The District of Columbia Department of Corrections
Correctional Treatment Facility
Juvenile Unit Assessment

(Status Updates October, 2015)

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ASSOCIATES

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I. INTRODUCTION

The Ridley Group and Associates, LLC (TRGA) is a Criminal Justice consulting firm with over 100 years of combined experience providing assessments, analysis and evaluation of jail and community corrections programs. TRGA was tasked with the identification of strengths and challenges in the current way the agency's juvenile unit is operating from a programmatic perspective and to recommend improvements.

CTF's juvenile population brings with it three identifiable challenges (1) the serious and violent offense profiles of the juveniles which pose a significant safety and security issue; therefore, requiring a structured environment to maintain the orderly operation of the facility (2) the significant developmental, emotional and cognitive issues of the incarcerated juveniles (3) the gender specific needs of girls incarcerated in the adult correctional system.

Despite being placed in an adult facility, juveniles retain special civil rights to education, vocational training, and other services that may require additional programs. For some time, the District of Columbia Department of Corrections (DOC) has been moving towards creating juvenile services based on a positive youth development model that builds on the juvenile's strengths, provides support and addresses risk factors that may present barriers that impede progress. The agency is also building the necessary infrastructure to support additional juvenile programs and operational enhancements.

There was a strong foundation in place to build upon, therefore, the following report will describe TRGA's recommendations and the DC Department of Corrections' actions taken that build on the significant work of others. This report of findings and recommendations is intended to be used to explore gaps, build on strengths and increase collaboration with stakeholders and the community, thereby increasing the ability to maximize time spent; while improving the well-being of juvenile offenders in an adult facility. Further, it must be emphasized that even with the actions taken, this report does not suggest that all work and improvements are complete in the areas covered. It simply means that DOC is moving in the rig the direction; in accordance with nationally and locally recognized evidence-based and best practices.

II. APPROACH AND METHODOLOGY

Approach

The Ridley Group and Associate's approach to this work is based on the subject matter expertise of this consultant team, juvenile principles, information gathered and research-based practice. Our goal is to provide a comprehensive picture of the current status of CTF's Juvenile Unit. The TRGA team understands the complexity of promoting a truly collaborative approach to this juvenile population among system stakeholders to ensure that juveniles are receiving the best possible care while being held accountable for their actions and pending placement, transition to Bureau of Prisons (BOP) or release to the community.

Scope of Work

Based upon the contractual agreement with the DC Department of Corrections, TRGA committed to completing several tasks designed to assist with the assessment of the programmatic aspects of the Juvenile Unit; the impact of services on the Incarcerated juveniles and to provide recommended improvements:

- Observations of the Juvenile Unit Programs
- Interviews of Juvenile Unit staff, Supervisors, Contractors and Residents (Juveniles)
- Review of the Treatment Team Process
- Conduct an In Depth Analysis of Mental Health Services
- Analysis of Best-Practice Trends
- Review of Behavior Leveling System
- Other Data Collection Methods as Appropriate to Determine Whether the Program's Objective Has Been Met
- Reviewed 2008 study conducted by Dr. Jennifer Woolard of Georgetown University

Methodology

TRGA approached this initiative by designing a protocol that served as the operating guideline for all aspects of the work. This protocol included (1) the identification of the areas to be reviewed (2) a review of relevant documentation prior to and during the site visits (3) a review of best practices and relevant research (4) the preparation, coordination and execution of the onsite work (including leadership, staff and juvenile interviews and facility observations) and outside meetings with advocates, stakeholders and community leaders. TRGA met with Liz Ryan, CEO and President Campaign for Youth Justice; Daniel Okonkwo, Executive Director DC Lawyers for Youth; Neil Stanley, Director of Department of Youth Rehabilitation Services and Tommy Wells, Councilmember, Ward 6. TRGA would like to facilitate a tour of CTF's Juvenile unit with the above-mentioned advocates and community leaders.

Update: On January 15, 2014 Councilmember Graham, Councilmember Wells, Daniel Okonkwo from DC Lawyers for Youth and Carmen Daugherty of Campaign for Youth Justice along with other advocates and community leaders were given a tour of the CTF Juvenile Unit.

This assessment was completed over the course of a three-month period beginning in April, 2013 and culminating in July, 2013. The four day on-site observations were conducted on April 17th, 18th, 22nd and June 9th, 2013.

The Onsite Review at CTF Focused on:

- Documenting the Programs and Services Available to Meet the Needs of the Incarcerated Juveniles
- Assessing Management and Operational Practices Related to Incarcerated Juveniles
- Reviewing Policies and Procedures
- Reviewing Mental Health, Substance Abuse and Health Care Services

The Onsite Methodology Included:

- Interviews with Executives and Managers

- Individual and Group Interviews with Staff
- Individual and Group Interviews with Juveniles
- Observation of Staff, Juveniles and Facility Operations Across the Day and Evening Shifts

TRGA selected random individuals to interview in order to obtain verbal confirmation of program compliance and clarify questions that surfaced during observations and review of documentation. TRGA conducted interviews of Unit staff, Supervisors, Contractors and Juveniles to assess:

- Resident familiarity with the policies and procedures of the program
- The level of collaboration between staff in the program
- Whether existing activities are sufficient

The Treatment Team process was reviewed to determine whether program staff are working collaboratively to design and review treatment plans for juveniles, and determine how to best assist the juveniles in achieving their treatment plan goals. TRGA also looked at how often the Treatment Team meets, the composition of the Treatment Team and whether Treatment Team strategies are actually being employed.

An in-depth analysis of mental health services was conducted to determine whether juveniles are receiving appropriate mental health care. This included reviewing whether juveniles are assessed for mental health, substance abuse, suicidal ideations or behaviors and are provided with adequate treatment. The review also examined whether juveniles with mental health needs have an individual treatment plan that includes the DSM-IV diagnosis, symptoms that are treatment focused, treatment goals, interventions with target dates, strengths and/or abilities and preferences and/or needs, and pharmacological interventions.

During the visits, TRGA assessed what juvenile corrections best practices are being employed and provided recommendations on best practices.

A review of the behavior management program was conducted to ensure it is being properly implemented. The review consisted of determining whether staff is using it properly and whether juveniles are rewarded for positive behavior and held accountable for non-compliant behavior. The review looked at whether levels are sufficiently distinct from each other and whether juveniles are receiving the privileges for which they are entitled.

TRGA also reviewed documentation/data such as program descriptions, policies and procedures, manuals, standards, records and reports to determine whether the programs are effective.

TRGA's assessment team was comprised of 3 knowledgeable professionals with expertise in criminal justice systems analysis, assessments, juvenile justice, juvenile services, mental health, substance abuse, health services, facility operations and management, policy development, child and welfare, education, evidence-based practices, re entry, ACA accreditation, planning and programming.

The specific subject matter experts included:

Walter B. Ridley, M.Ed.

Francis Mendez, M.S.W., J.D

Ghia Ridley Pearson, M.A

III. DESCRIPTION OF THE CTF JUVENILE UNIT

Introduction

Under DC ST§ 16-2301 the court has the ability to transfer a juvenile who is 16 or 17 years of age to the District of Columbia Department of Corrections (DOC) for criminal prosecution as an adult. The Incarcerated Juvenile Program at the Central Treatment Facility (CTF) is operated by DOC. These juveniles have been charged in the court system as adults and are awaiting trial or currently serving their sentence. Male and Female juveniles are housed on separate units at the CTF; separate and apart from the adult population.

In an effort to ensure everyone is kept safe, new security protocols were implemented on the unit. As of July 23, 2013, security checks are conducted every fifteen (15) minutes on the unit during every shift.

General Statistics

Each year approximately 1 female and 70 males are processed through CTF.

Age

Approximately
1% are 15 years of age
18% are 16 years of age
47% are 17 years of age
32% are 18 years of age

Race/Ethnicity

- 96% are African American
- 3.9% are Hispanic
- 0.1% are Caucasian
- 0% are other

Mental Health

- 26% have mental health issues
- 7.6% have substance abuse issues
- 42% have medical issues
- N/A special needs

Length of Stay

More than 1 year	22%
9-12 months	9%
6-9 months	12%
3-6 months	13%
3 months or less	45%

IV. THEMES AND RECOMMENDATIONS

The following section will highlight a comprehensive list of recommendations:

1. Juvenile Unit Observations
   - Programming
   - Staff-Juvenile Interaction
   - Staffing

2. Juvenile Unit Interviews
   - Residents (Juveniles)
   - Unit Staff
   - Management
   - Education Staff
   - Mental Health Staff
   - Medical Staff
   - Program Manager

3. Review of Treatment Team Process
   - Treatment Team
   - Re-entry and Transition

4. Analysis of Mental Health, Substance Abuse & Health Care

5. Analysis of Best Practice Trends
   - Youth Development Programming
   - Corrections Standards
   - Policies & Procedures
   - Conditions of Confinement

6. Review of Behavior Leveling System

7. Review of Other Data
   - Staff Training & Development
   - Video Conferencing

1. Juvenile Unit Observations

Programming

At the time of the assessment, there were 25 juveniles; 23 of which were on the unit (1 on status), 1 in medical and 1 female housed on the women's unit separated by sight and sound.
Almost all functions related to the operation of the unit are provided onsite. The unit functions in a direct supervision capacity allowing the juveniles limited personal property and requiring them to wear uniforms. Juvenile movement to programs and services outside the unit (recreation) are controlled by rigid schedules and physical barriers that ensure total separation from the adult population. Juveniles are permitted to exercise outside; weather and schedule permitting.

Monday through Friday, the juveniles are awakened at 7:00am by a call from an assigned correctional officer so they can begin their day. Each day starts with morning hygiene, cell inspection and then school. School takes place in an area located on the second level of the Juvenile Unit. (*Breakfast is served at approximately 3:00am and most juveniles do not eat because of the early hour*)

TRGA's team spent a significant amount of time with the juveniles, providing an opportunity to observe and experience different settings and situations in the facility, such as school, treatment team, the living units, meetings, in groups and individually, organized exercise, recreation activities, lock down, programming, "free time," lunch, dinner, in the evenings and on the weekend.

The District of Columbia Public School (DCPS) provides daily academic instruction from (8:45am-3:30/4:40pm). Juveniles have the opportunity to earn their GED or credits towards a High School Diploma. Classes offered consist of Math, Art, History, Reading, English/Computer, Spanish, Science and Health. Each class session is approximately 50-60 minutes.
Lunch is served from 11:15am -12:15pm (*TRGA's team ate lunch with the juveniles- bologna and cheese sandwiches)*; classes resume after lunch and the school day ends at 3:30pm (after school programs are available Tuesday-Thursday until 4:30pm). Juveniles who are on administrative segregation are seen daily by a teacher (Ms. K.) and given work packets. Juveniles on the medical unit are seen daily by a substitute teacher. A teacher meets with the female on the women's unit daily and she follows the same schedule as the males.

Once school is dismissed, the juveniles are placed in their room for approximately 30 minutes for an hour of down time. At 4:30pm, the juveniles are allowed out of their rooms to participate in the *Free Minds Book Club*, which introduces them to the life-changing power of books and creative writing. This program is facilitated by Kelli Taylor and is offered on Tuesday and Thursday for 1 ½ hours. The *Adjusting Our Attitude Training* is offered by Sharon Hargrove a few times a week for an hour and is designed to assist the juveniles with the development of discipline, a sense of purpose and self worth through physical exercise and group discussion. The juveniles appeared to enjoy both programs, participation was favorable and they were actively engaged.

Dinner is served from 6:00pm-6:45pm after which the juveniles are locked down for count at 7:30pm. After the count, juveniles are allowed out for showers, and recreation, Juveniles on Pink Tier must be in their rooms for the evening at 9:00pm; Gold Tier at 10:00pm.

The Unit space is inadequate for the population served. The school is cramped and the unit does not have dedicated programming or recreation space. Juveniles are required to share the gym and outdoor recreation space with the adults. Due to required site and sound separation, the juveniles can only use the space when the adults are not using it.

Our team observed recreation activities that were conducted in the outdoor area. The juveniles enjoyed this recreation time playing basketball and football with each other. At the time of our observations, outdoor recreation was scheduled only during weekdays. We were informed that since our visits, outdoor recreation has been expanded to weekends as well.

Our team was provided a description of the programming offered during weekdays:

Free Minds Program

The Free Minds Book Club is comprised of three hours of instruction per week, until the juvenile reaches his/her eighteenth birthday. This program introduces the juvenile to the life-changing power of books and creative writing. Free Minds inspires juveniles through mentoring, book club discussions, creative writing exercises and regular visits from authors.

We observed this program and it occurred as described.

Update: This program is ongoing. The club meets every Tuesday and Thursday.

Adjusting Our Attitude Training (A.O.A.T)

This empowerment program focuses on helping juveniles develop discipline, a sense of purpose and self-worth through physical exercises and group discussions.

We observed this program and it occurred as described.

Update: This program is ongoing. The program meets every Monday and Wednesday at 3:30pm.

Incarcerated Juvenile Barbering Program

Juveniles have the option of enrolling in a 1500 hour vocational training in Barbering. The Incarcerated Juvenile Barbering Program consists of two hours of daily instruction Monday through Friday and five hours on Sunday. The students can obtain basic and advanced barbering skills. Students are also taught business management, professional ethics and employment techniques. Ultimately, the students are prepared for the State Board Examination and Licensing process.

We were not able to observe this program because the barber was out sick.

Update: This service is ongoing and he meets daily Monday-Friday. However the barber no longer meets on Sundays.

During the site visits, it was found that structured programming is not being offered during the weekends. Our team also observed juveniles engaged in "free time" activities inclusive of watching television, playing cards, chess, exercising, and talking among themselves.

After our on-site visits, we were informed that the following programming would be implemented during the summer of this year:

Update: The unit is currently exploring Career and Technical Education classes with the Office of the State Superintendent of Education (OSSE) and the University of the District of Columbia Community College to be facilitated on weekends. A proposal was submitted and accepted by OSSE and several meetings have taken place to move on this initiative. The juveniles will be offered classes in the construction and job readiness areas of interest. We will move forward with implementation in fall 2015. In addition the Hope Foundation has started facilitating Saturday life-skills sessions with juvenile residents. The sessions take place from 11:00am-1:00pm each Saturday.

RSAT

Provides substance abuse education to the juveniles on Mondays at 3:30 pm (beginning July1st). This will continue until September 30th. The topics will include but are not be limited to: substance abuse, mental health, relationships, anger management, relapse prevention, community linkages/resources, and risky behavior. RSAT will conduct a participant evaluation which is designed to reflect client satisfaction at the end of the ten week session.

Update: This program is complete. The RSAT Education program was held on Mondays from July 2013-September 2013. On March 2, 2015 juvenile unit residents began participating in substance use education courses facilitated by a volunteer certified addictions counselor from Clean & Sober Streets a non-profit which provides, Long Term Inpatient Substance Abuse Treatment. A scope of work has been completed in an effort to solicit for a substance use counselor for juvenile residents. The scope will be solicited in early FY 16.

Criminon

Will begin programming with the Juvenile Unit in September 2013. The program model will focus on drug education and rehabilitation, character building, ethical behavior, literacy, education, and life and thinking skills.

Update: This program is cancelled as of January 29, 2014. Criminon Executive Director informed the Program Manager that Criminon is unable to continue with the juvenile unit until they recruit and train new instructors. Follow-up with Criminon was conducted and the organization will not be able to continue services with the Juvenile Unit.

