her frequent moves as a child nor her exposure to sexual and criminal activity as traumatic. Her support plan goals were to abstain from substance abuse and not run away when she returned to her mother. Her clinician provided weekly family therapy and in weekly individual sessions discussed triggers leading to substance abuse and running away. Her diagnosis was ADHD, cannabis use disorder, alcohol use disorder, conduct disorder and insomnia. The psychiatrist notes focused on lowering the Concerta dose and reducing her sleep problems. The MH Monitor observed 's exemplary 60 day support team meeting, which included her mother and aftercare worker on the phone. Her clinician described the breaches in trust by daughter and mother, with both being open to the clinician's feedback. The importance of support for relapse prevention was discussed, including the concept of "urge surfing." The Assistant Director for Treatment suggested requesting that the MST provider begin sessions with and her mother while she is at Taberg to make continuity easier. Her mother was actively involved on the phone: "Family therapy has been helping. I can listen to my daughter now. You help us with our emotions." responded to her clinician, "It helps to have a mediator who understands. Before I didn't want to speak about my feelings. You taught both of us to say, 'I feel.'" Her YC and clinician asked mother and daughter to talk specifically about how their improved communication can continue when she returns home. commented wisely, "I see now that cons are always worse than pros when I'm making bad choices." During the support team meeting they were helped to reach agreement about school. wants online learning to finish the school year to avoid starting school halfway through the year. Her mother wants her to return to her previous school, but is afraid to go to school in the Bronx. In our debrief of the support team meeting, we discussed helping return to her talents prior to age 13 to help her be able to find success again in school. She continues to need trauma treatment regarding her adoption, betrayal and concerns about her biological family.

The MH Monitor observed returnee s support team meeting, having also observed her support team meeting shortly before her discharge in April, 2015 when she was 14 and described in the Monitors' report: "Her history includes exposure to domestic violence, emotional abandonment by parents, physical abuse and sexual abuse. Her mother is a substance abuser who has been incarcerated. She is in DSS custody, and in the past had multiple foster home placements; she was hospitalized twice in 2013 for cutting. She used alcohol, cannabis, and oxycodone. After running away from her second residential placement, she was sent to detention by DSS. She arrived at Taberg feeling hopeless, with neither parent being able to offer her a home...Her father and his partner expressed a willingness to have her with them [although] their home assessment was characterized as 'approved but high risk.' Her goals at home were not to run away and not to use substances. Success in her father's home seemed unlikely, given s comment, "I haven't lived at home in years so I don't know what the problems will be.'" Unfortunately, despite

her high hopes, 's placement with her father lasted only six weeks, and she returned to Taberg in August, 2015. Her Integrated Assessment when she returned did not mention that she had an unsuccessful placement with her father despite months of preparation in the spring. The goals in her support plan were (1) to get released, for which her clinician was working on the dynamics of running away, understanding her responses to trauma and maladaptive coping and being free of self-harm and (2) to be free of substance abuse for which she was identifying the triggers leading to her resuming substance abuse. Her diagnoses were Anxiety and Mood Disorder for which she is prescribed Prozac, unspecified personality disorder and insomnia. In her November, 2015 support team meeting was excited about being released to her uncle and his wife who were on the phone as well as her CMSO just after the home visit: "I've never had two people excited to have me." Her uncle and aunt said they have "no worries" about living with them, have wanted it for years, want her "to grow up happy," and imagine there will just be "normal teenage issues."

also said she did not expect any problems. Her uncle's and 's lack of realism would require intensive in-home support to prevent 's overreaction and running away. Her clinician had a strong relationship with her aunt and uncle and helped her uncle say he wants to talk things over before getting upset, running, using substances or hurting herself. Her clinician helped answer a question about how to use her skills so she does not have the problems of the past. She agreed to keep safe by journaling and talking for distress tolerance and take her mind off it with distraction. Together they alerted her aunt and uncle that her triggers are: feeling alone, not feeling heard, and not feeling accepted.

commented about her clinician and YC: "I've learned people who love you aren't going away and I'm worth being cared about." [redacted] asked the Taberg education coordinator to find out about enrolling in TASC instead of returning to high school. Her release services will also include YAP, counseling and substance abuse counseling.

