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

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

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INDIVIDUAL FACILITY MONITORING REPORT:

TABERG RESIDENTIAL CENTER FOR GIRLS

Taberg, NY

I. INTRODUCTION

This is the twenty-sixth monitoring report for the Settlement Agreement between the United States and the State of New York in the matter of *United States v. the State of New York and the New York State Office of Children and Family Services* (U.S.D.C. Northern District of New York), and it describes the monitoring visit to the Taberg Residential Center for Girls (Taberg) on May 23-25, 2017. The Monitoring Team consists of two Monitors: Marty Beyer, Ph.D. who is responsible for the Mental Health paragraphs of the Settlement Agreement, (hereafter referred to as the MH Monitor) and Pam Clark, MSW, CYC-P who is responsible for the Protection from Harm paragraphs (hereafter referred to as the PH Monitor).

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

A. Facility Background Information

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

Taberg was a male juvenile facility, and it opened for girls on August 31, 2011 when 12 girls moved from Tryon. Staff originally came primarily from Tryon, Taberg Boys, Annsville, and Tubman. Retaining staff and creating cohesive unit teams and leadership team were continuing challenges at Taberg since it opened.

On May 23, 2017, there were 17 girls in residence at Taberg, as compared to 19 in November 2016, 16 in May 2016, and 17 in November 2015. Since the November, 2016 site visit, the largest populations at Taberg were 21 in March 2017 and 20 in February 2017. The 17 girls at Taberg at the May 2017 site visit included a 12-year old, two 13-year olds, two 14-year olds, three 15-year olds, five 16-year olds, and four 17-year olds. The 17 girls had been at Taberg from 8 days to 509 days. Almost half the residents were returnees; seven of the girls at Taberg in May 2017 were there during the monitoring visit in November, 2016, four of whom were released and returned between the two site visits. The 17 Taberg girls had been adjudicated for: Criminal Mischief (5), Assault (4), Menacing (2), Petit Larceny (2), Robbery (1), Burglary (1), False Report (1), and Sex Abuse (1). All of

the 17 girls at Taberg at the May 2017 site visit, except three, arrived in 2017. Two had been there 8 months and Taberg's longest stay resident at the time of the May 2017 visit was a 16-year old who had been there since December 2015. She has a history of being a victim of sex abuse, aggression, and a difficult time trusting and maintaining relationships. Discharge had not been possible because of her history as a perpetrator of sexual abuse. She completed the sexually harmful behaviors program with her clinician that had been recognized by the statewide committee (SRC), and slow progress was being made in her acceptance by a step down program.

B. Assessment Protocols

The assessments used the following format:

1. Pre-Visit Document Review

The Monitors submitted a list of documents for on-site review. The Monitors worked with the Office of Children and Family Services (OCFS) to make the document production and review processes more efficient, especially by making the transportation of documents easier for Home Office without compromising the quality of information provided. The Monitors also received in advance of the monitoring visit a draft version of the *Program Review: Taberg Residential Center for Girls,* May 12, 2017 (also referred to as the QAI Report) from the Quality Assurance and Improvement (QAI) Bureau.

1. Use of Data

The OCFS has a good management information system with access to a wide range of data. A further review of the system and its capabilities allowed for the development of Excel spreadsheets for the regular collection and dissemination of facility data to the Monitors. The Monitors were given OCFS's twelfth Six-Month Progress Report on December 23, 2016.

2. Entrance and Exit Interviews

The entrance interview occurred on May 23, 2017 with the Monitoring Team and OCFS representatives, including key staff members from the facility. Our new Protection from Harm Monitor, Pam Clark, was warmly welcomed to Taberg. Many staff during the visit commented on missing Dr. Roush who retired after the November 2016 site visit. The exit interview occurred on May 25, 2017. A complete list of attendees of the entrance and exit interviews is available upon request.

3. Facility Tour

The new PH Monitor was provided with a comprehensive tour of all of the Taberg facilities and grounds. Additional incidental walkthroughs of the facility occurred throughout the visit.