Insight on the Inside-Mindfulness Meditation Program

Beginning September 2013, the Mindfulness Meditation Program will commence in the Juvenile Unit. Through this program, the juveniles will have the opportunity to work on developing compassion others. Mindfulness Meditation training can help anyone who is willing to take up the discipline to live life peacefully and resourcefully. This program will focus on mindfulness, (auto pilot versus mindfulness), meditation instruction, clarifying intentions, stress and the body, working skillfully with pain and difficult emotions.

Update: This program has been cancelled as of April 15, 2014. The facilitator has retired from this work.

Life Skills

Beginning August 1, 2013, and to occur each Thursday thereafter for seven to eight weeks, Life Skills training will be provided. It is a curriculum-based life skills workshop written and facilitated by Minister Anthony Briscoe. Minister Briscoe is a licensed minister and Director of Ex-offender Programs and Services at the New Revival Center of Renewal in Upper Marlboro, Maryland. New Revival Center of Renewal is a ministry for ex-offenders and the homeless. He is the facilitator of the weekly "MAN TALK" recovery program at the Center, helping to rebuild and restore the lives of men who are seeking a better way. Minister Briscoe also has experience working with juveniles at the Department of Juvenile and Rehabilitative Services (DYRS) and a few of its facilities. Although Mr. Briscoe is a minister, there will be no proselytizing with the juveniles. A few of the topics he will cover are Choices, Accountability and Forgiveness.

Update: The program that met on the first Monday of each month has been cancelled. The facilitator could no longer commit to providing the service to our juveniles. A new life-skills program has been implemented with the Hope Foundation. Group sessions are held twice per week as of January 12, 2015. The Hope Foundation seeks to foster effective communication, healthy relationships, extended family values, child growth and development, and healthy self-esteem with juvenile residents.

R.O.O.T.S. (Re-Inventing Ourselves Outside The System)

In October 2013, R.O.O.T.S. will facilitate a workshop with the Juvenile Unit. (An event form will be submitted for review and approval) R.O.O.T.S. is a reentry organization comprised of men and women that have found a way out of the criminal justice system. The organization facilitators are returning citizens with a positive message that the juveniles will benefit from hearing. Similar to the DOC juvenile population, R.O.O.T.S. facilitators know what it is like first hand to be in confined environments and to grow up without direction; however, they have been able to turn their lives around. R.O.O.T.S. speakers will be Travis Mines, Director; Richard Sparrow, Chief Deputy Director; Emanuel Johnson, Marketing Director; and Edward Coleman. R.O.O.T.S. speakers will discuss topics

including self awareness, thinking for a change, SMART goal setting, and behavior modification. Mr. Edward Coleman is the V.P., Tropical Beat TV Productions and R.O.O.T.S. volunteer.

Update: The RO.O.T.S. organization conducted a motivational workshop with juvenile residents on Saturday February 22, 2014. The organization spoke to the juveniles about the importance of education and healthy life-choices. The residents were extremely engaged with the facilitators and thoroughly enjoyed their time with the men of R.O.O.T.S.

GED Unit

TRGA's team had an opportunity to meet residents from the GED Unit during their graduation. Once juveniles turn 18, if they have not yet completed their high school diploma and there are no security concerns, they are transferred to the GED Unit where they are provided the opportunity to complete their education. The students credited the program with helping them obtain their GED.

In addition, those juveniles that have earned their high school diploma or GED are allowed to become trained tutors on the GED Unit provided they do not have any security concerns.

Recommendations

Expand Structured Programming

The programming offered at the Juvenile Unit is insufficient and needs to be expanded. The Juvenile Unit was without structured activity for the majority of the weekend; more routine activities are needed. While we recognize that the unit has significantly expanded programming since our observations; our team believes there is still an opportunity to increase programming even further. TRGA recommends developing specialized programs/sessions during the week and on weekends that are responsive to the developmental needs of incarcerated juveniles taking into account the possible roles these issues play in the juvenile's development. These include but are not limited to vocational programs, educational programs, sex offender and violent offender programs which address and teach conflict resolution, victim awareness, empathy awareness, self-esteem building, decision making and relationship building.

ACTION TAKEN BY DEPARTMENT OF CORRECTIONS

Implemented weekend recreation—In June 2013, the Juvenile Unit began recreation for two hours on Saturdays. Currently this happens every Saturday consistently. On October 5, 2013 the Women's Wing organization will facilitate sessions on Saturday mornings. The Program Manager is currently seeking more structured programming on Saturdays through the U.S. Chess Center and Criminon. In addition, a scope of work has been completed and submitted to potential bidders in an effort to find more structured services on weekends.

Update: This task is ongoing. Juveniles are afforded the opportunity for weekend off unit recreation each Saturday and Sunday consistently. In June 2015 the Hope Foundation, a life-skills and mentoring non-profit organization, began facilitating sessions on Saturdays with juvenile residents. In an effort to further enhance weekend programming the unit submitted a proposal to allow Career and Technical Education (CTE) classes to be facilitated with juveniles. In partnership with the Office of the State Superintendent of Education (OSSE) and the University of the District of Columbia Community College DOC juveniles will be afforded the opportunity to explore and receive certification in "career pathways" made up of coherent sequences of courses offered by high schools and community and technical colleges. They provide both rigorous core academic content and advanced, career-specific skills. CTE programs of study span both secondary and postsecondary education, ideally on a dual enrollment basis, and lead to an industry-recognized credential. Juvenile residents will study and receive certification in fields of interest like CORE Construction and Hospitality. It is designed to help ensure that all District learners achieve mastery of core academic knowledge and advanced skills, and to prepare learners for success in postsecondary education, lifelong learning, and high skills, high wage, or high demand careers in the competitive global labor market of the 21st century. Our goal is to begin these programs in October 2015.

Recommendations

TRGA recommends that DOC contract with community providers to expand programming.

ACTION TAKEN BY DEPARTMENT OF CORRECTIONS

- **Implemented new programs on the juvenile unit**—Since the observations made by the Ridley Group the juvenile unit has significantly expanded programs/services offered to the juveniles. In August 2013 youth were offered new programs from community providers including but not limited to life-skills, substance abuse education and meditation. The juvenile unit has also participated in workshops with an organization called R.O.O.T.S. (Re-inventing ourselves outside the system) in in September 2013. In 2013 we also offered juveniles programming in substance abuse education through the DOC Residential Substance Abuse Treatment Program and meditation. The aforementioned programs address the concerns of personal hygiene, cleanliness and behavior. We currently have six (6) standing volunteer programs/services offered to the juvenile throughout the week. They are the following:

- **Hope Foundation (Life Skills) (three days per week)**
  - *The Hope Foundations Safe Mentoring Service is a cognitive-based course designed to meet specific behavioral needs of at-risk populations. The course affords clients the opportunity to enhance methods of communication, foster healthy relationships, extend family values, and develop a healthy self-esteem. In addition, it facilitates efforts to overcome barriers and effectively deal with day-to-day challenges directly related to substance abuse prevention, criminal lifestyle, gang behavior, and mental and emotional wellness. Group sessions held three days per week including Saturdays as of June 2015.*
- ***Substance Abuse Education (once per week)***
  - *Group sessions held once per week. This service prepares juvenile residents with the knowledge, skills and tools necessary to make educated choices regarding substance use.*
- **Free Minds Book Club (twice per week)**
  - *Group Sessions held twice per week. This service introduces the juveniles to the life-changing power of books and creative writing. Free Minds inspires juveniles through mentoring, book club discussions, creative writing exercises and regular visits from authors.*
- **Victims Impact Training (twice per week)**
  - *Group sessions twice per week. Victim Impact Training consists of curriculum based groups, built around 10 core crime topics: property crime, assault, robbery, hate and bias, gang violence, sexual assault, child abuse and neglect, domestic violence, drunk and impaired driving, and homicide.*
- **Barbering Service (Daily M-F)**
  - *Barbering services are provided daily and group sessions. Juvenile Barbering Service consists of two hours of daily instruction Monday through Friday. This program is optional for juveniles*
- **Religious Services (Muslim, Christian & Catholic)**
  - *Juveniles are offered the option of Christian services and Islamic services weekly. Christian services occur each Sunday while Islamic Services occur on Friday mornings. The unit has also provided a Christian Service for our Spanish speaking residents on Thursday evenings.*
- **Credit Recovery**
  - *DCPS after-school program now offers credit recovery for eligible students each Monday-*

Thursday until regular school hours. Credit recovery is an accelerated means of earning H.S. credits for those youth that are behind academically in an effort to allow them to graduate on time.

Juveniles are educated through the District of Columbia Public Schools. The Incarcerated Youth Program educates both general education students and special needs students as well. Our DCPS School also has a fully recognized National Honors Society chapter.

Update: Update: This task is completed. The Juvenile Unit continues to utilize volunteer groups to enhance program/service options for juvenile residents. In July 2013, a Scope of Work was completed and solicited to various vendors in an effort to expand programming for the Juvenile Unit. There were no responses to the solicitation at that time. After having been solicited multiple times since 2013, finally in June 2015 we were able to award a contract to the Hope Foundation. The Hope Foundations Safe Mentoring Program is a cognitive-based course designed to meet specific behavioral needs of at-risk populations. The course affords clients the opportunity to enhance methods of communication, foster healthy relationships, extend family values, and develop a healthy self-esteem. In addition, it facilitates efforts to overcome barriers and effectively deal with day-to-day challenges directly related to substance abuse prevention, criminal lifestyle, gang behavior, and mental and emotional wellness.

Recommendations

Nothing was in place for juveniles with GEDs or high school diplomas; they were assigned to detail duty for extended periods of time. TRGA recommends that a structured college level academic program be provided for these juveniles.

ACTION TAKEN BY DEPARTMENT OF CORRECTIONS

The Program Manager is currently seeking correspondence school—In July 2013, an extensive search began for correspondence classes, which will be offered to juveniles with high school diplomas or GEDs. The goal is to identify at least two programs by October 2013 for this population.

Update: Currently there are no juveniles on the unit with a GED or high school diploma however this task is ongoing. In addition to identifying resources online the Program Manager has met with representatives from the University of the District of Columbia Community College (UDC-CC) and the Office of the State Superintendent of Education (OSSE) to discuss educational opportunities for this population. In an effort to further enhance educational opportunities the unit submitted a proposal to allow Career and Technical Education (CTE) classes to be facilitated with juveniles. In partnership with the Office of the State Superintendent of Education (OSSE) and the University of the District of Columbia Community College DOC juveniles will be afforded the opportunity to explore and receive certification in "career pathways" made up of coherent sequences of courses offered by high schools and community and technical colleges. They provide both rigorous core academic content and advanced, career-specific skills. CTE programs of study span both secondary and postsecondary education, ideally on a dual enrollment basis, and lead to an industry-recognized credential. Juvenile residents will study and receive certification in fields of interest like CORE Construction and Hospitality. It is designed to help ensure that all District learners achieve mastery of core academic knowledge and advanced skills, and to prepare learners for success in postsecondary education, lifelong learning, and high skills, high wage, or high demand careers in the competitive global labor market of

the 21st century. Our goal is to begin these programs in October 2015.

Recommendations

Education staff is no longer able to use incentives (pizza party etc.) It is recommended that the academic staff work in conjunction with Unit staff to create ways to provide juvenile incentives when warranted.

ACTION TAKEN BY DEPARTMENT OF CORRECTIONS

DCPS is able to use incentives—DCPS has been informed that the use of special incentives is an option; however, they must utilize the internal food service vendor (ARAMARK) to arrange the event. In addition, DCPS was informed that a special event form must to be completed and submitted for approval.
Update: This task is complete. DCPS utilizes ARAMARK for special incentives and events. DCPS consistently submits special event forms for approval through the Program Manager. This was reiterated to DCPS on January 27, 2014.

Recommendations

Implementation of an after-school tutoring program would benefit the Juvenile Unit.

ACTION TAKEN BY DEPARTMENT OF CORRECTIONS

DCPS has a full after-school program—After-school Programming includes tutoring for juveniles. The Incarcerated Youth After-School Program occurs Monday-Thursday during the regular academic school year. It focuses on programs that provide opportunities to reinforce learning from school, teach good citizenship and pro-social development. The after-school program includes Reading, Enrichment, Visual Arts, Algebra II, Writing Workshop and Spanish.
Update: This task is completed. The DCPS after-school program has expanded its time by adding Monday's to the program. In addition the DCPS after-school program now offers credit recovery for eligible students each Monday-Thursday until 5:00 pm. Credit recovery is an accelerated means of earning H.S. credits. During summer 2015 DCPS facilitated summer school classes for all residents. Summer school was convened from June 2015-August 2015 all juvenile residents participated daily.

Recommendations

Grievance boxes —The grievance box was not used because the process required juveniles to write their issue on a piece of paper and submit it to the case manager. The grievances were not answered. TRGA recommends using a grievance process which encourages the juveniles to use it.

ACTION TAKEN BY DEPARTMENT OF CORRECTIONS

A new grievance process was implemented—In July 2013, the grievance box (which is labeled), was established and thoroughly explained to the juveniles. In two separate town hall meetings, the Program Manager explained the grievance process and how it is initiated. To date, the Juvenile Unit has had no grievances from its residents. The grievance box is checked consistently by DOC staff.
Update: This task was completed in July 2013. The grievance box has been labeled and is checked consistently by DOC staff.

Recommendations

Food reportedly is horrible and breakfast is served too early—Breakfast in the juvenile unit is served at 3:10 am and several juveniles do not eat. They attend school hungry, which makes school difficult for them. TRGA recommends changing the time breakfast is served on the Juvenile Unit and working with ARAMARK to provide a juvenile specific menu.

ACTION TAKEN BY DEPARTMENT OF CORRECTIONS

Juvenile Meals were examined and discussed in an effort to have the dining service provide juvenile specific meals. A juvenile specific menu has been requested from ARAMARK for all three meals for review. In August 2013, a new breakfast time for juveniles was implemented. Breakfast is now served between 6:00-7:00am daily. In addition to the new breakfast time, a daily healthy snack has been requested for the juveniles. Upon approval, this snack will be served seven days per week.

- Update: This task is completed. The juveniles receive a later breakfast time at 6:00am and they receive two (2) snacks each day to supplement the regular meals. Snacks are given twice daily. The juveniles are given snacks such as granola bars and trail mix. On June 12, 2014 the juvenile meal modification was fully executed.

Explore Expanding Space

Facilities that house juveniles should have sufficient space for adequate physical exercise; provision of regular, special and vocational education; and therapeutic programming.
TRGA recommends that the DOC explore whether there are unused spaces in the complex that can be used for recreation activities and or to move the unit to a larger space.

ACTIONS TAKEN

- Due to the current population count of twenty-one (23) residents the space we currently utilize is more than adequate. The juveniles receive recreation off unit seven days a week and have a host of recreational options on unit as well.

Staff-Juvenile Interaction

A critical link in any operation when addressing the human needs of juveniles is the relationship with the Program staff and the uniformed correctional staff. During our time spent in the units, observations indicated that a positive and nurturing relationship has been established. However, there appears to be a disconnect with the "substitute correctional uniform" staff and the juveniles. It is our belief this disconnect comes from lack of training and experience of the 'substitute' staff with juveniles in a correctional environment.