Taberg support team meetings continue to be outstanding. Staff have improved in making support plans unique for each resident and to have goals incorporate trauma-related change, relationship-building and relapse prevention. There is more focus in support plans on specifically "What has to change for you to be successful after Taberg." The goal in improving support plans is to have a document that is helpful to and used by the resident, all staff, her family and community supporters.

Between 6/1/15-9/31/15, support was provided to Taberg by numerous BBHS staff. BBHS Chief of Treatment Services, Anne Pascale visited Taberg 6/17/15, 6/23/15, 7/2/15, 7/7/15, 7/9/15, 8/25/15, 9/22/15, 9/30/15, 10/7/15, 10/15/15, and 10/21/15. She provided support for the Acting Assistant Director for Treatment, worked with the clinical team on improving the DAS and phase system, planning an inservice on trauma and PTSD, writing goals and objectives in support plans and other documentation, and the Sex Education group,

Bev King, the BBHS Social Work supervisor, visited Taberg numerous times (twice a week in May, three times a week in June, and daily starting in July). In addition to providing weekly substance abuse groups (and helping staff understand the conditions necessary to make groups effective), she completed substance abuse disorder evaluations, carried a caseload for individual treatment, convened Red Flag meetings, and provided ongoing support for support team meetings especially on goals/objectives, trauma-

informed care and substance abuse treatment, guidance in responding to peer bullying, and interviewed prospective clinicians. Her leadership to "strive to build capacities of our community to recognize success in the most challenging moments of daily life" is inspiring.

Melissa Rivera-Barrett visited Taberg 6/9/15, 6/10/15, 6/17/15, 7/1/15, 7/8/15, 7/23/15, 7/24/15, 7/28/15, 8/6/15, 8/7/15, 8/26/15, 9/2/15, 9/4/15, 9/10/15, 9/17/15, 9/24/15, 9/25/15, 10/1/15, and 10/9/15. She coached new and seasoned YCs, observed groups and worked on consistent group scheduling, trained two YCs and a YDA on Innervisions, observed and coached support team meetings, conducted YDA interviews, checked IIPs, group notes, and reviewed other documentation.

Shaun Lang visited Taberg 7/30/15, 8/6/15, 8/13/15,8/19/15, 8/20/15, 9/2/15, 9/3/15, 9/10/15, 9/15/15, 10/1/15, and 10/8/15. She attended mental health rounds, support team meetings, Red Flag meetings, groups and pre-shift briefings, encouraged the Acting Assistant Director for Treatment in supervising YCs and enhancing New York model elements at Taberg, worked with the DAS workgroup (including setting up incentives through the store), and school improvements by breaking into four groups.

BBHS Substance Abuse Coordinator Mia Morosoff visited Taberg on 6/26/15, 8/7/15, and 9/30/15. She met with TRIAD groups, provided support for Ms. King who was leading the groups, and completed Substance Abuse evaluations for Taberg residents.

BBHS Sexually Harmful Behavior Treatment Coordinator Jennifer Alongi visited Taberg 6/4/15, 6/18/15, 7/2/15, 7/16/15, 8/13/15 and 10/8/15. She met with the Acting Assistant Director for Treatment and provided supervision to the clinician doing specialized assessment and treatment for three residents with histories of sexually harmful behavior, one of whom also had a firesetting history.

Brad Beach, DBT consultant, visited Taberg 4/30/15 and 7/16/15 and commented, "Attention from staff is a major reinforcer for behavior so it is important that it is given after adaptive behavior or at a neutral time ahead of behavioral problem and not after problem behavior has occurred." He encouraged "staying ahead of behavior instead of reactivity as absolutely critical for long term stability." He described doing an impromptu intervention with a resident who was escalating, "modeling how to incorporate DBT skills into the everyday interactions with youth. Engaging YDAs in how to apply the skills in the moment. Many of the youth know the skills but have difficulty applying them in real situations on the unit."

Linda Dimeff, DBT consultant, visited Taberg 5/7/15 and 8/17/15 and supported the efforts of the Acting Assistant Director for Treatment to reduce the high incidence of residents saying they are suicidal in order to get attention from staff. She demonstrated DBT skills such as Wise Mind, Willing Hands and STOP with residents.

Dr. Benamati, Sanctuary consultant, visited Taberg 4/7/15 and 10/7/15. He taught two 1.5-hour trainings on trauma (with 15 participants in one and 10 participants in the other), including fight, flight or freeze responses, the role of cortisol, and implications for thinking, feeling and acting. The intended outcomes were staff understanding why it was important not to trigger youth and to model putting space between feeling and acting. He also participated in a productive meeting of Capital District CMSO staff with clinicians and YCs at Taberg.