4. On-Site Review

The site visit included a review of numerous documents available at the facility and not included in the pre-visit document request list. These documents included many reports that occurred in the time between the documents being prepared for the Monitors and the on-site assessments. The MH Monitor observed two Support Team meetings,

Mental Health Rounds, an intact team meeting, a Dialectical Behavior Therapy (DBT) group, a 7 Challenges substance abuse group, a Sanctuary group, two phase advancement presentations, a Therapeutic Intervention Committee (TIC) meeting, a pre-shift briefing, met with clinicians/coaches, met with staff to discuss the substance abuse program, and reviewed seven residents' records. The PH Monitor observed two Support Team meetings, an Intact Team meeting, a Sanctuary Group, two phase advancement presentations, and a pre-shift briefing. Both Monitors also participated in a discussion with Home Office and Taberg leadership regarding new program initiatives and case presentations of girls requiring special individualized programming.

5. Staff Interviews

The Monitors interviewed 16 Taberg staff. In addition to group meetings with staff, the MH Monitor interviewed two clinicians, the Assistant Director for Treatment, a Youth Counselor (YC), and a YDA. The PH Monitor interviewed four YDAs, one AOD, the Taberg Training Coordinator, Facility Director, Assistant Director for Program, Assistant Director for Treatment, Nurse Administrator, and an OCFS Regional Training Coordinator.

6. Resident Interviews

The MH Monitor had the opportunity to interact individually with girls in both units. The PH Monitor had the opportunity to interact informally with groups of girls during lunch and on the units, and interviewed three girls individually. Individual interviews occurred in areas with operating surveillance cameras and reasonable privacy.

C. Preface to Protection from Harm and Mental Health Findings

Although there were several girls who were struggling every day to manage severely dysregulated emotions, both Taberg units appeared settled at the May, 2017 site visit, which staff attributed to strong teamwork with stable unit staff, reduced overtime and enhanced recreation.

The monthly Taberg updates provided by Home Office reflect the following in the six months since the November 2016 site visit:

- The population of the facility ranged from 17 (1/17) to 21(3/17)
- In May 2017 there were four clinicians (out of five positions) after one clinician left in March 2017 and a new clinician arrived in April 2017. In November 2016 there were four clinicians, and the MH Monitor expressed concern that all the clinical positions were not yet filled; in May 2017 all the clinical positions were still not filled.
- In May 2017 there were 6 YCs (out of eight positions) due to two resignations since November 2016.
- In May 2017 there were 42 filled YDA positions; this is a reduction from the months prior to the November 2016 site visit when there were 45 filled YDA positions.
- The number of suicide watches each month ranged from 4 (4/17) to 18 (5/17); this is a reduction from the months prior to the November 2016 site visit.

- The number of arms length supervisions each month ranged as follows: 0 (1/17) and 3 (12/16, 2/17 and 5/17) to 6 (3/17 and 4/17); this is a reduction from the months prior to the November 2016 site visit.
- The number of returnees to Taberg ranged from 0 (12/16) to 6 (2/17), which is a 33% increase from the highest month (10/16) during the November 2016 site visit.
- The number of releases each month ranged from 1 (3/17) to 6 (1/17 and 5/17).

One resident had been on a special individualized program since January 2017. Another resident was on a special individualized program in February, March and April of 2017, and another resident was on a special individualized program in early May 2017 until her discharge. One additional resident was being considered for a special individualized program at the time of the site visit.

The leadership team at Taberg emphasized in the May 2017 site visit that there were few staff vacancies and less staff turnover, and that morale had been boosted by significantly reduced overtime and few mandations. Similar to the previous site visit, cleanliness, respectfulness, weekly department head meetings, weekly mid-management meetings, and monthly all-staff town halls were presented as important aspects of a strong Taberg program. It should be noted that while all of these meetings are important, participation in at least some of them is not mandatory. Staff indicated that attendance at some of these meetings is often low.