Staff breakdown:
Program
Teachers
Mental Health
Recreational
Case Managers
Medical

Uniformed Correctional Staff:
Correction Officers

Staffing

The uniformed correctional staff is more than adequate; however, the unit has to rely on relief staff that normally work with adults to cover staff on leave, transports and other non-unit posts.
It should be noted that there is a need for additional treatment staff in the areas of:

Mental Health
Recreation
Social Services
Re-entry

Recommendations

- Assess the Staffing Plan
  The Juvenile Unit has to rely on relief staff to meet its staffing requirements. TRGA recommends that a staffing analysis is performed to ascertain staffing deficiencies due to sick leave, vacation, specialized posts, etc. so as to rely less on relief staff.

- It is recommended that the correctional uniformed staff be allowed to dress in blazers and slacks to present a more non-security environment (understanding that this could present labor relations issues as well as philosophical conflicts).

- We strongly suggest weekly visits from Executive Level management, (i.e. Warden, Assistant Warden and Command Staff) we also suggest that it become a permanent part of the facility procedures.

  Update: This task is complete, supervisors visit the Juvenile daily and the Program Manager checks the log book daily to ensure this occurs.

- TRGA recommends that Unit Staff/Officers—Personnel on all shifts should be trained to work with juveniles.

ACTION TAKEN BY DEPARTMENT OF CORRECTIONS

On May 28th and 29th 2013, Department of Youth Rehabilitation Services (DYRS) trainers delivered training to approximately 35 DOC employees including Correctional Officers. The purpose of the training was to train personnel who work with juvenile offenders in the development, safety and other specific needs of juvenile offenders. Topics covered during this training session included Understanding Acting-Out Behavior, Cultural Awareness, Contributing Factors (i.e. family and how the family may affect the development of juvenile delinquency), Juvenile's Sense of Self Worth, School/how academic performance and classroom conduct problems may be predicator of later delinquency, Delinquent Behaviors/Signs and Symptoms, Understanding Individuals Development, Case-Management Planning and Implementation.

- Update: These tasks are ongoing. DYRS conducted training in 2013 and more Juvenile specific training options are being explored. In the interim the Juvenile Program Manager is working with the DOC Training Academy to create more training options for Juvenile staff. A training session was held on Friday September 5, 2014 with new recruits in the academy. Recruits were also trained in disciplinary procedures for the Juvenile Unit as well as operational procedures and positive youth development. The Program Manager was assisted by juvenile unit officers with this training. As of September 2014 the Juvenile Program Manager facilitates juvenile specific training for all new correctional officers. The Program Manager and the DOC Training Academy are in discussion about allowing this training to be incorporated into in-service sessions as well. Recently part of the DC DOC Juvenile Unit team including two unit officers were given the opportunity to represent the agency at the Criminal Justice Coordinating Council's (CJCC) 6th Annual Juvenile Justice Summit. The Juvenile Justice Summit is the annual gathering of District of Columbia juvenile justice social workers, case managers, lawyers, judges, law enforcement representatives, and other juvenile justice stakeholders who work with system-involved youth and families. Our team was given the opportunity to train with and exchange thoughts with juvenile justice leaders and share ideas with other committed local and national professionals.

2. Juvenile Unit Interviews

TRGA conducted interviews with a random sample of juveniles. The feedback received was relatively consistent. The charts reflect the areas covered and the responses.

Juvenile feedback:

Programming	Segregation	Food	Unit Staff/ Officers	Grievances	Incentives	Visits	Mental Health
More programs and activities are needed, with opportunities to learn life skills. There is too much down time with nothing structured to do. More group involvement is needed. More routine activities are needed especially on weekends. Bring back the manhood program and town hall. More space is needed for programs, and recreation.	A few juveniles reported being placed in segregation for 2 months with 1 hour of recreation daily. Juveniles were not told the reason for their isolation. Juveniles in the medical Unit: The juvenile being housed on the medical unit indicated that he sleeps and reads his bible all day because the work he receives	Food reportedly is horrible. Bologna and Cheese is served for lunch daily. Breakfast is served at 3:10 a.m. and juveniles do not eat; they attend school hungry - - which makes them irritable during class. The food is terrible and	Staff show favoritism, and do things to sabotage the gold tier. Each shift is different; however, they all need to be trained to work with the juvenile population.	The grievance boxes are not used, because the process requires juveniles to write their issues on a piece of paper and turn it in to Mr. Myrick. The grievances are not answered. The juveniles would like a	Gold tier does not always receive incentives. Some gold tier juveniles are still waiting to receive: pillows, late nights, movies and blankets. Incentive rewards should be consistent.	The video visitation makes it hard for juveniles to communicate with their family members. If family members are not 5 minutes early for the visit -- the visit is cancelled.	Increase mental Health to more than just Tuesdays. Advocates are needed. Male mentors are needed. Anger Management sessions are needed. Group and individual counseling is needed. The female juvenile

There is nothing for juveniles with GED's to do during the day except detail/clean and draw. There is no programming for the female juvenile. After school the female juvenile reads books and watches television.	from school is not challenging.	makes the female juvenile sick. She can only eat and physically tolerate the soup from canteen.		new grievance process.	Some juveniles on Gold tier report not being paid for detail.	The juveniles want the face to face visitation process back in place.	wants to see the psychiatrist more often

Positive feedback from juvenile interviews:

Programming	Segregation	Medical	Education	Safety & Security	Staff
The book club (Free Minds) is enjoyed and appreciated. Ms. Hargrove's program is enjoyed and appreciated. Mr. Stewarts Barbering Program is a favorite and he serves as a mentor to the juveniles in his program. The juveniles enjoyed the poetry slam. On June 8, 2013, the juveniles reported having recreation for 2 hours (this was a first).	The majority of the juveniles had never experienced isolation/segregation.	There were no concerns raised regarding health care. All medications are distributed as needed, and sick calls are addressed as needed.	School is great; it is the best program on the unit. Ms. Lee is better than any outside principle. The teachers make the juveniles feel cared about and comfortable; which makes them want to learn. The small class rooms make it a great environment to learn. There are never any fights in school. The female juvenile reported that she loves school and loves the one on one teacher time. It is the best part of her day.	The juveniles feel safe in the unit.	The female juvenile reported that she likes all of the staff and she looks at them like her other mothers.

Unit Staff:

Programming	Segregation	Food	Education	Safety & Security	Incentives	Mental Health	Training
Programming is severely lacking. The juveniles have too much free time. There is a need for more constructive programs.	The juveniles are watched and have everything they need. They come out when the other part of the unit goes in.	The food is not good.	School is the best part of the day for the juveniles. They enjoy it and it is constructive. Tutoring after school daily would be nice.	Cells are searched for contraband 5 times a day. Common areas are searched often. Juveniles are searched before any movement. Keys are never removed from the unit. There is only 1 camera on the unit. The PREA grant will allow for more than one to be installed. 17 rooms upstairs and 17 rooms downstairs. A couple of the rooms are doubles. Keeping them single depends on the population. Gold Tier is almost always single bunked.	The juveniles used to be allowed more incentives, but not anymore.	Groups and individual counseling and anger management is needed.	Permanent and relief Staff would benefit from additional training specific to juvenile behavior.

Medical Staff:

Sick Call	Medication Admin	Medical Unit 68	Assessment	Patient Education	Triage	Female Juvenile
Nurses come daily regardless of sick slips in the medical box. Once the slips are read and assessed the juveniles are taken to the triage room.	The medication nurse goes to the unit before 8:00 am to administer medication.	The medical unit is called if a juvenile is sick during off hours or during the day after sick call. If a juvenile has to been seen on the medical unit; the floor is cleared to remain in sight and sound compliance.	A complete medical assessment is completed upon admission of the juvenile. Upon intake juveniles take the PPD test and TB test which are read 2 days later. Blood is drawn and juveniles are set up for an initial physical. Follow up is done on an as needed basis.	Nurses provide juveniles with patient care information whenever they are seen. Basic health care tips are provided.	Blood pressure and temperature is taken and recorded. The concerns of the juvenile are heard and documented. The nurse returns to the medical unit and confers with the Dr. about next steps. Depending on the need referrals are made to the appropriate practitioner.	The female juvenile has a nurse on the unit 24 hours 7 days a week.

Mental Health Staff:

Intake Assessment	Training	Staffing	Suicide Watch	Psychotropic Medications	Treatment Plan/Team Services delivery	Substance Abuse	Gender Specific Programming
All juveniles are screened within hours of admittance by a mental health care professional. A comprehensive mental health assessment is completed on all juveniles within 24 hours of admittance.	Each mental health care professional; receives 40 hours of annual training 16 hours of yearly training inclusive of Mental Health and Suicide prevention.	The Designated Mental Health Authority (DMHA) is on call 24 hours a day and onsite 40 hours a week M-F. Psychiatrist/Nurse practitioner on site M-F 40 hours a week. LCPC and LICSW on site M-F 40 hours a week. The Juveniles would benefit from a clinician stationed on the unit.	One juvenile was placed on suicide watch a few weeks ago. Placed on Medical 68 safe cells. Not a lot of suicide prevention needed. The last resident who threatened suicide was years ago.	There are a few juveniles on medication currently for: ADHD, Depression, Mood Disorder and PTSD. Medication is given daily by the nurse.	The Treatment Team, Mental Health, Case Management, Teacher, Corrections Staff, Resident and Dr. Greene meet for two hours every Tuesday. There are several juveniles under mental health care currently.	There aren't services for substance abuse issues on the unit. There is no substance abuse counselor there is no drug testing or assessment tool.	There is no gender specific programming at this time.

Education Staff:

Morning Routine	Staffing	Classes	Strengths of the Program at CTF	Weaknesses of the Program at CTF	Juveniles on Segregation	Juveniles on Medical
4:00am-8:00 am teachers arrive at school. Daily announcements are made. Brief and de briefs with the midnight shift are conducted. Teacher's classrooms are open and they prepare for the day. Class begins at 8:45am. Breakfast being served at 3:00 am has an adverse effect on the juveniles in school. Those who wake up to eat are tired and irritable. Those who choose to sleep through breakfast are tired and grumpy because they are hungry. This plays out in a very negative manner in school as the teachers end up trying to deal with it.	7 teachers (3 special education) 3 officers.	Math Art History Science Reading English (computer) Health Spanish - - - 50 minute morning classes - - -60 min afternoon classes Assignments are given on certain days. The current assignment focused on Emancipation Day.	Teachers feel safe. Small classrooms allow for rapport building. The ability to connect with the juveniles in a way that helps them to succeed is rewarding. The environment is great for teaching and the staff have a wonderful rapport with each other. The environment is family oriented, and staff feel supported by the unit.	Juveniles complain about the size of the class room specifically the art room. There is no internet for the smart board. Not enough cohesiveness between DOC, CCA and DCPS. They are no longer able to use incentives previously used for the juveniles (pizza parties etc).	The juveniles on status are seen daily by Ms. K.. Packets are given and collected when complete.	Juveniles on the medical unit are seen by a substitute daily and given a work packet to complete.

Program Manager:

Education	Programming	Behavior Leveling System	Mental Health	Staff	Administrative Segregation
The school program is excellent. The juveniles enjoy learning and appreciate the1-1 with the teachers. There are a few honor society and honor roll students.	Looking at bringing in different types of programming such as TiChi. On Sunday, Christian Religious services take place in the school space. Islamic services are ongoing.	The behavior leveling system was modified to reflect 3 tiers Bronze, Silver & Gold.	Looking into mental health counseling. Bruce Reed provides individual sessions as needed. Mental Health is completely accessible; when needed. They are responsive when the need arises but the proactive piece is missing. At the time of this report, mental health reports the female juvenile visits a mental health clinician twice weekly. Additionally, she visits with the psychiatrist one time per week. The juvenile also has access to a Licensed Clinical Social Worker daily as she is on the unit with the female juvenile.	Staff needs to be open to rehabilitative development.	When a juvenile comes off "status" a behavioral contract is completed. Now, in order for a juvenile to be placed on seclusion it has to be a safety issue.

Re entry	Incentive Awards	Food	Safety & Security	Staff & Training	Medical	Space
There are not a lot of juveniles returning to the community, but the coordinator is working with the Free Minds program on a reentry piece. Re entry starts the day the juveniles walk in.	All incentives need to go through Aramark. The school should put all events on the calendar that require incentives.	Working to improve the food quality and change the time that breakfast is served.	Counts are now conducted using the wand; a new system of accountability.	Custody staff went through development training with DYRS staff. Staff needs to be open to rehabilitative development.	The medical team responds well. Unity has a great medical staff.	Space is an issue. The limited amount of space is prohibitive. Space creates an issue with isolation/seclusion because there is no place to house the juveniles.

Recommendations

Recommendations addressing the issues raised in the interviews are addressed in the relevant sections in other parts of the report.

2. Review of Treatment Team Process

TRGA reviewed the Juvenile Unit's Treatment Team by participating in one of the Treatment Team meetings, talking to juveniles and reviewing documentation related to the Treatment Team's operation. The review was based on the premise that a Treatment Team should be composed of interdisciplinary staff, have a structured agenda, meet frequently, design, monitor and evaluate a juvenile's treatment plan. The goal of the Treatment Team is to successfully implement the treatment modality and ensure juveniles are progressing in their treatment. The description of the Juvenile Unit Treatment Team indicates it is supposed to focus on providing appropriate services to meet the needs of juveniles; assisting them through s u p p o r t i v e guidance and professional assistance.

The Treatment Team Review Board meets every Tuesday from 10:00 am - 12:30 pm with each juvenile to discuss his or her school progress and to work jointly with the juvenile in developing and achieving personal development goals to reinforce positive behavior. When a holiday is recognized on a Tuesday, the team selects an alternate day that week to meet.

The Treatment Team is comprised of the Juvenile Program Manager, Case Manager, Academic Instructor(s), Correctional Staff, the A.O.A.T Instructor, the Educational Administrators and a Mental Health Representative. At the time of The Ridley Group assessment, the Juvenile Program Manager position was vacant.

TRGA attended a Treatment Team meeting held on April 22, 2013. There were six people leading the Treatment Team: The Sergeant from the security staff, the A.O.A.T. instructor (also a security staff), one case manager, the principal for the school, the DOC educational administrator along with a mental health manager.

During the Treatment Team meeting, they reviewed the juvenile's behavior on the unit, during school, school performance and performance on the behavior management plan. The staff knew each juvenile well and had good rapport with them. The Treatment Team is primarily focused on the behavior management/leveling system. The Treatment Team is not focused on the mental health treatment, substance abuse treatment or reentry of juveniles.

Research has demonstrated that incarcerated juveniles have substantially higher rates of mental health and substance abuse disorders than the general population. They may also have high rates of disorders comparable to those among juveniles being treated in the mental health system. Treatment Teams that focus on mental health and substance abuse also develop and use individualized case plans; which are based on assessment information and target the juvenile's specific treatment needs. Treatment focused meetings engage families by sharing information and maintaining ongoing communication throughout the stay of the juvenile. They also facilitate family participation, either in person or by phone.

The Ridley Group reviewed data on 26 juveniles seen by a psychiatrist between January 1, 2012 and through April 22, 2013. The information is shown in the table below.

# of Juveniles	Diagnosis
7	ADHD
9	Adjustment Disorder
5	Mood Disorder NOS
2	Psychotic Disorder NOS
1	PTSD
1	Substance Abuse Induced Psychotic Disorder
1	Depressive Disorder NOS

A key part of best practices in juvenile corrections is providing support and guidance to juveniles transitioning back to the community after being released from an institutional setting. DOC management informed us that they plan to increase their reentry services. Currently, DOC has one reentry coordinator for both juveniles and adults.