The QAI Review of Taberg (October, 2015) concluded that "there seems to be improvement with the ISPs being more trauma-focused. Each ISP tied in the trauma identified in the youth's IAs. Some of the ISPs were able to demonstrate an attempted connection between the youth's trauma and her goals. The ISPs that did not contain these connections reported the youth's struggles with exploring trauma." Nevertheless, the QAI Review also found that the Taberg support plans "continue to lack strong connections between the youth's trauma histories and the impact on their past and current behaviors. In the ISPs where the youth's trauma history has been linked to behavior, the ISPs fell short in identifying understandable objectives (emotional regulation and positive coping skills) for the youth and her family to achieve. Rarely were family goals and objectives listed in the ISPs. Four ISPs did not include each of the team members' roles in helping the youth achieve their goals and objectives." QAI required a plan to improve the quality and content of the support plans. Taberg responded that "The clinical and administrative teams are confident that the content of the ISPs does not always reflect the quality of the Support Team Meetings. The workload issues addressed throughout this report are by no means an excuse for the documentation concerns; however, they are a contributing factor that cannot be overlooked. The team is working hard to balance the priorities between service provision and documentation and is confident that a full clinical team will allow for the areas above to meet standards in the future."

FUTURE MONITORING

The MH Monitor will review Taberg support plans for trauma behind behavior problems identified in Integrated Assessments being incorporated into the support plan goals and treatment.

The MH Monitor will review support plans for assistance to residents in articulating personal change goals for which all staff on their teams identify what he/she will do to support each resident's daily steps to be able to be successful after Taberg.

The MH Monitor will observe Taberg support team meetings.

54. Substance abuse treatment. The State shall create or modify and implement policies, procedures, and practices to require that:

54a. All youth who have a suspected history of substance abuse are provided with adequate prevention education while residing at a Facility;

COMPLIANCE

The OCFS substance abuse manual defines practices that comply with 54a. Taberg is providing InnerVisions groups for residents.

54b. All youth who are known to have current problems with substance abuse or dependence are provided adequate treatment for those problems while residing at a Facility.

COMPLIANCE

The OCFS substance abuse manual defines practices that comply with 54a.

BBHS Facility Clinical Procedures Using the Juvenile Justice Information System (updated 11/7/14) specifies: "All youth who enter DJJOY with histories of substance abuse

or dependence and are assessed as requiring continued intervention will receive treatment for such. Many facilities have substance abuse clinicians who offer pull-out individual and group treatment. For youth being treated by both a primary clinician and a substance abuse clinician, it is important to ensure that the youth's support plan reflects the work of both clinicians. Clinicians need to coordinate regularly around treatment. Youth requiring continued support/treatment/intervention following release from facility for addiction will require a relapse prevention plan as part of release planning."

Taberg's substance abuse clinician arrived in 2/15 and provided individual and group substance abuse treatment. But during the April, 2015 site visit she announced she was leaving and a new substance abuse clinician had not been identified at the November, 2015 site visit. BBHS Social Work Supervisor Bev King has been leading weekly substance abuse groups, doing substance abuse evaluations, and providing individual treatment at Taberg.

On Site Observations Regarding Paragraph 54a-b (11/15)

At the November, 2015 site visit, it was evident that BBHS staff, the Taberg Assistant Director for Treatment and the other clinician had made progress in complying with Paragraph 54, despite the lack of a substance abuse clinician. Substance abuse groups are being consistently provided, girls are being assessed for substance abuse, the substance abuse spreadsheet is being maintained, and avoiding relapse is being built into re-entry planning. Taberg staff are including residents' history of substance use in Integrated Assessments and goals in support plans. Applying skills being learned in the facility to successfully avoid returning to substances in the community is an ongoing goal of services documented in contact notes and support plans. There are efforts to include relapse prevention plans in re-entry planning. Like the process of becoming trauma-responsive, learning to meet the needs behind substance abuse is important for all staff, not just clinicians. A necessary element of coaching on New York Model implementation is ensuring that each resident integrates skills learned in substance abuse treatment with those learned in therapy and DBT and Sanctuary groups. Communication in support teams and Mental Health Rounds among the clinicians, YCs, and YDAs and the rest of the team will support each Taberg resident's individual progress in self-calming and relying on these skills to avoid substance use in the community.