In January 2017 OCFS finalized a Modified GRS at Taberg after months of discussion with the Monitors. Special individualized programs for residents with the highest numbers of restraint and suicide watches were designed so they would be able to improve their self-regulation, thus justifying removing their restraints from GRS consideration. Since the May 2016 site visit, Taberg staff have done presentations for the Monitors of residents with complex trauma who were on or being considered for a "stabilization plan" or a "special program." In the November 2016 site visit, Taberg leadership assured the Monitors that there was sufficient staff to support stabilization plans and special programs. Using the approach finalized in the January 23, 2017 "GRS Vision and Action Plan," the March 2017 modified rate for ground restraints, excluding two youth on special individualized programs, was 3.7 (within the yellow threshold). The April, 2017 modified rate for ground restraints, excluding two youth on special individualized programs, was 1.48 (green).

The Taberg leadership team described many improvements in the program: (a) Most of the YDAs have been at Taberg for at least a year; (b) There is a mentor on each shift, on each unit available to coach staff; (c) The new recreation specialist is organizing more activities as requested by the girls; (d) Staff is focused on building positive relationships with limit-setting and supervision; (e) Visual media and a t-shirt business, as well as off-grounds trips are incentives welcomed by residents; (f) The new social worker introduced a "Rabbit Nurturing Program" where the girls are able to pet and care for the animals as a program incentive; (g) Staff involvement in improving the EBP and DAS, supporting phase advancement presentations by residents, music in the comfort room and beginning to design a new EBP room; (h) Improvements in organizational structure, safety,

staff retention and staff morale; and (i) Maintaining open lines of communication, i.e., "everyone is an equal member of our therapeutic community." The staff person at Taberg the longest, who is an experienced staff mentor, described the shift in the program "from correctional to therapeutic" and the emphasis of the New York Model on being "firm and fair." The leadership team is striving for staff to be able to "apply the same principles with each resident while not treating every resident the same."

During the May 2017 site visit, the MH and PH Monitors observed an Intact Team meeting. In the past, Intact Team meetings included brief individual discussion of each girl on the unit, which allowed for details of her behavior provided by YDAs and information from MH Rounds to be shared. It is unfortunate that this appears to have been dropped from the Intact Team agenda. Reviewing an effective de-escalation on the unit and/or showing a video of a restraint for discussion had also been part of some Intact Team meetings in the past. This too appears to have been discontinued. Nevertheless, the YC skillfully facilitated the observed Intact Team discussion of management of some girls on the unit and the exchange of feedback among unit staff, clinicians, and school staff. While the YC tried to use the discussion for team building and conveying New York Model approaches, one YDA expressed strong negative views of several girls and disapproval of other staff. The MH Monitor checked on the frequency of Intact Team meetings and found that they were not occurring weekly, as originally designed, or every other week on Tuesdays when there are more staff on duty, alternating between units. With further inquiry it became evident that Intact Team meetings require a higher priority being placed on making YDA staff from both shifts available. Frequently, a transport demands the use of coverage staff necessary to allow an Intact Team meeting to occur. Mandatory overtime appears to be required for coverage to ensure these meetings are held as scheduled. The GRS Response Plan specifically requires that a girl's Stabilization Plan and how each staff person contributes to it be discussed at the Intact Team meeting.

The theme that emerged in the May 2017 site visit was the sustainability of the New York Model at Taberg after the monitoring ends, and both Monitors will reflect about that in this report. Fidelity to the New York Model requires continued coaching and training of staff in skillfully and consistently practicing all four of its key elements:

1. Understanding the girls' behaviors through a trauma lens

The keys to being an effective trauma treatment program are:

- Understanding a girl's reactivity as a trauma response
- Seeing a girl's need to control as a trauma response
- Maintaining safety and avoiding traumatizing girls by constantly guiding them in calming themselves and using de-escalation instead of restraint whenever possible
- Recognizing that traumatized girls often do not feel safe even when staff design the environment to be safe

2. Steadily building relationships

All staff offering relationships, even when girls are fearful and untrusting, is an important therapeutic method because:

- A girl feels valued, which she may not have experienced much before

- A girl learns that an adult can be relied on for support, which she may not have experienced much before; learning to trust is essential for having positive relationships in the future
- The experience of safety and self-regulation occurs through predictable relationships
- A trauma lens encourages staff to build relationships, in part by avoiding power struggles; instead of labeling girls as oppositional staff understand their behaviors as a combination of reflexive trauma responses and immature thinking