The Ridley Group reviewed the release data of 94 juveniles served from April 1, 2012 to March 31, 2013. During that time frame, 31% of juveniles were released into the community.

# of Juveniles	Gender	Ethnicity	Release Type
7	Male	African American	Transfer to Federal Prison
25	Male	African American	Released
1	Female	African American	Released
2	Male	Hispanic	Released
1	Male	Other	Released
26	Male	African American	In DOC custody as of April 1, 2013
1	Female	African American	In DOC custody as of April 1, 2013
1	Male	Hispanic	In DOC custody as of April 1, 2013
1	Female	White	In DOC custody as of April 1, 2013
18	Male	African American	Other Law Enforcement/Other Jurisdictions (e.g., Prince George's County Police)
10	Male	African American	Third Party (e.g., DYRS, Treatment Program)
1	Male	Hispanic	Third Party (e.g., DYRS, Treatment Program)

*In 26 out of 29 cases the juveniles were ordered released by the court.

Properly implemented, these services reflect those identified in an aftercare plan created while the juvenile was receiving out of home treatment. Unfortunately, most juveniles who receive services while incarcerated frequently lose these services when they leave the facility. Few communities have formal programs and policies that link juveniles to services following their release.

The Office of Juvenile Justice and Delinquency Prevention has a reentry model called the Intensive Juvenile Aftercare Program (IAP), developed by David Altschuler and Troy Armstrong, which represents the current "state of the art" in conceptualizing and operationalizing effective juvenile offender reentry practices.
The model is comprehensive and addresses practices directed at the juvenile offender and his or her family, as well as activities of the juvenile correctional centers and parole officers. The model stresses the role of partnerships with service providers in both the institutional and community settings and linkages with social networks that support the juvenile offender's reintegration into the community and reinforce pro-social choices. The model balances public safety through monitoring and other social control mechanisms with building competencies for successful community functioning.

Recommendations

Early Planning

Some of the juveniles placed in the Juvenile Unit return to the same communities that they left. Their time spent on the unit is an opportunity to prepare them to become productive citizens once they are released. The Treatment Team should incorporate evidence-based reentry planning as early as possible for all juveniles from the moment they are admitted.

ACTION TAKEN BY DEPARTMENT OF CORRECTIONS

Reentry begins from the moment a juvenile is admitted—The Juvenile Case Manager will identify any juvenile that will return to the community during the intake process. The Case Manager will then begin to link the juvenile with institutional and community supports to assist in his/her successful reintegration into the community.

The Program Manager has had discussions with Free-Minds in an effort to incorporate them into the reentry planning process for juveniles—Free Minds has tentatively agreed to assist in this process. Any juvenile who is a sentenced misdemeanant and will be returning to the community will be linked with Free Minds on the Unit and enrolled in their reentry program prior to leaving the Unit. As part of the reentry process, Free Minds will also participate in Case Conferences for juveniles returning to the community. There have been no sentenced misdemeanants released from the Juvenile Unit since June 2013; this was prior to the discussions with Free Minds Book Club.

- Update: This task is ongoing; re-entry planning is a critical part of the Juvenile Unit Program. While we only receive a few juveniles that have the opportunity to return to their communities those that do have a re-entry plan completed prior to their release. Plans are completed with by DOC staff with the goal of connecting juveniles to the needed services upon release. The unit makes initial appointments for the juveniles such as employment opportunities, substance abuse services and education. Legal guardians are also involved in this process and copies of plans are provided to them via mail.

On August 15, 2014 the Program Manager received a phone call from the parent of a recently released juvenile. This juvenile was released on 7/3/14 back to the community with a re-entry plan. His mother called and wanted to thank us for all we did for him while he was under our supervision and for what we put in place prior to him leaving. She mentioned that shortly after he returned home because of our efforts, he was able to complete his high school diploma through summer school, have a meaningful work experience with the DC Summer Youth Employment Program and meet with our sister agency the DC Rehabilitation Services Agency (RSA) to explore vocational opportunities for himself. His mother was extremely grateful for our efforts and committed to keeping us updated on his progress.

On December 19, 2014 the Program Manager received a phone call from the parent of another juvenile slated for release from the court. The parent called and thanked us for all of the work we did with her son during his incarceration with us. She was very pleased and grateful for all of the work we did with him and especially grateful for keeping her informed of his progress via the Treatment Team case conferences. To date the juvenile is in the community enrolled in school and connected with one of our volunteer agencies (Hope Foundation) and is doing well.

Recommendations

Treatment Focus

The Treatment Team is primarily focused on behavior management. The Treatment Team should incorporate into the each juvenile's individual plan what the needs and challenges are with respect to mental health and or substance abuse.

- Update: This task is ongoing. The Mental Health Director works with the Treatment Team to discuss individual needs and challenges of each juvenile on a on a weekly basis in addition the DOC is soliciting for a Licensed Clinical Social Worker to provide mental health services on the unit primarily during the evening hours. In the interim our DOC Psychiatric Social Worker has participated in the Treatment Team and has conducted individual counseling sessions on a weekly basis to juveniles identified by the Treatment Team. The Social Worker reports the sessions are going well and will continue in this capacity until a new juvenile Social Worker is hired.

ACTION TAKEN BY DEPARTMENT OF CORRECTIONS

Mental Health Services are available 24 hours a day—A Mental Health representative is present at each Treatment Team Review meeting and juveniles are seen by a mental health clinician on an as needed basis. During the Treatment Team Review, mental health questions are asked by Dr. Reid (see Treatment Team Agenda below). In addition, a Request for Quotes (RFQ) was submitted to potential bidders to offer cognitive behavior and substance abuse groups to the juvenile unit. The Program Manager met with Unity Healthcare in an effort to arrange group sessions while the bidding process is taking place.

Update: This task is completed. The scope of work for Mental Health services was solicited and fulfilled in June 2014. Juvenile Unit Social Worker began with us on June 26, 2014 the Social Worker was with us until August 8, 2014 when the Social Worker departed. In May 2015 another company was given the contract to provide a Social Worker for the juvenile residents. Interviews have been completed and there were several occasions when an offer was extended but declined by suitable candidates. We have been diligently working with the existing contractor to find and hire a suitable person for the unit.

When hired, the Social Worker will work primarily during the evening hours. Please see below for the proposed schedule:

Schedule: The following is the proposed schedule for the Juvenile Social Worker

Monday	Tuesday	Wednesday	Thursday	Friday	Total Hours
1pm-9pm (Individual counseling/)	1pm-9pm (Individual counseling/)	1pm-9pm Group Sessions	10am-6pm (Treatment Team)	1pm-9pm Group Sessions	40hours

Recommendations

Family Engagement

Incorporate family members into the Treatment Team process of the juveniles and provide opportunities for families to participate in the Treatment Team process (visits or calls).

ACTION TAKEN BY DEPARTMENT OF CORRECTIONS

Case conferences implemented—In July 2013, the juvenile case manager began case conferences where legal guardians participate via telephone. Each juvenile is scheduled every month during the Treatment Team meeting with their legal guardian present via telephone. Since implementing these conferences, legal guardians have been overwhelmingly supportive of this effort. The case conferences allow legal guardians the opportunity to discuss with the treatment team a juvenile's progress for the month and address outstanding issues and concerns.

- Update: This task is completed. Case conferences were implemented in July 2013. Case Conferences are used to actively engage parents and guardians in our Treatment Team process. The case conferences allow legal guardians the opportunity to discuss with the treatment team a juvenile's progress for the month and address outstanding issues and concerns. They are also used to inform and seek support from families with behavioral concerns. The conferences are held primarily via telephone however the Program Manager and Treatment Team can have face to face conferences when necessary. Each juvenile is scheduled once per month during the weekly Treatment Team meetings. Since implementing these conferences, legal guardians have been overwhelmingly supportive of this effort.

In December 2014 the juvenile unit case manager began the process of completing social studies for each juvenile. Completion of a social study entails the unit case manager interviewing the juvenile and his parent/guardians to get background information on the juvenile. The information includes but is not limited to educational information, adjustment while in the community and relationship status between parent and child. The goal is gather information that will help with determining the kinds of services a juvenile may need while in our custody and to provide insight into potential issues and concerns with individual juveniles.

Initial meeting to review validated tool—On August 21, 2013 and August 22, 2013, there will be an initial training for staff in the use of a new validated tool with Northpointe Compass Consultancy. The Meeting will introduce staff to the Compass Need and Risk assessment tool. COMPASS Youth is designed to take advantage of recent research on the predictors and needs factors most strongly linked to juvenile delinquent behavior. It incorporates a theory-based approach assessment, designed to incorporate key scales from several of the most important theoretical explanations of crime and delinquency; inclusive of Social Bonding and Control Theory, Strain Theory, General Theory of Crime, Criminal Opportunity/Lifestyle Theories, and Moffitt's taxonomy of juvenile offenders and Bandura's cognitive model of moral development. Extensive measurements assess the key areas of family, school and peer contexts in addition to individual personality and cognitive characteristics of youth. It also incorporates the "strengths perspective" and contains many critical factors that may protect the high-risk youth from serious delinquency.

Update: This task is ongoing. To date the Program Manager and Case Manager assigned to the Juvenile Unit have taken part in a series of training meetings on the NorthPointe COMPAS Youth Assessment tool. The assessment tool was implemented for the juveniles in 2014. The Compass Youth Assessment tool has been validated in multiple studies.

On June 2, 2014, the DOC Juvenile Unit implemented the Northpointe Correctional Offender Management Profiling for Alternative Sanctions (COMPAS) Risk and Needs Assessment for Youth. On June 9, 2014 the Case Manager and Program Manager began conducting the 208 question needs

assessment for youth with the juvenile population. The assessments for all juvenile residents were completed on June 26, 2014. The COMPAS Youth Assessment has been fully incorporated into the Juvenile Unit intake and classification process. New Juvenile intakes receive the 13 item risk screener at intake and receive the 208 Risk Needs Assessment within one week of entering the unit.

On Tuesday July 1, 2014 the Program Manager completed an ad hoc report from the Northpointe tool of the top five basic needs of the juvenile population. Those needs were identified as *common drugs, aggression, drugs & delinquency, low empathy and school behavior problems.*

Please see below a copy of the report with a "crosswalk" " between Ridley Group recommendation, and proposed action taken with service providers.

Top Juvenile Needs	Notes	Ridley Group Recommendations	Actions Taken	Service Providers
Common Drugs (8 high out of 15)	Eight (8) out of the fifteen (15) assessed scored a high for this need	There aren't services for substance abuse issues on the unit. There is no substance abuse counselor	Juveniles will attend group sessions twice weekly with Juvenile Social Worker focus of groups to include but not limited too substance abuse. Juvenile Social Worker has previous experience with substance abuse groups. The Hope Foundation will also touch upon substance abuse in their groups.	Juvenile Social Worker, Hope Foundation
Aggression (7 high out of 15)	Seven (7) of fifteen (15) assessed scored high for this need	Anger Management sessions are needed.	Juveniles will attend both individual and group sessions with the focus including anger management, and aggression replacement training. Groups will be facilitated by the Juvenile Social Worker, Hope Foundation and the Women's Wing organization.	Juvenile Social Worker, Hope Foundation, Women's Wing
Drugs and Delinquency (6 high out of 15)	Six (6) of fifteen (15) assessed scored high for this need	Mental Health clinicians should be stationed on the unit to implement mental health groups and conduct individual therapy.	On June 26, 2014 juvenile social worker began on the unit. she conducts group sessions twice weekly with all juveniles and provides individual counseling a minimum one time per week for each juvenile. She works primarily in the evening until 9:00pm and is stationed on the juvenile unit. Juveniles also participate in the Behavior Modification Program that helps them to adjust their behavior in a positive way	Juvenile Social Worker, Juvenile Treatment Team
Low Empathy (6 high out of 15)	Six (6) of fifteen (15) assessed scored high for this need	TRGA recommends developing specialized programs/sessions during the week and on weekends that are responsive to the developmental needs of incarcerated juveniles taking into account the possible roles these issues play in the juvenile's development. These include but are not limited to vocational programs, educational programs, sex offender and violent offender programs which address and teach conflict resolution, victim awareness, empathy awareness, self-esteem building, decision making and relationship building.	Juveniles attend Victims Impact Training and discuss good decision making with the Juvenile Treatment Team and Juvenile Social Worker.	Juvenile Social Worker, Treatment Team, AOAT/Victims Impact Training
School Behavior Problems (6 high out of 15)	Six (6) of fifteen (15) assessed scored high for this need	Implement use of cognitive behavioral and trauma informed therapy.	Juveniles will participate in cognitive behavioral therapy with juvenile Social Worker. Trauma informed services with the Wendt Center for Loss and Healing are being negotiated currently by the Program Manager	Juvenile Social Worker, Treatment Team, Wendt Center for loss and Healing

Treatment Team Juvenile Review
Agenda

I. Prior to Review with Youth
    a) Review Points and Sanctions
    b) Concerns and Issues from last meeting
    c) Interventions Provided
II. Individual Review
    a) Provide youth with scores
    b) How has your week been
    c) Address concerns or issues
    d) Any accomplishments
    e) Goals for the next week
III. Mental Health
    a) Are you experiencing any mental health problems at this time, i.e., depression, hopelessness, anxiety, excessive anger, auditory hallucinations?
    b) Do you feel the need to see the mental health staff for any reason?
IV. Petition for new level Questions
    a) Which goals and core issues have you worked on and achieved?
    b) Are you maintaining your goals?
    c) Why do you feel you should progress to the next level?
    d) Which goals and core issues have you worked on and achieved?

CASE CONFERENCE REPORT

Juvenile Name & DCDC#: **Month:**

Status:

Parent contacted **Custody Level:**

Summary:

General statement regarding juvenile's progress:

Sentencing date: **Projected release date:**

_____ _____

(Name) **(Date)**

3.Analysis of Mental Health Services (Substance Abuse)

Juveniles housed at CTF receive a mental health evaluation upon commitment and have 24-hour access to care should the need arise. Qualified mental health professionals are available to work directly with juveniles who have severe mental health problems as well as to provide regular mental health monitoring and counseling when appropriate.

Staffing:
CTF contracts with Unity Health Care to provide mental health services for incarcerated juveniles. The Designated Mental Health Authority (DMHA) is a Ph. D and licensed mental health professional; on call 24 hours a day and provides onsite services 40 hours a week M-F. A psychiatrist/nurse practitioner provides services inclusive of medication management and evaluations on site M-F, 40 hours a week. The remaining mental health staff consists of an LCPC and LICSW on site M-F, 40 hours a week.

Mental Health Admission Screen, Assessment/Appraisal, Evaluation:
All juveniles admitted to CTF are screened by a qualified mental health professional within hours of admission using a Unity Health Care self-crafted tool. Within 24 hours, a full comprehensive assessment is completed. All juveniles who present with mental health issues beyond the scope of what the facility can safely treat are transferred to a setting that can more appropriately meet their needs. (Depending on the situation, this process might require a court order)

Substance Abuse Admission Screen, Assessment:
Substance abuse questions are incorporated into the mental health screening; currently, a substance abuse screening tool is not being utilized.

Mental Health Treatment Plans, Treatment Team & Service Delivery:
Each juvenile has a treatment plan created by the Case Manager; however, there is no individualized treatment plan specific to the mental health needs of juveniles. A mental health professional participates in the weekly Treatment Team meeting and provides updates regarding mental health as appropriate (discussed in section IV).

Medication Informed Consent:
All juveniles at CTF, and when appropriate their guardians, are informed of the risks, benefits and side effects of medication and the potential consequences.