During the November, 2015 site visit, the MH Monitor observed a substance abuse group with seven residents and two YDAs, facilitated by Ms. King (BBHS Social Work Supervisor); the BBHS Chief of Treatment Services and BBHS Coordinator of Substance Abuse Services also observed. In the previous group meeting, the girls planned a mindfulness activity and collage making about resiliency knowing there would be visitors (Ms. King said they might not have wanted to reveal their substance use in front of visitors). There was no discussion of substances during this group. The group was cooperative and calm, and the girls were not distracted; without difficulty, the girls included YDAs and visitors in their small groups. They talked about the pictures they wanted to cut and paste together into the collage to reflect different aspects of resiliency. One resident who is easily upset in groups asked to leave, and the facilitator and YDA quietly arranged for her to return to the unit with staff. A girl politely asked a YDA to turn down his radio, and he did and said he was sorry he had forgotten to do so. The group was

in a room near the gym that the facilitator has encouraged for group meetings because there are no interruptions (unlike the unit or the meeting space in the annex). In our debrief of the meeting, the facilitator noted that the didactic Triad substance abuse sessions have not been effective. She has used activity-based groups to help girls feel comfortable enough to talk about their substance abuse triggers and how they can use their DBT and Sanctuary skills to avoid relapse.

The BBHS Coordinator of Substance Abuse Services indicated that OCFS is discontinuing TRIAD and implementing Seven Challenges as the substance abuse treatment program instead because Seven Challenges is recognized by SAMSA as evidence-based and it fits with DBT. The SAMSA website described Seven Challenges as "designed to treat adolescents with drug and other behavioral problems. Rather than using prestructured sessions, counselors and clients identify the most important issues at the moment and discuss these issues while the counselor seamlessly integrates a set of concepts called the seven challenges into the conversation. The challenges include (1) talking honestly about themselves and about alcohol and other drugs; (2) looking at what they like about alcohol and other drugs and why they are using them; (3) looking at the impact of drugs and alcohol on their lives; (4) looking at their responsibility and the responsibility of others for their problems; (5) thinking about where they are headed, where they want to go, and what they want to accomplish; (6) making thoughtful decisions about their lives and their use of alcohol and other drugs; and (7) following through on those decisions. These concepts are woven into counseling to help youth make decisions and follow through on them. Skills training, problem solving, and sometimes family participation are integrated into sessions that address drug problems, co-occurring problems, and life skills deficits. The Seven Challenges reader, a book of experiences told from the perspective of adolescents who have been successful in overcoming problems, is used by clients to generate ideas and inspiration related to their own lives. In addition to participating in counseling sessions, youth write in a set of nine Seven Challenges Journals, and counselors and youth engage in a written process called cooperative journaling." Taberg staff are also helping residents understand "urge surfing," a term that comes from a relapse prevention program, based on the finding that "urges for substance use rarely last for longer than about 30 minutes, if there is no opportunity to use and there is no internal struggle. It is this internal struggle that feeds the cravings. Trying to fight cravings is like trying to block a waterfall. With the approach of mindfulness, we step aside and watch the water (cravings, impulses and urges) go past."

It is a concern that OCFS is changing its substance abuse treatment program again, requiring staff to be trained in adapting it to DBT and Sanctuary skills, individual treatment, and relapse prevention planning prior to discharge. However, it is commendable that the BBHS Social Work Supervisor has facilitated weekly substance abuse treatment groups in the absence of a substance abuse clinician at Taberg since May, 2015. Hopefully early in 2016 a new substance abuse clinician will begin at Taberg with Seven Challenges training and implement the new substance abuse treatment groups and incorporation of Seven Challenges concepts on the units, in individual treatment and support teams. The Taberg Acting Assistant Director for Treatment, clinician, and BBHS Social Work Supervisor participated in a 3-day Seven Challenges training in September 2015. Before Seven Challenges is implemented, the BBHS Coordinator of Substance Abuse

Services Mia Morosoff will provide an overview training for Taberg staff on December 16, 2015, including the philosophy of Seven Challenges, guiding staff in effective participation in groups, encouraging consistency in applying each of the Seven Challenges on the unit and in group, and assisting staff in supporting residents writing in the Seven Challenges journals. The Taberg plan for each unit is to schedule the weekly Seven Challenges group and the Innervisions group at the same time in different locations and to assign the girls to them according to their level of substance use.