3. **Self-regulation skills**

Girls who have had emotional regulation difficulties since childhood, usually as a result of trauma and/or disrupted caregiving due to multiple placements, need staff who can help them learn to self-calm by being calm themselves and consistently guiding skill building:

- Girls learn how to safely voice their feelings which is empowering and also gives them the experience of regulating strong emotions
- Girls learn self-soothing, in part through asking for time away, which is a kind of self-care most may not have experienced much before
- Girls learn to accept that some things will not go their way, and that they will continue to be safe even though they are not controlling everything
- Girls learn to tolerate distress without feeling overwhelming anxiety
- Girls learn effective self-advocacy through negotiating when previously their protests escalated to the point where they felt unsafe

4. Self-identification of goals

Engaging youth in defining her own goals is motivating:

- Daily achievements, phase advancement, and behavior chains/EBP are ways girls learn to strive for accomplishments they can be proud of and from them they learn to be aware of how and why they interfere with their achievement of their own goals
- Girls' families develop an understanding of girls' trauma recovery, her emotion regulation skills and the importance of safety

All staff consistently practicing all four elements of the New York Model makes it possible for girls to take charge of their own post-Taberg goals and relationships and find safe environments where they can continue to effectively self-regulate.

The question becomes, what will it take for Taberg staff, together with the assistance of others in OCFS, to make sure they do not drift away from the original design of the New York Model? Does it make sense for QAI, having achieved a highly respected approach to measuring the quality of the Taberg program augment their review to examine fidelity to the New York Model's original key elements? Can Taberg innovate new staff coaching methods based on these fidelity findings?

Taberg staff are proud of how they have transformed their program to make it physically and emotionally safe so that girls can be successfully engaged and build their skills. But there are few staff members remaining at Taberg who were inspired directly by Dr. Joe Tomassone, the primary developer of the New York Model. Drift away from the original design commonly occurs in programs, usually with a gradual reduction in effectiveness. It will be a significant contribution, for Taberg youth and the field nationally, for OCFS to examine fidelity to the New York Model and implement a program for staff coaching to continually guide all staff in daily practice according to the philosophy as well as the procedures of the New York Model.

II. PROTECTION FROM HARM MONITORING

Protection from Harm (PH) Monitoring is continuing with a new PH Monitor who has replaced Dr. David Roush upon his retirement. Based on the positive findings noted in the May 12, 2017 QAI Report and what was seen by the Monitors during the May 23-25, 2017 monitoring visit, outcomes continue to confirm progress at Taberg. Ongoing improvements in organizational structure, safety, and staff retention; diversity in recreational and leisure time activities and enhanced Daily Achievement System (DAS) incentives available to the girls all contribute to supporting a positive environment. YDA staff interviewed talked about having "positive" relationships with the girls. Most staff stated they believe the girls respect them. In interactions with the girls and staff during meals, on the units and in Support Team meetings, there was a clear sense of community with mutual respect on display.

A. Improvement

Staffing consistency has been noted in past monitoring reports as a challenge, particularly consistency with YDA staff. While there continues to be staff turnover, there is a core group of staff that has remained at Taberg. The consistency of this staff group has had a significant impact on feelings of safety among both staff and the girls. YDA staff consistently reported feeling safe, despite the fact that the population of girls being served at Taberg at the time of this monitoring visit was significantly emotionally and behaviorally dysregulated.

There have also been challenges noted in past monitoring reports about the negative treatment of new staff at Taberg. However, one of the newer YDAs interviewed during this site visit was very positive about his/her experience working at Taberg. This individual even talked about the hope of making a career for him/herself at the facility.

The leadership of FD Gonzalez continues to be reported by staff as a positive. It was frequently noted that he has an "open door" policy and that new ideas from YDAs are considered by facility administration. The girls knew whom FD Gonzalez was when he came onto the units, joined the girls at the lunch table and attended Support Team meetings; although one of the girls made it clear that it was not usual for him to attend these meetings.