Mental Health Transition:
The Discharge Planner for CTF facilitates the appropriate transition plans for juveniles leaving the facility and returning to the community.
Juveniles that transition to BOP are transferred with their medical records inclusive of Form 553 which provides mental health and medical information.

Suicide Prevention and Intervention:
If a juvenile presents as suicidal, a notification slip is generated. The juvenile is transferred to the infirmary, to be seen by a clinician. The juvenile is placed on the medical unit in a safe cell and watched one-on-one by staff.

Emergency Care:
24 hour emergency mental health care is available to the juvenile population which includes crisis intervention.

Medication Management:
Juveniles who present with insomnia, mood disorders and other mental health symptoms are referred to the psychiatrist for a medication evaluation. Psychotropic medications such as antipsychotics or anti-depressants and other drugs used for psychiatric purposes are prescribed by the health care practitioner and administered by nurses on the Juvenile Unit. They are distributed and monitored properly and safely.

Recommendations

Juveniles with mental health issues often end up in the juvenile justice system because of their need for mental health treatment, which is most likely unavailable to them in their communities. A juvenile's placement in a facility can often times exacerbate mental health symptoms; and among those with a history of traumatic experiences can trigger memories and reactions to previous traumatic experiences.

Mental Health Treatment and Delivery:

- Mental Health and emergency services should be provided by qualified mental health professionals; the treatment should be integrated with psychiatric services when applicable.
  Update: All mental health services are provided by qualified mental health professionals. Mental Health services are available 24 hours a day seven days per week on an as needed basis. The agency is also soliciting for a contractual Licensed Clinical Social Worker to provide individual counseling, as well as cognitive behavioral groups to all residents. The scope of work for Mental Health services was solicited and fulfilled in June 2014. In May 2015 another company was given the contract to provide a Social Worker for the juvenile residents. Interviews have been completed and there were several occasions when an offer was extended but declined by suitable candidates. We have been diligently working with the existing contractor to find and hire a suitable person for the unit.

- Mental Health Clinician(s) should be stationed on the unit to:
  - Implement mental health groups
  - Conduct individual therapy

  } using trauma informed and cognitive behavioral therapy

  Update. The scope of work for Mental Health services was solicited and fulfilled in June 2014. Juvenile Unit Social Worker began with us on June 26, 2014 until August 8, 2014 when the Social Worker departed. In May 2015 another company was given the contract to provide a Social Worker for the juvenile residents. Interviews have been completed and there were several occasions when an offer was extended but declined by suitable candidates. We have been diligently working with the existing contractor to find and hire a suitable person for the unit. In the interim The DOC Psychiatric Social Worker has participated in juvenile Treatment Team meetings and has facilitated individual counseling sessions for juveniles until the position is filled

- It is also recommended that mental health professionals not only work directly with the juveniles, but also train the facility staff on how best to interact with the juveniles presenting mental health issues. Suggested Training sessions: Behavior Observation, The Dynamics of Managing Juveniles with Mental Disorders, Common Psychiatric Disorders among Incarcerated Juveniles, The Basics of Trauma Informed Care

- Incarcerated juveniles should be engaged in active treatment services that will teach them at a minimum; concrete behavior management skills, coping skills, life skills, relaxation techniques, relapse prevention and triggers for their anger.
  Update: The scope of work for Mental Health services was solicited and fulfilled in June 2014. Juvenile Unit Social Worker began with us on June 26, 2014 until August 8, 2014 when the Social Worker departed. In May 2015 another company was given the contract to provide a Social Worker for the juvenile residents. Interviews have been completed and there were several occasions when an offer was extended but declined by suitable candidates. We have been diligently working with the existing contractor to find and hire a suitable person for the unit. In the interim The DOC Psychiatric Social Worker has participated in juvenile Treatment Team meetings and has facilitated individual counseling sessions for juveniles until the position is filled. To meet this critical need for juvenile residents until a new Social Worker can be identified we engaged Unity Healthcare (DOC Contractor) to assist with counseling services on an as needed basis.

Substance Abuse Treatment and Delivery:

- Substance abuse treatment and related emergency services should be provided by qualified substance abuse counselors. It is recommended that CTF implement a comprehensive substance abuse program inclusive of:
  - Substance abuse psycho educational groups and interventions
  - Alcohol and substance abuse prevention/education counseling
  - Individual substance abuse sessions

Treatment Plan:

- Treatment plans and individual needs assessments should be developed by qualified mental health professionals and appropriately documented, reviewed regularly and communicated to detention staff.
- The plan should be developed within 30 days of initiation of treatment and revised as needed.
- All juveniles in need of mental health services should have a signed collaborative treatment plan that is tailored to meet individualized treatment needs; with specific plans as to how they will accomplish their treatment goals (the designated Mental Health professional will oversee the formation of goals).
- Treatment plans should include juvenile participation to the extent possible.
  Update: The scope of work for Mental Health services was solicited and fulfilled in June 2014. Juvenile Unit Social Worker began with us on June 26, 2014 until August 8, 2014 when the Social Worker departed. In May 2015 another company was given the contract to provide a Social Worker for the juvenile residents. Interviews have been completed and there were several occasions when an offer was extended but declined by suitable candidates. We have been diligently working with the existing contractor to find and hire a suitable person for the unit. In the interim The DOC Psychiatric Social Worker has participated in juvenile Treatment Team meetings and has facilitated individual counseling sessions for juveniles until the position is filled. To meet this critical need for juvenile residents until a new Social Worker can be identified we engaged Unity Healthcare (DOC Contractor) to assist with counseling services on an as needed basis.

Mental Health and Substance Abuse Screening:

Juveniles with mental health, alcohol and other substance abuse problems should be identified through a standardized assessment process. There are several scientifically sound survey tools for use in screening potential mental health problems or assessing general mental health status, suicide risk, substance and alcohol use/abuse and the risk of violence. The assessment tool often used for screening, and one that was developed specifically for this age group and population, is the Massachusetts Juveniles Screening Instrument-2 (MAYSI-2).

The MAYSI is a 52-item true/false instrument that alerts staff to potential problems in several areas: alcohol/substance use, anger, depression, anxiety, somatic complaints, suicidal ideation, thought disturbance and traumatic experiences.

Substance Abuse Subtle Screening Inventory (SASSI) is a self-reporting screening instrument for substance abuse dependency used to classify juveniles as chemically dependent or not. It is effective in identifying early stage chemically dependent juveniles who are either in denial or trying to conceal their dependency. In addition to being used as a screening instrument, the SASSI also provides clinical insights into juveniles' defensiveness as well as other characteristics.

- It is recommended that the MAYSI -2 and SASSI be utilized by the mental health team as assessment tools for juveniles incarcerated at CTF.

Update: These assessment tools are currently not utilized by Unity Healthcare to screen juveniles. Unity uses its own comprehensive mental health intake form to assess juveniles. On June 2, 2014, the DOC Juvenile Unit implemented the Northpointe Correctional Offender Management Profiling for Alternative Sanctions (COMPAS) Risk and Needs Assessment for Youth. On June 9, 2014 the Case Manager and Program Manager began conducting the 208 question needs assessment for youth with the juvenile population. This full assessment will provide us with a holistic view of our juvenile population in order to appropriately address their treatment and programming needs. The assessments for all juvenile residents were completed on June 26, 2014. The COMPAS Youth Assessment has been fully incorporated into the Juvenile Unit intake and classification process. New Juvenile intakes receive the 13 item risk screener at intake and receive the 208 Risk Needs Assessment within one week of entering the unit.

Informed Consent for mental health and substance treatment:

Informed consent for mental health and substance abuse treatment is a process that involves ongoing communication between the clinician, the juvenile and their guardian when appropriate. This process is best accomplished through the use of both verbal and written processes.

- It is recommended that all juveniles and their guardian sign a consent form to receive mental health and substance abuse treatment.

Update: This task is complete. Unity does request guardian consent.

Mental Health Transition/Reentry Support:

- Efforts should be made to provide links and referrals to mental health and substance abuse care in the community when a juvenile is released.
- Each juvenile should have a written transition plan in place to guide treatment when they leave CTF's Juvenile Unit (regardless of whether they are being transferred or released).
- Document all transition plans in the juvenile's chart.
- Include the guardian/parent as much as possible.
  Update: This task is complete. According to Unity Healthcare there is discharge planning for all juveniles who are receiving mental health and medical services. Re-entry plans are also completed by the Treatment Team for those who are transferred or released to the community.

Suicide Prevention:

- Ensure that timely suicide risk assessments using reliable instruments are conducted; with a special focus on juveniles exhibiting behavior that may indicate suicidal ideations.
- Suicide prevention should begin at the point of admission and continue until the juvenile is transferred or released from the facility. (Lack of juveniles on suicide precautions or watch, should not be interpreted as meaning that there are no "currently suicidal juveniles" on the unit; the challenge is to find them).
- Identify, manage and stabilize juveniles on the unit.
- Create and maintain a comprehensive suicide prevention program that includes: staff training; intake screening/assessment; communication; housing; levels of observation; intervention; reporting; and follow-up/morbidity-mortality review.
  Update: This task is ongoing. All juveniles receive a suicide risk assessment upon intake to the facility. A comprehensive prevention program is in place. The program includes measures like:
  - Media campaign for families/legal teams to let DOC know if their loved one/client has a mental health concern and then Mental Health (MH) is alerted and inmate is evaluated.
  - MH visits after court appearances, when bad news may have been given.
  - Mental Health/Suicide alert evaluations upon entry.
  - If there are concerns, someone may be on suicide precaution/watch they are constantly monitored.
  - Observations are conducted every fifteen minutes on the unit.

Suicide Watch:

- Ensure that written policy, procedure and practice reflects that juveniles in seclusion and on suicide watch are sufficiently supervised.
- All juveniles on suicide watch should see a psychiatrist and a social worker.
- Suicide watch documentation should include the times the juveniles are placed on and removed from watch, the current level of watch, the conditions of watch and the time and active circumstances of the juvenile's behavior.
- Suicide watch sheets should be filed in the medical chart.

Update: This task is complete. There are currently policies and procedures in place for suicide watch and prevention. These policies and procedures are outlined in Program Statement 6080-2F.

Gender Specific Mental Health and Substance Abuse Programming:
Juvenile females respond differently than juvenile males to program interventions and treatment. These differences require separate planning to meet the unique needs of juvenile females incarcerated in a system designed to manage and serve a predominately-male population.

Females have unique mental health and medical needs which should be addressed through specialized services. The programmatic approaches used should be based on the theory that fits the psychological and social needs of girls and reflect the realities of their lives.

To fully address the unique needs of incarcerated juvenile females it is recommended that CTF:

- Develop a gender-specific policy and program inclusive of gender-responsive assessment tools and individualized treatment plans.
- Provide gender specific staff training and female development (It is important to have a clear understanding of their psychological development, as well as trauma treatment; because the vast majority of female offenders have experienced physical, sexual and emotional abuse).
- Include female role models and mentors.
- Address the whole female (Physical, Mental, Emotional, Relational, Intellectual and Spiritual).
- Focus on behavioral, cognitive and trauma informed therapy techniques (which will also address mental health and substance abuse issues).
  Update: These tasks are ongoing. Unity Healthcare reports gender specific mental health treatment and individualized plans are created for females.

ACTION TAKEN BY DEPARTMENT OF CORRECTIONS

Residential Substance Abuse Treatment Education implemented (RSAT)—As of July 2013, RSAT (Education) started on the unit. RSAT is a ten week modified residential therapeutic treatment program for juveniles. The juveniles participate in an intensive educational program that focuses on lifestyle balance, relapse prevention, community linkages/resources and risky behavior. RSAT has Department of Corrections' clinicians who facilitate weekly workshops and group sessions focusing on various aspects of substance abuse education. The RSAT Substance Abuse Education Program is mandatory for all juveniles. In July 2013, a Request for Quotes (RFQ) was issued to various vendors to offer cognitive behavioral and substance abuse groups for the unit.

Mental Health and Emergency Services—these services are provided by qualified mental health professionals. Emergency care is available to the juvenile population inclusive of crisis intervention on a 24-hour basis. Since the TRGA report was completed, the Juvenile Unit has begun life skills sessions and meditation. In September, anger management and conflict resolution sessions will begin with an organization called Women's Wing. In addition, group sessions have been requested on a short term basis from Unity Health Care.

Health Care

Under Unity Health Care (NCCAC and ACA accredited), CTF provides appropriate and necessary health services and care for incarcerated juveniles. Juveniles have unimpeded access to a continuum of services so that their health care needs including assessments, examinations, treatment when indicated, prevention and health education are met in a timely and efficient manner.

Staffing:
Designated Health Authority – Dr. Vali Zabihean (Health Center Director)
3 sick call nurses
1 medication nurse
2 infirmary staff
Physician on site 24-7

Health Care Admission Screening:
Intake health screening commences upon the juveniles arrival at the facility, and is performed by a qualified health care professional.

Health Appraisal and Examination:
All juveniles receive a health appraisal and examination within 24 hours of arrival in addition to the screening.

Sick Call:
Sick call slips are picked up by the assigned nurse every morning. All requests are triaged by a qualified health care professional. A priority system is used to schedule health care services and address routine, urgent and emergent juvenile health care requests and conditions.

Access to Care:
Upon arrival at CTF, all juveniles are informed about how to access health care services. This information is communicated orally and in writing.

Medication Administration:
Medication is administered by a qualified heath care professional in accordance with state and federal law.

Medication Control:
All controlled substances, syringes and needles are stored, secured and inventoried

24 hour Emergency Care:
Twenty four hour emergency care: medical, dental and mental health services are available to the juveniles at CTF.

Female Health Care and Pregnancy Management:
In addition to the services provided to the incarcerated male juveniles, complete access to obstetrical, gynecological, family planning, health education and pregnancy management services are provided to juveniles females at CTF.

4.Analysis of Best Practice Trends

Youth Development Programming

It is a best practice to employ the Positive Youth Development (PYD) model in designing programs for juveniles. PYD is an intentional, pro-social approach that engages juveniles in a manner that is productive and constructive; recognizes, utilizes, and enhances juveniles' strengths; and promotes positive outcomes for young people by providing opportunities, fostering positive relationships, and furnishing the support needed to build on their leadership strengths.

Effective PYD programs have the following components:
1. Promote positive and sustained adult-juvenile relations (a relationship between a young person and an adult who is competent, caring and continually available)
2. Provide life-skill building activities (e.g., learning conflict resolution, problem solving, stress management, communicating effectively)
3. Provide opportunities for juvenile participation in pro-social activities.