The 3/15 instruction to the Taberg substance abuse clinician required that "youth arriving at Taberg with a Special Needs and Assessment Profile (SNAP) score of 3 or 4 will be flagged by the Assistant Director for Treatment, who will add the names to a spreadsheet and notify the substance abuse clinician to conduct an SA evaluation." On the 10/23/15 Taberg Substance Abuse Disorder/Treatment Tracking spreadsheet, residents' SNAP scores, whether their substance use was noted in their support plan and that they were attending group and individual treatment were listed. At the time of the November, 2015 site visit, 13 of the 17 Taberg girls had high SNAP scores and were receiving substance abuse services.

The QAI Review (October, 2015) at Taberg concluded "Substance use disorder evaluations are required when a youth has an AADIS score of 37 or higher and/or a SNAP score of 3.0 or more. Furthermore, efforts to address a youth's substance abuse treatment needs, as well as her response to interventions, should be detailed in her Integrated Support Plan, as this is an integral part of holistic treatment." After the QAI review, Taberg and Home Office developed a plan to provide all current youth who required a substance abuse evaluation with said evaluations. Once Taberg is up to date with these evaluations, clinicians will provide the evaluations as part of the youth's intake procedures.

FUTURE MONITORING

The MH Monitor will review documentation that substance abuse assessment results are in Integrated Assessments, incorporated in the goals and interventions in their support plans, including a relapse prevention plan, and in their re- entry planning and that all youth with substance abuse diagnoses at Taberg are receiving individual (minimally twice per month) and group (minimally once per week) substance abuse treatment reflected in clinical contact notes. Until Taberg has a substance abuse clinician trained in the New York Model and Seven Challenges, continued compliance with Paragraph 54 will require ongoing support from BBHS and Home Office.

55. Transition planning. The State shall require that each youth who has mental health issues, or who has been or is receiving substance abuse treatment, which is leaving a Facility has a transition plan. The State shall create or modify and implement policies, procedures, and practices for the development of a transition plan for each such youth. The transition plan shall include information regarding:

55a. Mental health resources available in the youth's home community, including treatment for substance abuse or dependence if appropriate;

COMPLIANCE

The Continuity of Care Plan complies with 55a.

55b. Referrals to mental health or other services when appropriate;

PARTIAL COMPLIANCE

The Continuity of Care Plan complies with 55b for mental health services. The Community Re-Entry Plan complies with 55b.

BBHS Facility Clinical Procedures using the Juvenile Justice Information System (updated 11/7/14) specifies: "The community re-entry plan, like the Integrated Support Plan, is a multi-disciplinary exercise. All members of the youth's support team are responsible for recording the course of services and outcomes for that particular discipline throughout the youths stay in facility. Each support team member will also record any ongoing identified needs, what support services are necessary for the youth's successful transition from facility and any appointments established for that youth. The clinician is further responsible for updating any final changes to the DSM diagnosis and is responsible for completing the Continuity of Care Plan (COC). The COC is the record of all established appointments with mental health and/or substance abuse providers in the community."

Taberg is completing Community Re-Entry Plans. The MH Monitor raised concerns about the ineffectiveness of the CRP as a document to support the transfer of a girl's goals and skills learned at Taberg to the community or residential program. In August, 2015, a Home Office workgroup discussed both the format and content of the CRP, and there was consensus not to change the format of the CRP at that time because it is "too early in the use of the CRP to know what changes should be made. It was designed to allow for separate print-outs of each section to target the information for various types of providers. The group agreed that coaches should work with support teams to use the last ISP before a youth is released to CMSO to make sure that goals are transferable to the community. In addition, Taberg will focus on youth being able to articulate what goals they accomplished at Taberg and what skills and goals they are taking to the community. The team met to discuss the release presentation process and to adjust forms as needed."

55c. Provisions for supplying psychotropic medications, if necessary, upon release from the Facility.

COMPLIANCE

The one-hour training for nurses entitled "Psychiatric Medications at the Time of Release" explains release plans for youth with a 30 days dose of psychiatric medication, and appointment with a community-based mental health program, and the involvement of the parent and CMSO case manager in compliance with 55c.