A YDA who is well liked by the girls was recently promoted to Recreation Specialist II. According to both staff and the girls, she is committed to ensuring a wide-range of physical fitness and other activities provided during the girl's recreational programming time that are structured and meaningful. She is also responsible for the DAS store and is

reportedly responsive to requests for incentives that are valued by the girls, which is critical to the success of any incentive program.

An awareness of the need for consistency in the application of the New York Model principles, which is critical to the effectiveness of any intervention, and the implementation of the Phase System and DAS was clear, indicating an understanding of the purpose and value of programming to the Model.

The physical environment was clean; the pre-shift briefing observed was structured and led well by AOD staff. An Intact Team meeting was facilitated by a YC who skillfully negotiated concerns being voiced by one or two staff about the lack of effective consequences available for addressing negative behavior.

As has already been mentioned, some of the girls at Taberg during this monitoring visit demonstrated significant emotional and behavioral dysregulation. Despite this fact, the average non-adjusted GRS rate for the months of December 2016 through May 2017 was 5.05. (The highest GRS was 11.17 in February 2017 and the lowest was 2.26 in January 2017). This rate is down from an average GRS rate of 7.07 for the months of June through November 2016, a 39% reduction in the six-month GRS average. If you use the agreed upon adjusted GRS for the four months it has been in effect, the average goes down to 2.49. This improvement is significant.

The facility Assistant Director for Program presented information on and/or planning for facility and program enhancements that include:

- Bringing community-based programming facilitated by outside volunteers into the facility
- Implementation of OJT programming, beginning with an Energy Warrior Program focused on energy conservation, tentatively scheduled to begin in September or October 2017
- "Therapy Bags" containing stress balls, books and other therapeutic tools provided to clinicians for use during counseling sessions
- A remodeled Comfort Room for time away for the girls with access to music or calming/nature sounds
- The Rabbit Nurturing Program used as an incentive for girls' positive behavior
- The availability of bicycles, off-grounds trips, school awards and ceremonies, and plans for Carnival on the last day of school

These program enhancements, in conjunction with the physical fitness and other activities being implemented by the Recreation Specialist II will allow for a structured schedule of activities focused on enrichment and skill building.

1. Youth Perspectives

This was the first site visit for the new PH Monitor who replaced Dr. David Roush. In previous monitoring reports, Dr. Roush referred to findings in the Office of Juvenile Justice and Delinquency Prevention's (OJJDP) evidence-based literature on *Pathways to Desistance* regarding evidence that the more positively youth perceive their experience, the more likely are reductions in recidivism, even after controlling for individual characteristics and facility type. This evidence continues to provide a valid context for monitoring at Taberg.

Beginning with the August 2012 monitoring visit, the PH Monitor had regularly administered (to a stratified non-random sample of Taberg youth selected by the PH Monitor) a survey about the Taberg experience using questions from the Performance-based Standards (PbS) Project's Youth Climate Survey. These same questions were used by the new PH Monitor to interview youth during the May 2017 visit. Due to the amount of time required for the new PH Monitor to become familiar with the Taberg facility, staff and programs, only three girls were interviewed during this site visit. However, in addition to these interviews, the PH Monitor was able to share informal time with the girls during a meal and participate in Support Team meetings for two girls.

Youth interviewed appeared to know the facility rules and understand and value the DAS. All of the girls knew their level on the Phase System and could describe what they were working on and/or what was expected of them while on that Phase.

Youth had positive comments about numerous staff members, and all of the youth were able to name at least one staff she could go to during times of emotional upset to find support and comfort. From November 2015 to November 2016, rates of perceived safety by youth increased by 11.5%. These rates improved another 17.5% from November 2016 to May 2017. Related to this, youth perceived the staff members as more positive in their comments toward them with improved fairness on disciplinary issues.

Positive changes have continued to occur in residents' perceptions under the ongoing leadership of FD Gonzalez. Table 1 compares the average percent "yes" responses to selected youth survey questions from November 2016 (n = 10) and May 2017 (n = 3). Due to time constraints, the number of residents interviewed in May was significantly less than in the past. Given that these interviews and the results are intended to be qualitative and not quantitative, the small number of girls interviewed does not negate the value of a comparison of the responses.