In designing services for juveniles, there is a conceptual model called risk-protection promoted by the Office of Juvenile Justice and Delinquency Prevention (OJJDP) which focuses on reducing the factors associated with juvenile delinquency (e.g., association with delinquent peers, antisocial beliefs or attitudes) while enhancing the protective factors that support healthy personal and social development (e.g., commitment to school, involvement in social activities). The risk-protection model first looks at how risk and protective factors influence positive juvenile development and problem behavior. It then suggests interventions to address the degree of risk and protective factors in the individual, while considering the child's developmental stage. The focus is on reduction of risk factors and enhancement of protective factors with the goal of preventing delinquency and/or recidivism. Below is a chart of risk factors:

Risk Factors for Adolescent Problem Behavior

Risk Factors	Substance Abuse	Delinquency	Teen Pregnancy	School Drop-Out	Violence	Depression & Anxiety
Community						
Availability of Drugs	√				√	
Availability of Firearms		√			√	
Community Laws and Norms Favorable Toward Drug Use, Firearms, and Crime	√	√			√	
Media Portrayals of Violence					√	
Transitions and Mobility	√	√		√	√	√
Low Neighborhood Attachment and Community Disorganization	√	√			√	
Extreme Economic Deprivation	√	√	√	√	√	
Family						
Family History of the Problem Behavior	√	√	√	√	√	√
Family Management Problems	√	√	√	√	√	√
Family Conflict	√	√	√	√	√	√
Favorable Parental Attitudes and Involvement in the Problem Behavior	√	√			√	
School						
Academic Failure Beginning in Late Elementary School	√	√	√	√	√	√
Lack of Commitment to School	√	√	√	√	√	
Individual/Peer						
Early and Persistent Antisocial Behavior	√	√	√	√	√	√
Rebelliousness	√	√		√	√	
Friends Who Engage in the Problem Behavior	√	√	√	√	√	
Favorable Attitudes Toward the Problem Behavior	√	√	√	√	√	
Early Initiation of the Problem Behavior	√	√	√	√	√	
Constitutional Factors	√	√			√	√

Source: Hawkins, J.D., Catalano, R.F., & Miller, J.Y. (1992). Risk and protective factors for alcohol and other drug problems in adolescence and early adulthood: Implications for substance abuse prevention. *Psychological Bulletin 112, 64-105.*

The Positive Youth Justice Model (Model) is a good framework that can guide the efforts of practitioners in applying the concept of juvenile development/risk protection to programming for juveniles. The model includes 12 key components depicted as a 2 by 6 matrix. Each cell in the matrix represents the interaction of two key assets needed by all juveniles: (1) learning/doing, and (2) attaching/belonging.
Each asset should be developed within the context of six separate life domains (work, education, relationships, community, health, and creativity).

Implementing Positive Juvenile Justice

Positive Juvenile Justice Model

CORE ASSETS

		Learning/Doing		Attaching/Belonging	
PRACTICE DOMAINS	**Domain-Specific Example***	**Activity or Opportunity**	**Outcome Measures**	**Activity or Opportunity**	**Outcome Measures**
Work	Job readiness	Resume writing workshop	Resume submitted to potential employer	Job-seeker support group	Frequency or length of group participation
Education	Computer skills	One-on-one skill building in HTML or other language	Juvenile has an operating web site	Juvenile-to-juvenile tutoring program	Number of successful tutoring matches
Relationships	Communication skills	Training in conflict management	Juvenile completes training program	Juvenile-adult mentor program	Frequency and duration of mentoring relationship
Community	Juvenile-led civic improvement campaign	Prepare and present formal testimony	Juvenile speaks at public hearing	Launch new advocacy organization	Number of meetings attended
Health	Physical Fitness	Weight training	Number of training circuits completed	Team sports	Number of games played
Creativity	Self-expression	Mural art program	At least one mural designed or completed	Group performance, music or theater	Number of performances in which juvenile participated

Chart from: Butts, Jeffrey A., Gordon Bazemore, & Aundra Saa Meroe (2010). Positive Juvenile Justice--Framing Justice Interventions Using the Concepts of Positive Juvenile Development. Washington, DC: Coalition for Juvenile Justice. © 2010

As described previously, the current Program Director for the Juvenile Unit worked with DYRS and is familiar with this model. The Juvenile Unit has had two training sessions in the last six months on this model both of which were conducted by DYRS.

Aggression Replacement Training (ART) has been found to be effective with juvenile offenders. This program is listed on OJJDP's Model Program Guide as an effective program. The program is targeted at juveniles with a history of serious aggression and antisocial behavior and can be applied across several different populations such as incarcerated juvenile offenders and juveniles with clinical behavioral disorders.

ART concentrates on the development of individual competencies to address various emotional and social aspects that contribute to aggressive behavior in juveniles. Program techniques are designed to teach juveniles how to control their angry impulses and take perspectives other than their own. The main goal is to reduce aggression and violence among juveniles by providing them with opportunities to learn pro-social skills in place of aggressive behavior.

ART consists of a 10-week, 30-hour intervention administered to groups of juveniles three times per week. The program relies on repetitive learning and transfer training techniques to teach juveniles to control impulsiveness and anger so they can choose to use more appropriate pro-social behaviors. In addition, guided group discussion is used to correct antisocial thinking. The program consists of three interrelated components, all of which come together to promote a comprehensive aggression-reduction curriculum: Structured Learning Training, Anger Control Training, and Moral Reasoning. Each component focuses on a specific prosocial behavioral technique: action, affective/emotional, or thought/values. During program implementation, juveniles attend a 1-hour session per week for each of the three components.

- Structured Learning Training (action component). This component is intended to teach social skills through social interaction and is disseminated using direct instruction, role-play, practice, and performance feedback. This is intended to give juveniles the opportunity to practice pro-social responses to potentially difficult situations, such as responding to failure, dealing with an accusation, and responding to the feelings of others.
- Anger Control Training (affective/emotional component). This component is intended to help juveniles recognize their external and internal triggers for aggression, aggression signals, and how to control anger using various techniques. Participating juveniles must bring to each session one or more descriptions of recent anger-arousing experiences, and over the duration of the program they are trained to use specific skills to better control their angry impulses.
- Moral Reasoning (thought and values component). This component is intended to address the reasoning aspect of aggressive behavior, and is specifically designed to enhance values of morality in aggressive juveniles. Techniques in this component allow juveniles to learn to reason in a more advanced manner in regard to moral and ethical dilemmas, providing juveniles with opportunities to discuss their responses to problem situations, and taking perspectives other than their own that represent a higher level of moral understanding.

The Seven Challenges Program is designed specifically for adolescents with drug problems. The Seven Challenges is listed as an evidence-based program in the SAMHSA National Registry of Evidence-Based Programs and Practices. The program focuses on motivating juveniles to decide and commit to change and supports their success in implementing positive changes. The Program simultaneously helps young people address their drug problems as well as their co-occurring life skill deficits, situational problems and psychological problems.

The Seven Challenges program provides a framework for helping juveniles think through their own decisions about their lives and their use of alcohol and other drugs. Counselors using The Seven Challenges Program teach juveniles to identify and work on the issues most relevant to them. In sessions, as juveniles discuss the issues that matter most, counselors seamlessly integrate the Challenges as part of the conversation.

Recommendations

Implement Positive Youth Development model—It is a best practice to employ the Positive Youth Development (PYD) model in designing programs for juveniles.

ACTION TAKEN BY DEPARTMENT OF CORRECTIONS

The Juvenile Program Manager is moving the Juvenile Unit towards Positive Youth Development Practice—Positive Youth Development (PYD) will be the guiding principle within the Department of Corrections Juvenile Incarcerated Youth Program. PYD is a term that describes the approach DOC is moving toward in developing programs for juveniles. In contrast to traditional prevention models, PYD emphasizes building skills and assets in youth in addition to preventing common negative outcomes. The goal of the approach is to develop multi-faceted programs that help youth grow and mature. The PYD approach suggests that helping young people to achieve their full potential is the best way to prevent them from engaging in risky behavior. Organizations and communities that promote PYD give youth the chance to exercise leadership, build skills and get involved. The self-confidence, trust and practical knowledge that young people gain from these opportunities help them grow into healthy, happy, self-sufficient adults. In building programs for the juvenile unit, DOC's focus will be on the enhancement of protective factors such as positive family engagement and addressing the negative mentality that gives rise to destructive behavior. This model began in July 2013 with the implementation of case conferences that engage the families in the juvenile's rehabilitation. It continues to move forward in the new and pending programs offered to the juveniles. Programs like substance abuse education, anger management with the Women's Wing organization and the three tier behavioral modification program that utilizes positive reinforcement and firm consequences help the juveniles exercise leadership and prevent negative outcomes throughout their length of stay on the unit

- Update: This task is ongoing. The Juvenile Program Manager moved the Juvenile Unit toward Positive Youth Development Practice—Positive Youth Development (PYD) will be the guiding principle within the Department of Corrections Juvenile Incarcerated Youth Program. PYD is a term that describes the approach in developing programs for juveniles. In contrast to traditional prevention models, PYD emphasizes building skills and assets in youth in addition to preventing common negative outcomes. The goal of the approach is to develop multi-faceted programs that help youth grow and mature. The PYD approach suggests that helping young people to achieve their full potential is the best way to prevent them from engaging in risky behavior. DOC's focus will be on the enhancement of protective factors such as positive family engagement and addressing the negative mentality that gives rise to destructive behavior. This model began in July 2013 with the implementation of monthly case conferences that engage the families in the juvenile's rehabilitation. In addition the Juvenile Unit has implemented the Positive Youth Development principle of a multi-tier behavior modification system that incorporates appropriate sanctions and increasing incentives and treatment to prevent negative outcomes for youth on the Unit. The Behavior Modification Program is a structured system of incremental responses to non-compliant

behavior that uses incentives and firm proportionately appropriate consequences for engaging in negative behavior. The system uses graded tiers of Bronze, Silver and Gold to track youth progress. Residents are evaluated for tier progression every 30 days by the Juvenile Treatment Team. The Treatment Team is comprised of program staff, operations staff (officers) DCPS teachers and a mental health representative. This approach is discussed with staff on the unit consistently. Memorandums are completed and distributed to the team to keep these ideas of positive youth engagement fresh in their minds.

In an effort to further enhance the PYD model with DOC juvenile residents we implemented a change to the existing dress code on the unit. We made the decision to abandon the institutional orange jumpsuits for khaki pants and polo shirts. This change implemented in June 2015 has been a key component to helping juveniles build positive self-esteem thereby facilitating continued rehabilitation of behavior of choices.

Corrections Standards

Utilizing performance based standards helps agencies responsible for the care of juveniles with the ability to identify and monitor critical areas of performance in order to make the facility safer and more effective.

The American Correctional Association (ACA) Standards and Accreditation program represents best practice in the area of corrections. TRGA performed a preliminary review of the Juvenile Unit's policies and procedures to determine what standards are currently followed by the Juvenile Unit. The policies, procedures and documentation reviewed consisted of the following:

1. Standard Operating Procedures (SOP), Policies and Procedure.
2. Organizational Chart and Staff Roster, listing of names and position titles of individuals assigned to key positions associated with the juvenile population.
3. Credentials on all staff currently working with residents.
4. Pre-service and In-service Training records for staff working with residents.
5. Overview of the available programs and educational offerings for the juvenile population, including goals, capacity, length and eligibility criteria.
6. Sampling of Juvenile Files (redacted)
7. MHSA Admission Screening Tool.
8. MHSA Assessment Evaluation Tool.
9. Healthcare Admissions Screening Tool.
10. Comprehensive Physical Assessment Tools.
11. Sampling of Individual Treatment Plan.
12. Sampling of Individual Case Management Plan.
13. Behavior Leveling System.
14. Current In-Service Training Schedule.
15. A list of existing contractors and/or outside organizations/groups providing services to residents.
16. Summary of data on juvenile population demographics to include: age, race, custody level, sentence length, offense, criminal history, risk, need factors, etc.
17. Data on how many residents were not sentenced to prison time over the past twelve months.
18. Data related to timeframes for release of the existing juvenile population.
19. Sampling of offender incident reports covering the past six month period.
20. Sampling of disciplinary reports covering the past six month period.
21. Major reports relevant to the treatment and or programming for the juvenile population.

The American Correction Association (ACA) has promulgated a set of standards that address services, programs and operations essential to effective correctional management. These standards allow an agency to maintain a balance between protecting the public and providing an environment that safeguards the life, health, and safety of staff and offenders.

ACA has a voluntary system of accreditation for agencies that follow these standards. The use of standards and the accreditation process provides a valuable mechanism for self-evaluation, stimulates improvement of correctional management and practice, and provides recognition of acceptable programs and facilities.

During our assessment, we found that many of the policies and procedures utilized in the Juvenile Unit are tailored for adults as opposed to juveniles.

We were informed by The Juvenile Unit that they are not ACA accredited. They are currently in the process of reviewing its policies and procedures to reflect ACA standards.

Conditions of Confinement

Disciplinary and or Administrative Segregation:
It is a best practice for a juvenile program to provide a reward system for positive behavior. This reward system should focus on teaching the juveniles what behaviors are expected and acknowledge them for displaying these behaviors. The goals of a rewards-based program are to provide juveniles with a sense of accountability for their actions and to encourage the juveniles to learn adaptive methods for resolving problems.

The Juvenile Unit has rules of behavior to ensure everyone is kept safe and also treated fairly and courteously. When a juvenile displays minor misbehavior, they appear before the Treatment Team Review Board. For serious code violations, juveniles appear before the Disciplinary Board. In either case, the juvenile is disciplined in a manner that is proportionate to the seriousness of the displayed behavior. Juveniles are afforded due process rights at both types of hearings.

Juveniles who are placed on Administrative Segregation for violations of the DC Code of Offenses are to be placed for no more than 5 days; this procedure is consistent with ACA standards for juveniles.
Prior to segregation juveniles are to be evaluated by mental health. If there is evidence that administrative segregation should be continued beyond the 5 days the housing board must conduct a housing hearing prior to the expiration of the 5 days.
Juveniles are placed in administrative segregation on the juvenile unit except when security reasons dictate placement in another location. Only the Warden or higher authority in consultation with the General Counsel may place a juvenile in segregation in a location outside of the juvenile unit

TRGA understands that it is sometimes necessary to segregate a juvenile if they pose a security risk, are placed in protective custody or the court orders their separation from co-defendants. Based on the fact that all juveniles are housed on one unit, at CTF; it is difficult to separate them without the use of segregation.

Recommendations

- Department of Corrections undergo a full review of its compliance with ACA standards to determine what improvements are necessary to comply with ACA juvenile standards.
- Juvenile Unit set a goal to attain ACA accreditation to include self-evaluation and peer review. Once completed, make the necessary improvements to comply with the appropriate ACA standards.

Update: During the DOC reaccreditation with the ACA, the Juvenile Unit was considered not applicable because it is housed in the CCA Correctional Treatment Facility. On February 5, 2014 the Program Manager will meet with the DOC Audit and Compliance Manager to review ACA standards for the juvenile unit. On Wednesday February 5, 2014 the Program Manager and the Audit and Compliance Manager met to review the ACA Youthful Offenders Standards. During their assessment of the standards it appeared that the Juvenile Unit was in compliance with seven of the seven youthful offender standards. The standards we are in compliance with are the following:

1) 4-ALDF-2A-37- Confinement of juveniles
(Ref. 3-ALDF-4B-04)

Confinement of juveniles under the age of 18 is prohibited unless a court finds that it is in the best interest of justice and public safety that a juvenile awaiting trial or other legal process be treated as an adult for the purposes of prosecution, or unless convicted as an adult and required by statute to be confined in an adult facility.

2) 4-ALDF-2A-38-Specialized Unit for youthful offenders
(Ref. 3-ALDF-4B-04-1)

If youthful offenders are housed in the facility, they are housed in a specialized unit for youthful offenders except when:

A. Violent, predatory youthful offender poses an undue risk of harm to others within the specialized unit, or;
B. A qualified medical or mental-health specialist documents that the youthful offender would benefit from placement outside the unit.

3) 4-ALDF-2A-39-Supervision of Youthful Offenders
(Ref. 3-ALDF-4B-04-2)

Direct supervision is employed in the specialized unit to ensure the safety and security of youthful offenders.