On Site Observations Regarding Paragraph 55a-c (11/15)

At the April, 2015 site visit in a presentation on Taberg's Treatment Environment by Dr. Tomassone, it was pointed out that return to Taberg should occur only when there are no other ways to maintain youth or community safety. Approaches proposed for expanding options for release for Taberg residents included: increasing RTF beds by 8; an internal Hard to Place Committee with Home Office release monitoring; and RTF expansion.

A Home Office Work Group prioritized (1) training providers to improve their responsiveness to the trauma-related needs of girls re-entering from Taberg and (2) strengthening the connection between CMSOs and Taberg staff and residents in order to individualize re-entry. CMSOs from around the state and providers were invited to tour Taberg and the Work Group was pleased with turnout. The Work Group provided training to Cayuga staff, and hopes to continue these efforts to encourage intensified services at Aichorn, Mercy First, William George, and St. Ann's by offering "extensive technical assistance and consultation to our Enhanced Girl's programs to support them in better meeting the needs of the type of youth that would access their services. We have had discussions with the monitoring and oversight portion of OCFS Child Welfare to discuss the service needs of the youth we receive in our facilities which has resulted in their decision to host a forum for the voluntary agencies specifically focused on the needs of girls in Early-Spring 2016. CMSOs have also been supporting re-entry, including holding support team meetings in the community, working with youth and families to link them to services in the community, and advocating with school districts for appropriate educational placements. In addition, the BBHS B2H Waiver Coordinator provides ongoing trainings, consultations, and technical assistance to B2H Waiver providers regarding engaging and supporting DJJOY youth in the community. BBHS arranged for DBT and Sanctuary trainings for CMSOs. DBT training was provided for different CMSO offices in April, May, and September of 2015. Sanctuary training was provided in March and December of 2015."

Strengthening family treatment by community-based providers before and immediately after re-entry is also a priority. MST and FFT are described as more family-focused and more intensive than B2H, but they are not available in all communities. It typically takes B2H more than a month to start up after girl is released from Taberg, so not only do she and her family not get to know B2H and transfer their goals before they leave, but in the early weeks in the community girls are at greatest risk. B2H is supposed to be on call when a girl is getting into difficulty, but that may not be effective in helping girls use their Taberg skills to calm themselves before they escalate, leave home, and use substances.

Enhancing the consistency of CMSO involvement with girls before re-entry is also a priority. Some CMSOs are active in Taberg support teams, Red Flag meetings, and family involvement. For example, recently the Syracuse CMSO brought the MST counselor to Taberg with a girl's family to begin their work prior to re-entry. While it is understandable that most girls call Taberg staff for support after release, to effectively replace these perhaps first-time trust relationships with supportive clinicians and others in the community must begin before a girl leaves Taberg.

Taberg staff have seen the success of involving CMSOs in Red Flag meetings and monthly support team meetings. They articulated the necessity of a support plan specifically for discharge with triggers for drugs, AWOL, peer choices and how to cope. A process of "transferring your safety plan to life" would involve teaching residents how to get their needs met in the community or placement. One Taberg YC uses each phase meeting to ask, "How does what I'm doing here translate to outside?" Pre-release journals could be used for this purpose. Cues for girls to use skills such as Pros and Cons, Urge Surfing and specific self-calming could be transferred to family, residential staff,

community providers and CMSOs if there were routine steps for doing so and they were included in a discharge support plan.

Taberg clinicians and YCs recognize the importance of more involvement of CMSOs, mental health providers (FFT, MST, B2H) and residential providers in videoconferencing before re-entry specifically to pass trusting relationships and skills from Taberg to the girl's next location. The Taberg Acting Assistant Director for Treatment suggested instituting routine one month post-release Red Flag video conferences to support the girl's use of skills learned at Taberg and development of new trusting relationships. This is a promising approach which could be enhanced by each girl taking guiding words from her clinician, YC, mentor and other Taberg staff in a written form when she leaves.