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

Question *n* =	**2016 Nov** 10	**2017 May** 3	**Percent Difference**
Do you understand the facility rules?	90%	100%	11%
Do you understand the level, phase, or points system here?	60%	100%	66.6%
Have you feared for your safety?	10%	0%	-100%
Have you had personal property stolen directly by force or by threat?	40%	0%	-100%
Have you been beaten up or threatened with being beaten up?	60%	0%	-100%
Have you been involved in any fights?	80%	100%	25%
Does staff make more positive comments to youth than negative comments?	90%	100%	11%
Are staff members fair about discipline issues?	55%	66.7%	21.3%
If you have been restrained, do you think staff tried to hurt you?	25%	33.3%	33.2%
Within the last six months here, have you been injured?	40%	100%	150%
If yes, was the injury the result of a physical restraint?	100%	33.3%	-66.7%
Have you ever made a complaint against a staff member as a result of a physical restraint?	50%	0%	0%
On a scale of 1-10, with 10 being the highest, how safe do you feel in this facility?	7.4	8.7	17.5%

Note: DNC = does not compute because the divisor is zero

These comparisons demonstrate positive movement in several categories and reveal other categories where opportunities for improvement exist. It is of some concern that all three of the residents reported having experienced injuries. However, only one of these injuries was related to a restraint. Most of the injuries were reported by the girls to be the result of self-harming behaviors. Two of the girls interviewed had significant trauma histories and have demonstrated frequent emotional and behavioral dysregulation while at Taberg, which may help to explain the self-harming behaviors.

Improvements were noted in interviews with the girls in the following areas: understanding of the level, phase or point system, feelings of safety, physical restraint related injury, positive statements made by staff to youth, and fairness of staff related to discipline issues. These results are encouraging.

In making a comparison of youth perceptions between September 2013 and May 2017, the response percentage comparisons are again encouraging. Using several key Protection from Harm survey questions, the September 2013 average percentage of "yes" responses can be found in the first column of Table 2.

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

Question *n* =	**2013 Sept** 9	**2017 May** 3	**Percent Difference**
Do you understand the facility rules?	100%	100%	0%
Do you understand the level, phase, or points system here?	77.7%	100%	28.7%
Have you feared for your safety?	11.1%	0%	-100%
Have you had personal property stolen directly by force or by threat?	22.2%	0%	-100%
Have you been beaten up or threatened with being beaten up?	11.1%	0%	-100%
Have you been involved in any fights?	44.4%	100%	125%
Does staff make more positive comments to youth than negative comments?	55.6%	100%	80%
Are staff members fair about discipline issues?	44.4%	66.7%	50%
If you have been restrained, do you think staff tried to hurt you?	0%	33.3%	*DNC*
Within the last six months here, have you been injured?	22.2%	100%	350%
If yes, was the injury the result of a physical restraint?	0%	33.3%	*DNC*
Have you ever made a complaint against a staff member as a result of a physical restraint?	33.3%	0%	-100%
On a scale of 1-10, with 10 being the highest, how safe do you feel in this facility?	8.44	8.7	3%

Note: DNC = does not compute because the divisor is zero

One of the girls interviewed during the May 2017 site visit was extremely upset that things were not going well in her Support Team meetings or with family sessions. While she made allegations of staff being "lazy," not meeting with her or scheduling family sessions, and not responding to her grievances, all of which was discussed by the PH Monitor with administrative staff, she was still able to acknowledge there is staff who "make more positive comments" to her than negative comments and to name her two "favorite" staff to whom she can turn for support.

The new PH Monitor had the opportunity to participate in two Support Team meetings for two girls functioning at very different ends of the Phase System. One girl was struggling to move from Engagement to Learning Phase five weeks after her admission. The other girl was presenting to her team the request to move from the Generalization to the Future Phase, which is the final Phase prior to discharge from Taberg. The PH Monitor was told this was only the third resident to seek advancement to the Future Phase of the NY Model since its inception at Taberg in 2012. This demonstrates not only the individual accomplishments of the resident, but the investments of staff in implementing the NY Model that have supported her in reaching this level of achievement.