4) 4-ALDF-2A-40-Classification of Youthful Offenders
(Ref. 3-ALDF-4B-04-3)

Classification plans for youthful offenders determine the level of risk and program needs developmentally appropriate for adolescents. Classification plans include consideration of physical, mental, social, and

educational maturity of the youthful offender.

5) 4-ALDF-2A-41-Adequate Program Space
(Ref. 3-ALDF-4B-04-4)

Adequate program space is provided to meet the physical, social, and emotional needs of youthful offenders and allows for their personal interactions and group-oriented activities.

6) 4-ALDF-2A-42-Sight and Sound
(Ref. 3-ALDF-4B-04-5)

Youthful offenders in the specialized unit for youthful inmates have no more than incidental sight or sound contact with adult inmates from outside the unit in living, program, dining, or other common areas of the facility. Any other sight or sound contact is minimized, brief, and in conformance with applicable legal requirements.

7) 4-ALDF-2A-43-Personnel Training
(Ref. 3-ALDF-4B-04-6)

Program personnel who work with youthful offenders are trained in the development, safety, and other specific needs of youthful offenders. Written job descriptions and qualifications require training for staff that is responsible for programming of youthful offenders in the specialized unit before being assigned to work with youthful offenders.

- During the assessment, TRGA determined that juveniles had been reviewed and their segregation had been extended multiple times. These extensions caused the juveniles to remain in segregation for longer periods of time. Our document review found the need for a written policy which reflects clearly the process and procedure which ensures (a) juveniles are returned to the general population within the mandated five days of segregation/the duration of the segregation is as short as possible to address the risk to the other juveniles or (b) clear guidelines are defined and followed for segregation extensions (c) segregation should be revoked as soon as it is considered no longer reasonable and necessary for the purpose for which it was implemented. With each subsequent five-day review of the segregation, there should be specific criteria to evaluate whether the juvenile should be removed from segregation.
  Update: This task is completed. In June 2013 P.S. 5300 Juvenile Disciplinary and Administrative Housing Procedures was implemented. P.S. 5300 establishes rules of conduct; all chargeable offenses; ranges of penalties or sanctions; and procedures for imposing discipline when a juvenile violates the rules of conduct as well as establishes the review process for placing juveniles in and removing them from administrative segregation.

  It is DOC policy that juveniles will not be placed in Administrative Segregation for more than five (5) days unless there is evidence that Administrative Segregation should be continued beyond the five (5) days for risk to safety and security of the unit. If it is continued beyond the five days the juveniles are reviewed by the Housing Review Board twice weekly with the goal of terminating the segregation. When a juvenile is placed on administrative segregation, he is moved from the original cell and housed in a single cell on the upper tier within the unit. The juvenile is under an adjusted recreation schedule, time is allotted for education as required by DCPS. The officers are required to

conduct a visual security check of the juvenile every fifteen minutes. Juveniles on administrative segregation are still allowed to participate in programming however it is done individually. The juvenile has reasonable contact with other juveniles while on administrative segregation. Juveniles placed in Administrative Segregation have access to living conditions and privileges approximate to those available to the general population. They include but are not limited to:

1) Additional programs, therapy or counseling services which the treatment team determines to be appropriate.

2) Education equivalent in duration and subject matter and materials to those provided to juveniles not in segregation. Such education is provided by the DCPS teachers and the juvenile has meaningful contact with his/her teacher each day;

3) Access to legal services including telephone calls to attorneys;

4) Regular, appropriate institutional clothing;

5) Recreation (2 hours per day);

6) The juvenile is provided an opportunity for shower daily;

ACTION TAKEN BY DEPARTMENT OF CORRECTIONS

Due to staff concerns about tension between several high profile juveniles an administrative decision determined that they would remain separate and not co-mingle with the general population in order to preserve the safety and security of staff and other juveniles that reside in the unit. Each juvenile was informed of the reason for the separation. A hearing process has been implemented to address this concern.

Juveniles who are segregated see the Housing Committee for a status review twice weekly. All juveniles placed in segregation are informed of the reason prior to the segregation. The purpose of the status review hearing is to allow for a full and fair determination for placing a juvenile in segregation. Each segregation case is reviewed with the goal of terminating the separate housing assignment when a threat no longer remains.

6. Review of Behavior Leveling System

Juvenile Corrections Programs must employ a behavior management system. This consists of the use of techniques and strategies to change/modify juvenile behavior. This helps the juveniles follow program rules and works to bring about positive behavior from the juveniles and increase accountability. It should also help juveniles develop pro-social skills.

In designing a behavior leveling system, administrators and clinical staff must have a theory of behavior management, i.e., an understanding of human psychological functioning, behavior modification, and learning principles that is the basis for the program. The program implementation must be guided by a theory of change and operationalized through clear definitions of expected behaviors (rules), disciplinary procedures, positive reinforcement of responsible behavior, and appropriate reinforcement of irresponsible behavior. All of which is crucial when striving to achieve rational, self-managed behavior. The behavior leveling system ensures that behavior in the facility is always being reinforced (positive or negative) and modified.

Staff interaction strategies are key elements in behavior management in a correctional facility. The behavior management system must be described in detail in a procedure manual to guide staff in implementation. The procedures serve as a tool used to equip staff with guidelines, on how to perform the tasks that comprise the behavior leveling system. Staff training further equips them with the knowledge about the human psychological functioning and learning theory that undergird the system.
Staff should be trained to teach good behavior and to ensure that it is recognized and rewarded; it is important to understand that positive behavior produces better results than negative reinforcement.

Level System

It is important that a Behavior Leveling System (BLS) have different levels. It should have a progressive stage model that utilizes a positive reinforcement method to reward responsible behavior, while representing each juvenile's advancement through the treatment program. Each progressive stage, or l e v e l , incorporates specified goals, activities and duties that the juvenile must complete before moving on to the next level.

Progress should be based on an evaluation of the functional domains of behavioral self-management, treatment participation, pro-social peer relationships, and respect for other people as they advance through the levels. Thus the level system integrates behavior management, discipline, and the treatment progress. Each level represents a wide array of performance indicators that provide specific feedback to the juveniles. Each level also has corresponding increases in rewards that give the juvenile greater degrees of personal choice.

The level system provides predictability, improves objectivity in decision-making and sets out well-defined parameters for tracking progress. The level system allows for expectations to be clear and allows each juvenile the ability to know where they stand in the program.

The level system is an important structural element in maintaining a therapeutic atmosphere that is safe, respectful and supportive. It ensures consistency and fairness, while underscoring each juvenile's individuality, as he/she receives privileges and incentives based on progress in treatment. TRGA reviewed the BLS of the Juvenile Unit to determine whether it is being properly implemented, whether juveniles are receiving their privileges according to the program and whether levels are sufficiently distinct.

The review consisted of interviewing staff, juveniles and observing the Treatment Team (TT) as they discussed (with the Juveniles and TT members) the juveniles' progression in the Behavior Management Program.

The current BLS relies on a two level system that progresses from pink to gold. All new juveniles begin at the Pink Tier level upon enrolling in the program. There are no incentives for juveniles on the Pink Tier.

The goal of the Pink Tier is to afford staff the opportunity to observe behavior and make adjustments within the first 30-day period in the program. While at this level, juveniles must participate in academic instruction and all assigned programs as well as follow all rules and regulations established by this program.

In order for juveniles to progress to the Gold Tier, they must remain infraction free and maintain a benchmark of 70 points on their sheet every day for 30 straight days. After 30 days in Pink Tier, juveniles are eligible for review by the TT to progress to the next level.

Upon reaching Gold Tier, juveniles are required to maintain an average of 80 points. While on Gold Tier, juveniles have a later bed time, reside in the designated honor tier and receive incentives.

TRGA examined whether there are enough juveniles progressing to the next level of programming. One indicator that a behavior management program is ineffective is when too few juveniles are progressing to the next level. During our review of the BLS, there were 21 juveniles on the Juvenile Unit, one male juvenile in the medical unit and one female on the women's unit; approximately 70% of them have successfully progressed to the Gold Tier level of the program. See the chart on the following page.

Male Unit	
Juvenile #1	Gold Tier
Juvenile #2	Pink Tier
Juvenile #3	Gold Tier
Juvenile #4	Pink Tier
Juvenile #5	Gold Tier
Juvenile #6	Pink Tier
Juvenile #7	Gold Tier
Juvenile #8	Gold Tier
Juvenile #9	Gold Tier
Juvenile #10	Gold Tier
Juvenile #11	Gold Tier
Juvenile #12	Gold Tier
Juvenile #13	Pink Tier
Juvenile #14	Gold Tier
Juvenile #15	Gold Tier
Juvenile #16	Gold Tier
Juvenile #17	Pink Tier
Juvenile #18	Gold Tier
Juvenile #19	Gold Tier
Juvenile #20	Gold Tier
Juvenile #21	Pink Tier
Male Medical Unit	
Juvenile #22	Pink Tier
Female Separate Unit	
Juvenile #23	Gold Tier

TRGA participated in a TT meeting and had the opportunity to observe the juveniles progress in the BLS. Unit staff has a Student Point Sheet that tabulates the points earned by the student each week and indicates the rationale when students have not earned points due to their behavior.

During the TT meeting, the staff reinforced the good behavior of juveniles on the Gold Tier level and provided encouragement. For juveniles on the Pink Tier level, they discussed the juvenile's behavior and requirements necessary to progress to the Gold Tier. The positive interaction between the staff and juvenile appeared to serve as a motivator for the juvenile; to work harder in order to achieve the desired goal.

We also observed juveniles currently on the Gold Tier level having some issues that were being reviewed to determine if they should remain on that level. The staff gave each juvenile the opportunity to correct their behavior. If the behavior improved by the next TT meeting, they would be allowed to stay on Gold Tier status.

The BLS appears to be implemented correctly in terms of tabulation of points, tracking of progress and holding juveniles accountable for their behavior.

We interviewed the juveniles and staff to find out if they understood the program. Every juvenile and staff person interviewed understood the program and could explain what juveniles needed to do to achieve Gold Tier and stay on that level. BLS should be simple and easy to understand by juveniles and staff. The Juvenile Unit BLS met this criterion.

TRGA interviewed juveniles on the Gold Tier level to determine if they were receiving their privileges. We reviewed the program description for the two tier model which indicated juveniles on Gold Level received the following incentives:

- Friday and Saturday Late Night and Movie
- Saturday Free Time
- Extra Visitation Time
- Family Picture
- Snacks/Microwave
- Additional Evening Recreation Time
- Additional Unit-Wide Special Meals
- Board Games
- Saturday Night Movie with Popcorn
- Sunday Free Time
- PlayStation Use (If they maintain 100 points for the week)

It was reported that the Gold Tier level juveniles on the unit, had not been receiving all their incentives. Some of the incentives mentioned were not listed in the two-tiered BLS. When we brought this to the attention of the Unit management, we were informed that the BLS was being transitioned into a three tiered system and that the microwave wasn't working but it has been recently replaced.

TRGA reviewed the proposed three tiered BLS system which consists of Bronze, Silver and Gold levels. The proposed system is very similar to the current program. The differences are that the proposed system has three levels, with an 80 point benchmark for Silver and has a new 90 point benchmark for Gold. It also has additional incentives. It appears juveniles on Gold Tier have received some of the additional incentives considered part of the new three level BLS.

Recommendations

Typically, BLS programs have an intake/observation status and have at least two additional levels. The current program seems to be working; however, TRGA would recommend fully implementing the new three-tiered system.

This consists of the use of techniques and strategies to change/modify juvenile behavior. This helps the juveniles follow program rules and works to bring about positive behavior from the juveniles and increase accountability. It should also help juveniles develop pro-social skills.

ACTION TAKEN BY DEPARTMENT OF CORRECTIONS

Fully implemented three tier behavior management system—The Incarcerated Youth Program Model is a strategy that utilizes correctional management techniques specific to the needs of incarcerated adolescents ages 16 and 17. This model focuses on the cognitive, emotional, educational and social needs of this population. The Behavior Modification Plan begins at intake and continues until he/she reaches their 18th birthday or release.

Update: This task is completed. The new Behavior Management System was implemented in June 2013. This new system has been very successful for the unit. The program of incentivized advancement where firm consequences are immediate and proportionate to an offense has helped decrease negative incidents on the unit dramatically. We have seen juveniles begin to make definitive changes to their behavior and thought process.

Bronze Level—All new intakes begin at the Bronze Level upon enrolling into the program. The Bronze and Silver Levels are modified programs, which afford staff the opportunity to observe behavior and make adjustments within a 30-day period into the program. While at this level, juveniles must participate in Academic Instruction and all assigned programs. When not engaged in Academic Instruction or programs all Bronze Level juveniles lock-in every night at 9:00 pm and do not receive any special incentives. They must follow all rules and regulations established by the program and the agency. In addition, each Bronze Level juvenile must remain infraction free and maintain a benchmark of 70 points everyday on their point sheet for 30 days, before becoming eligible for progression to Silver Level.

Silver Level—Upon completion of 30 days on the Bronze Level, each juvenile is to receive a status review by the Treatment Team Review Board. Silver Level juveniles are constantly observed for good performance in school/program by remaining infraction free and maintain a benchmark of 80 points each day on their point sheet for 30 days before becoming eligible for consideration for Gold Level. When not engaged in Academic Instruction or programs, all Silver Level juveniles lock-in Sunday–Thursday at 9:00 pm and Friday–Saturday at 9:30 pm for late night.

All Silver Level juveniles must follow all rules/regulations established by the program and the agency. In addition, Silver Level juveniles receive limited incentives (Friday Late Night & Movie Tier Microwave Usage) to continue encouragement to progress to the Gold Level.

If it is determined, that a juvenile failed to meet program expectations, the juvenile remains on Silver Level for an additional 30 days and brought back before the Treatment Team Review Board for a second status review. If failure to meet the requirements upon the second status reviews, the Treatment Team Review Board will develop an individual intervention plan.

Gold Level—Upon reaching Gold Level juveniles are required to maintain a benchmark of 90 points daily and an average of 90 points while on Gold Level. When not engaged in academic instruction or programs, all Gold Level juveniles lock-in Sunday–Thursday at 9:30 pm and Friday–Saturday at 10:30 pm for late night.

All Gold Level juveniles must follow all rules/regulations established by the program and the agency. In addition, juveniles who have reached Gold Level status will reside on the designated honor tier and will receive the following incentives:

- Friday and Saturday late night & movie
- Extra visitation time
- One phone call Monday-Friday
- Snacks/Tier microwave
- Additional evening recreation time
- Additional unit wide special meals for special occasions (ex. students passing GED)
- Board games

If the juvenile, while on Gold Level, exhibits inappropriate behavior, commits program or institutional infractions or refuses to follow program requirements, the Treatment Team Review Board can return the juvenile to the Silver level for an indeterminate amount of time of no less than 5 days. If the negative patterns of behavior persist and a continuing failure to move beyond the Silver Level is evident, the Treatment Team Review Board will develop an individual intervention plan.

Recommendations

Expansion of Incentives -We recommend that incentives for the Silver and Gold tier be expanded and that the Juvenile Unit conduct a focus group with the juveniles to determine what additional incentives would further enhance the program.