At the November, 2015 site visit, two residents were returnees from Aichorn (after a 4-month stay and 3-month stay), Wyndham (after a one month stay) and St. Josephs and three residents returned to Taberg from the community. Each of these residents had many hours of planning by Taberg staff for their re-entry, which is not reflected in their CRPs. For example, one resident visited Aichorn before placement with both her CMSO and DSS worker who discussed her needs with her new staff. Her support team at Taberg participated in a thorough discussion with the Aichorn director describing her trauma history and behavioral symptoms. Her most recent ISP, psychological evaluation, integrated assessment, and IEP as well as a through summary report completed by her clinician were also provided to Aichorn. The question must be asked, given all these collaborative efforts, what else would it have taken for the resident, who had made so much progress in a year at Taberg, to have been successful at Aichorn (OCFS staff noted that Aichorn wanted to take the resident back, but the court prosecuting her incident at the program as a criminal matter would not allow it)?

Transition planning, however thorough, that does not lead to re-entry success for most residents, is a significant problem. Since the lack of sufficiently intensive services to continue gains made at Taberg is a systemic juvenile justice problem, compliance requires more Home Office action. As a step toward compliance, it is recommended that Home Office review each Taberg returnee in the past six months examining what planning was done prior to re-entry to assist in the transfer of the resident's gains and relationships to her new placement, what services were provided during re-entry, how quickly, at what intensity, and how they were adapted specifically to skills learned at Taberg. Given that some returnees appear to be long-term DSS clients with multiple placements, this history should also be included in this returnee analysis. Next steps to ensure a higher success rate on re-entry should be formulated from this review. This review should make it possible to assess the impact of Home Office efforts to guide providers about working with traumatized girls.

FUTURE MONITORING

The MH Monitor will continue to review Home Office efforts to ensure success on re-entry from Taberg.

The MH Monitor will continue to review how Taberg uses the last support team meeting to help each girl and those who will support her during re-entry tailor Taberg goals to success in the community or placement, so her supporters understand their role in

helping her regulate emotions, tolerate distress, form trusting relationships and avoid relapsing.

IV. DOCUMENT DEVELOPMENT AND QUALITY ASSURANCE

56. Document Development and Revision. Consistent with paragraph 68[1] of this Agreement, the State shall create or modify policies, procedures, protocols, training curricula, and practices to require that they are consistent with, incorporate, address, and implement all provisions of this agreement. In accordance with paragraph 68 of this Agreement, the state shall create or modify, as necessary, other written documents – such as screening tools, handbooks, manuals, and forms – to effectuate the provisions of this Agreement. The State shall submit all such documents to the United States for review and approval, which shall not be unreasonably withheld.

COMPLIANCE

COMMENT: This and the previous monitoring visit generated no concerns about Paragraph 56.

57. Quality Assurance Programs. The State shall create or modify and implement quality assurance programs consistent with generally accepted professional standards for each of the substantive remedial areas addressed in this Agreement. In addition, the State shall:

COMPLIANCE

COMMENT: A positive element of the monitoring process has been the creation and implementation of the Quality Assurance and Improvement (QAI) Bureau. The Monitors also received in advance of the monitoring visit a draft version of the *Program Review: Taberg Residential Center for Girls,* October 20, 2015 (the QAI Report) from QAI. Before the on-site visit, the Monitors participated in a conference call to review this the report, which is a remarkably thorough and detailed resource. The Monitors both expressed their appreciation for such a high quality and comprehensive quality assurance review. These quality QAI products have become an important force in the achievement of compliance with the Settlement Agreement. Given the changes described above, the QAI Report has been helpful to Home Office and the Monitors in explaining how the infusion of new staff has shaped the outcomes in several areas.

QAI implemented the Graduated Response System (GRS) as a powerful quality assurance tool, incorporating performance metrics developed with the assistance of OCFS' Bureau of Strategic Planning and Policy Development. QAI reviewed with the Monitors the development of these restraint metrics and how they will be linked to GRS protocols and action plans. More importantly, this QAI initiative recognized that reliable critical performance metric/restraints safeguards influence the monitoring in ways that expedite agreement among the Parties about compliance. Home Office, QAI, and the Finger Lakes

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[1] 68. Document development and revision. The State shall timely revise and /or develop policies and procedures, forms, screening tools, blank log forms, and other documents as necessary to ensure that they are consistent with, incorporate, address, and implement all provisions of this Agreement.

TIC validated GRS at Finger Lakes, so the Monitors again verify the effectiveness of the system. The Home Office and facility TICs have become essential elements in the use of the GRS, serving as primary agents for problem-solving and stability regarding Protection from Harm and Mental Health programs in the living units.

Reducing the time between the discovery of a problem and its resolution also increases the likelihood of successful outcomes, and this could occur through the implementation of the previously mentioned track system at Taberg. Such a track system would increase the sensitivity to individual youth variables (e.g., a new youth has arrived, a youth gets bad news, a conflict from the street emerges) and permit the development of immediate strategies such as one-on-one, intensified mentoring, etc. to fit the youth. This aspect of GRS needs strengthening, and the Monitors recommend a quick movement to a track system at Taberg that uses current restraint data.

The GRS system demonstrated its designed usefulness at Finger Lakes. The challenge at Taberg is not with concept of graduated responses but with the concept of thresholds for various levels of action. Finding and implementing a strategy to move the GRS level out of the "red" without sacrificing the belief that a distinguishable difference exists between appropriate and excessive uses of force. Sufficient evidence exists to suggest a re-evaluation of the GRS thresholds for Taberg, and preliminary discussions between Home Office and the PH Monitor have already begun.

57. a. create or modify and implement policies and procedures to address problems that are uncovered during the course of quality assurance activities; and

COMMENT: Crisis disruptions of normal operations that result in reductions in youth safety and increases in uses of force should initiate discussions about special, additional QAI critical reviews and evaluations of the OCFS crisis management plans.

57. b. create or modify and implement corrective action plans to address identified problems in such a manner as to prevent them from occurring again in the future.

COMMENT: The Monitors substituted the final OCFS Response Plan as the corrective action plan permitted under this paragraph, and the Justice Center has substantially reduced the amount of time between the start of a staff sexual abuse allegation and the production of a findings letter and report. In addition, Home Office reports monthly and updated sexual abuse allegations using the Monitors' Taberg Sexual Abuse Findings Table supplied to OCFS as an Excel spreadsheet. The Monitors request the continuation of this practice.

V. SUMMARY

The Monitors commend the Taberg and Home Office staffs for the effort and resources expended to maintain a therapeutic, safe, and stable environment. In the six months since the April, 2015 site visit, Taberg has experienced an upheaval in leadership and continued understaffing resulting in increased stress for residents and staff. Both restraints and self-harm threats have remained high, leading to even more stretched staff.

The Monitors remain concerned about the safety and progress of Taberg residents given staff vacancies, prolonged searches for replacements, and the presence of substitute and temporary staff. Home Office provided an update on the status of Taberg at the Finger

Lakes monitoring visit in May, 2015 which included Home Office strategies for augmenting various essential services. The Monitors requested monthly email updates to include population, status of filling positions, restraints, SWs, PSWs and ALS, new admissions, and returnees at Taberg. Until the Taberg clinical positions are filled, the Monitors recommended that Home Office keep the Taberg population at 18 or below. This was a safety recommendation based on the summer of 2014 experience of having Taberg at capacity with high-needs girls. While the Monitors understand that Taberg is the only limited secure and MHU for girls in the state, the Monitors encourage Home Office to expand its efforts to assist private providers to function more effectively by requiring individualized intensive mental health services to prevent new admissions and returnees from going to Taberg because their needs were not met in these programs. The number of girls at Taberg since mid-summer ranged from 17 (8/15 and 11/15) to highs of 22 (10/15) and 21 (9/15). The number of suicide watches each month ranged from a low of 8 (7/15) to a high of 28 (10/15, the month with the highest population); the other three months had 15 or 16 suicide watches. Taberg staff have worked hard to reduce secondary gain from special watches.

The Taberg administration has managed to recruit and hire many YDAs, but with turnover the staff on the units has been described as "green" at every site visit. While the day shift has strong unit leadership and more seasoned staff, a continuing challenge is that the evening shift often has many inexperienced staff. Furthermore, it puts girls at risk to have so many staff working several 16-hour shifts each week. Since May, 2015 Taberg was without a Facility Director or Assistant Director for Treatment, although Kathy Fitzgerald and Dr. Goel have done outstanding jobs acting in those positions. Additionally, BBHS has provided substantial clinical coverage, particularly to stabilize substance abuse treatment.

The importance of fully integrating the Mental Health and Protection from Harm aspects of the Settlement Agreement is evident at Taberg. Intensified services designed for traumatized girls during residential and community re-entry, with the result of a substantial reduction in the number of returnees, and enhanced self-calming work by YDAs with guidance from clinicians and YCs, and strong intact teams attending to the factors leading to high restraint rates continue to be necessary for full implementation of the New York Model at Taberg.