- Update: This task is complete the Juvenile Unit has expanded incentives significantly since this report was drafted. Town Hall meetings are held regularly to allow the juveniles the opportunity to let staff know what kinds of incentives they would like to have on the unit. In addition to the special incentives Gold Tier residents earn weekly in April 2015 DOC approved the purchase of special meals from restaurants in the community. The Gold Tier residents have enjoyed meals from restaurants like Chipotle, Pizza Hut and Popeye's Chicken. Our Latino population that earned this privilege was given the opportunity to enjoy cultural foods of their choice as well. This has been a really successful tool with helping to continue positive behavior on the unit.
- On April 1, 2014 Gold Tier juveniles were given the opportunity for contact visits with their parent/guardian. As a reward for exceptional behavior Gold Tier Juveniles have been afforded one contact visit per month. The visits have gone exceptionally well and without incident for over one calendar year. Since the contact visits were so successful DOC approved visits for all juvenile residents during holiday times. The visits took place during the Christmas, Thanksgiving and Mother's Day holidays in 2014 and 2015. In June 2015 all juvenile residents were afforded an opportunity to have a contact visit in honor of Father's Day. Twelve (12) juvenile residents received visits from loved ones that day. In addition to the monthly contact visits Gold Tier residents are allowed an increased number of video visits per week. Gold Tier residents are afforded the opportunity to have three (3) video visits each week. The numbers of contact visits thus far are as follows:

Month	Number
April 2014	5
May 2014	9
Mother's Day(2014)	10
June 2014	5
July 2014	4
August 2014	5
September 2014	5
October 2014	2
November 2014	12
December 2014	14
January 2015	7
February 2015	5
March 2015	4
April 2015	8
May 2015	10
June 2015	12
July 2015	5
August 2015	6
September 2015	8
October	6

ACTION TAKEN BY DEPARTMENT OF CORRECTIONS

Town hall meeting held with juveniles to discuss—Since the observations made by The Ridley Group, the Juvenile Unit has met with the juveniles to discuss this issue. The Program Manager meets with juveniles in regularly scheduled Town Hall Meetings to survey the types of incentives the juveniles would like to see initiated.

The juveniles report no issues or concerns with receiving incentives.

They have been updated that the Unit no longer uses a $25.00 incentive for gold tier residents; however, an extra visit has been implemented for Gold Tier residents. The juveniles report they are pleased with the incentives offered by the program. In addition, the Juvenile Unit has implemented a new three tier level behavior modification program. In an effort to replace undesirable behaviors with more desirable ones through positive reinforcement and accountability, a three tier behavioral modification tool was created. The Behavioral Modification Program relies on a three-tiered color level system that progresses from Bronze, to Silver and finally Gold. The program utilizes a system of firm consequences and increasing rewards. To ensure strict compliance of this system, the program utilizes the Treatment Team Review Board to monitor and discuss individual behavioral progress.

7. Review of Other Data

Some of the results of our review of documentation/data on program descriptions, policy and procedures, manuals and standards, records and reports are reflected in other sections of the report. For this section, TRGA will focus on Staff Training/Development and Video Conferencing.

Staff Training and Development

TRGA reviewed the job descriptions for the correctional officer staff employed in the Juvenile Unit. It requires, at a minimum, a high school diploma or GED and specialized experience in areas such as a teacher or instructor, counselor, working with juvenile delinquents, parole/probation worker, welfare/social worker, firefighter, nurse, supervisor or manager, security guard, or day care faculty worker, mental health counselor in a residential facility, correction officer, police officer or detention officer. It appears that one job description is used for correctional officers for both adult and juveniles.

TRGA also reviewed the pre-service and in-service training records of 24 staff that worked on the Juvenile Unit for the time period of January 1, 2006 to April 15, 2013*. On average, the staff had a total of 435 hours of training.

Training subjects included:

- Suicide Awareness
- Suicide Prevention
- First Aid/CPR
- Emergency Response Plan
- Communicable Disease
- Fire Safety
- OSHA
- Environmental Sanitation
- Inmate Rules/Discipline/Grievances
- Inmate Rights and Responsibilities
- Interpersonal Relations
- Stress Awareness
- Cultural Diversity
- Domestic Violence
- Communication Skills
- Customer Service
- Key Control
- Mission, Goals, Policies and Procedures
- Social Lifestyle of Inmates
- Supervision of Inmates
- Tool Control
- Report Writing
- PREA/Sexual Misconduct

- Sexual Harassment
- Security Procedures
- Segregation Management
- Transgender Training
- Transportation/Restraints
- Use of Communication Equipment
- Use of Force
- Working with Female Offenders
- Ethics/Code of Conduct
- Prevention and Intervention
- Juvenile Offender

*Includes staff hired up to 2012

Recommendations

TRGA recommends that the Juvenile Unit management staff conduct a Training Needs Assessment. As mentioned previously, the Juvenile Unit has had DYRS conduct trainings with staff twice in the last year; however, staff reported needing additional juvenile focused training. From our review of the training sessions provided, it appears that there should be more training specifically tailored towards working with juveniles.

Other trainings that may be useful to staff working with juveniles:

- Motivational Interviewing
- Life Space Crisis Intervention
- Crisis Response Techniques for Juveniles
- Non Violent Incident Management Techniques for Incarcerated Juveniles
- Gender Responsive
- Adolescent Growth, Development & Delinquency
- Juvenile Risk Management (safety & security)
- Conflict & Dispute Resolution In Juveniles

Update: DYRS conducted training in 2013 and more Juvenile specific training options are being explored. In the interim the Juvenile Program Manager is working with the DOC Training Academy to create more training options for Juvenile staff. A training session was held on Friday September 5, 2014 with new recruits in the academy. Recruits were also trained in disciplinary procedures for the Juvenile Unit as well as operational procedures and positive youth development. The Program Manager was assisted by juvenile unit officers with this training. As of September 2014 the Juvenile Program Manager facilitates juvenile specific training for all new correctional officers. The Program Manager and the DOC Training Academy are in discussion about allowing this training to be incorporated into in-service sessions as well. Recently part of the DC DOC Juvenile Unit team including two unit officers were given the opportunity to represent the agency at the Criminal Justice Coordinating Council's (CJCC) 6th Annual Juvenile Justice Summit. The Juvenile Justice Summit is the annual gathering of District of Columbia juvenile justice social workers, case managers, lawyers, judges, law enforcement representatives, and other juvenile justice stakeholders who work with system-involved youth and families. Our team was given the opportunity to train with and exchange thoughts with juvenile justice leaders and share ideas with other committed local and national professionals.

Video Visitation

TRGA reviewed the Juvenile Unit's policy on Video Visitation. The policy indicates that all male residents will have visitation conducted by video and that female offenders located in CTF can have in-person visitation. It is our understanding that juveniles previously had in-person visitation until the policy was changed. A key part of working with juveniles is being able to engage the families and help to strengthen the relationship between the juveniles and their parent/guardian.

Update: In an effort to engage families Case Conferences are completed monthly with parent/guardian over the telephone. The purposes of the case conferences are to allow families the opportunity to actively participate in their child's treatment planning. It also allows them to know exactly how they are doing while in DOC care and custody. Additionally, DCPS conducts parent teacher conferences face to face for each report card period and facilitates IEP meetings with juveniles and families when necessary.

On April 1, 2014 Gold Tier juveniles were given the opportunity for contact visits with their parent/guardian. As a reward for exceptional behavior Gold Tier Juveniles have been afforded one contact visit per month. The visits have gone exceptionally well and without incident for over one calendar year. Since the contact visits were so successful DOC approved visits for all juvenile residents during holiday times. The visits took place during the Christmas, Thanksgiving and Mother's Day holidays in 2014 and 2015. In June 2015 all juvenile residents were afforded an opportunity to have a contact visit in honor of Father's Day. Twelve (12) juvenile residents received visits from loved ones that day. In addition to the monthly contact visits Gold Tier residents are allowed an increased number of video visits per week. Gold Tier residents are afforded the opportunity to have three (3) video visits each week. The numbers of contact visits thus far are as follows:

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February 2015	5
March 2015	4
April 2015	8
May 2015	10
June 2015	12

July 2015	5
August 2015	6
September 2015	8

Recommendations

Further analysis needs to be conducted before a recommendation is advanced.

V. RECOMMENDED RESOURCES

- American Educator. *Metamorphosis: How Missouri Rehabilitates Juvenile Offenders.* Summer, 2012. Available at: http://www.aft.org/pdfs/americaneducator/summer2013/dubin.pdf
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VI.SUMMARY

This program assessment reflects the commitment of the District of Columbia Department of Corrections to ensure the quality of care and services of the juveniles housed in the CTF Juvenile Unit. When juveniles are housed in adult prisons and jails, the ability to provide for their safety, welfare and rehabilitation is much more difficult. Achieving the goal of reducing recidivism requires the ability and willingness to create a full system of programming and services that meet the needs of the incarcerated juvenile and their family members. Information gathered during the onsite observations demonstrates that juveniles at CTF have needs far greater than the services currently provided. Mental health (trauma), substance abuse, medical care and limited education are a few issues that seem to be the driving forces behind their criminal behavior. The combination of these factors provides clarity around the need for a collaborative and comprehensive model of wrap around programming and services involving CTF, stakeholders, community leaders, nonprofit providers and the faith-based community. Based on the assessment, TRGA strongly recommends that additional resources be allocated beyond the Department of Corrections current appropriation. This is necessary in order for the agency to effectively respond to the needs of Juveniles housed at CTF and implement the recommendations of this report.

It is apparent that the District of Columbia Department of Corrections recognizes the complex and unique issues and circumstances that surround the incarceration of Juvenile offenders in an adult facility. The leadership is committed to meeting their health, educational, social, vocational, mental health, substance abuse and programming needs. It is our hope that the information provided in this document will assist DOC in its future decision-making to improve and enhance the current conditions, programs and protocols in the Juvenile Unit.

The themes and recommendations within this report represent the voices of CTF's incarcerated juveniles (male and female), the unit staff, medical staff, mental health staff, DCPS education staff and program managers. Projects and initiatives are being advanced to address identified needs and to ensure the correctional environment is conducive to rehabilitating incarcerated juveniles at CTF.

In our experience, TRGA realizes it takes significant investments in order to implement reform and integrate best practices into serving the needs of juveniles in an adult facility. We understand that the District of Columbia Department of Corrections may be limited in implementing some of these recommendations due to resource constraints. Despite the tough decisions that lie ahead for DOC leadership, it our hope that this report will illustrate the need for additional resources to better serve juveniles and to ensure these young people *(the greatest majority of incarcerated juveniles will return to our communities)* have a better future, which in turn will prevail in convincing the District of Columbia to make the needed investments.

Conclusion

The work described above merely scratches the surface of the potential good that will be realized at the DC Department of Corrections Juvenile Unit. As DOC continues to incorporate an approach to working with juveniles that defines goals (outcomes) based on capacities, strengths and developmental needs of youth, those initiatives will make a profound impact in their lives. By keeping families actively involved for the juvenile's length of stay and by offering a diversity of programs, juveniles will develop a positive self-concept, strive to do better and ultimately have the potential to become productive members of society. As stated earlier, the greatest majority of incarcerated juveniles will return to our communities.

**In addition to this report for your perusal, is a list of the Juvenile Program Accomplishments submitted by DOC. This is designed to provide a snap shot of progress made since the onset of the TRGA's assessment.

D.C. DEPARTMENT OF CORRECTIONS
JUVENILE PROGRAM ACCOMPLISHMENTS

May 2013

5/6/13—Frederick Rogers hired as Juvenile Program Manager
5/28-5/29/13—Juvenile Unit Training with DYRS on Positive Youth Development
5/29/13—The Criminal Justice Coordinating Council Compliance Monitor conducted the annual site inspection at the Department of Corrections Juvenile Cellblock to determine compliance with the Juvenile Justice and Delinquency Prevention Act of 2002 and received zero violations

June 2013

6/12/13—The Juvenile Unit has been approved for outdoor recreation Saturday and Sunday **6/12/13**—Edna Garcia an intern from the University of Colorado began working with the juvenile population. She will intern between June 3 and August 9
6/13/13—Juvenile Graduation and National Honor Society Induction Ceremony
6/19/13—Career Day held for Juvenile Unit
6/19/13—END SILENCE: Youth Speaking Up about Sexual Abuse in Custody graphic novel utilized during classification. This is a series of graphic novels for youth in custodial settings. These graphic novels are intended to educate youth in custody about how to identify and address incidents of sexual assault. Upon orientation into the unit during the classification process each juvenile reads and answers questions regarding issues of sexual assault while incarcerated. This is in line with the DOC PREA standard of providing a healthy and safe environment for juveniles
6/20/13—Andrew Parsons, a reporter from WMMT-FM 88.7 (NPR) with Free Minds Book Club highlighted writing's impact on the incarcerated with juveniles.

July 2013

7/1/13—Substance abuse education began with Residential Substance Abuse Treatment (RSAT) **7/2/13**—Juvenile Case Conferences began and are completed for each juvenile monthly. These conferences incorporate the family into the Treatment Team process and allow the legal guardian the opportunity to be informed of the juvenile's progress.
7/26/13—Summer School ends with two juveniles graduating as members of the National Honor Society
7/29/13—Summer Youth Olympics began

August 2013

8/1/13—Life-Skills Classes began with Anthony Briscoe of the New Revival Center of Renewal. Topics being covered include appropriate choices, commitment, accountability and anger

8/2/13—Meditation classes began with the Mindfulness Meditation Group. Mindfulness meditation training can help anyone who is willing to take up the discipline to live life peacefully and resourcefully. Research has shown that practicing mindfulness can help in the following areas including self-control, drug and alcohol addictions, smoking, binge eating, stress, life changes, relationships, illness, anxiety, grief and depression

8/2/13—Summer Youth Olympics ended. The goal of the 2013 Summer Youth Olympics Event was to have a positive and fun program in place to decrease idleness while the juveniles were out of school for summer break. The four-day event consisted of competitive events where the juveniles had to work together to develop team-building strategies. There were also individual events where the juveniles competed for self-improvement, motivation and confidence. Through the course of the days the juveniles developed a better sense of trust and communication with one another. They learned to compromise and work together to achieve a common goal. At the end of the event an award ceremony was held where juveniles were rewarded for their participation with certificates and canteen prizes.

8/4/13—One Additional visit approved for Gold Tier Juveniles

8/5/13—16 of 18 total juveniles earned Gold Tier status

September 2013

9/17/13—Criminon will begin sessions with the Juvenile Unit. Criminon in Life DC delivers weekly programs to address drug education and rehabilitation, character building, ethical behavior, literacy, and life, learning, and thinking skills that include anger management, communication, and parenting skills.

9/20/13—Women's Wing will begin classes for the Juvenile Unit. This course provides an introduction to the process of learning through real life experiences. The student will develop individual goals and conduct group discussion and role-play to develop productive peer interaction. This course provides a review of the fundamentals of basic topics including anger management, parenting and conflict resolution that aim to engage all juveniles. Class assignments and activities will be directed by a Life Coach and will involve critical thinking activities that require analysis of theory and concepts. This will involve preparation of role-play assignments and cases prior to class by the student, followed by instructor-directed classroom group discussion and analysis.

9/21/13—Prison S.M.A.R.T. (Yoga) begins. This yoga program is designed to reduce aggressive behavior and reduce teenage stress. Yoga also helps treat eating disorders and helps promote a healthier body image.

October 2013

10/5/13—Women's Wing will facilitate group sessions on Saturday mornings

10/19/13—Prison S.M.A.R.T. (Yoga) ends

10/12/13—Alliance of Concerned Men life skills group session

10/19/13—Pending-R.O.O.T.S. (Re-inventing Ourselves Outside the System) will come to hold a special life skills session for the juveniles