In attendance at the Support Team meetings for both girls were multiple Taberg staff representatives (YDAs, YCs, clinicians, medical staff, teachers, etc.), CSMO staff and family members. These meetings were positive and supportive of the girls and their efforts, while at the same time addressing areas in need of attention and improvement. Both of the girls were asked if they objected to having visitors attend these meetings. With support from the girls, the PH Monitor was able to not only attend but was expected to participate in the Support Team meeting process. Both girls were very positive in these meetings.

2. Staff Perspectives

The opening session of the monitoring site visit was a fairly brief introductory meeting with members of the Taberg leadership team, with a more formal program and case presentations made the following morning. This was done to allow for an in depth tour of the facility and grounds on the first day for the new PH Monitor.

The PH Monitor, over the course of the site visit, conducted multiple staff interviews with a wide range of Taberg staff. Administrative staff interviewed included Facility Director (FD) Anthony Gonzalez, Assistant Director of Program (ADP), Christopher Bolinski, Assistant Director of Treatment (ADT), Gale Asch, and Nurse Administrator, Michele Snow. Additionally, Shawn Allen, an OCFS Regional Training Coordinator, in the absence of Ron Rutledge, was interviewed.

All of the administrative staff interviewed articulated support for the NY Model, a strong belief in a positive future for Taberg and acknowledgement of the positive leadership being provided by FD Gonzalez. Two of these staff had left Taberg shortly after monitoring began in 2012. One of these individuals said s/he left because of the facility culture that existed at that time and came back because of what s/he was hearing about FD Gonzalez. The most significant change s/he noted upon return to Taberg was improved staff morale.

One member of the administrative staff described the administrative team as "a finely tuned machine." According to this individual, under the previous administration there had been "a gap between program and treatment" and staff was "either in or out." S/he said now everything is integrated and people are supportive of one another across staff positions. This individual also said s/he always knew the facility "could get here," and that s/he believes restraints can be reduced even more than they have already.

FD Gonzalez said he believes that some of Taberg's success in implementing the NY Model has been due to the ability to get the new and additional per diem staff positions approved, which he says was needed to support effective implementation of the NY Model. Other members of the Taberg administrative team also talked about the importance of these additional staff positions in the effective implementation of the NY Model. FD Gonzalez went on to say he believes improvements at Taberg could be maintained, even if Taberg experienced staff reductions, a sentiment that did not appear to be supported by other members of the administrative team or by YDA staff.

Overall, the interviews with non-administrative staff members[1] were positive. All staff indicated they knew what was expected of them at work. Ensuring safety and security, and observing the girls were the most frequently identified responsibilities. The newest member of staff interviewed also talked about being responsible for "fostering a positive environment by mentoring and providing the girls with emotional safety." Given that no other staff interviewed talked about mentoring and emotional safety, this distinction could

[1] Non-administrative staff are considered to be YDA, YC, YCI/AOD, training, recreation specialists, clinicians, nurses, teachers, cooks, clerical, technical, and custodial/maintenance.

[2] 68. Document development and revision. The State shall timely revise and /or develop policies and procedures, forms, screening tools, blank log forms, and other documents as necessary to ensure that they are

be a result of this staff's personal support of a positive youth development framework or more likely the result of his/her having recently completed training on the NY Model. The PH Monitor asked multiple staff about whether follow-up training or refreshers on the NY Model were provided at the facility, much like the regularly scheduled CPM refreshers, and was told consistently that they are not.

In response to the question, "On a scale of 1-10, with 10 being the highest, how safe do you feel in this facility?" the lowest rating given by any member of staff was an eight (8), with most staff scoring his/her feeling of safety at ten (10). These high scores would seem to be at least in part a result of improved staffing adequacy, a factor also noted as being important in interviews with most of the administrative staff.

All but one member of staff talked about having positive relationships with and the respect of the girls at Taberg. All of the staff said that someone had talked with them about their job performance and progress at Taberg within the last six months. The newest member of staff was able to identify two veteran members of staff that are his/her mentors.

The previous monitoring report talked about a change in the administrative review of restraints that shifted the emphasis away from Documented Instruction (DI) to coaching in response to the range of difficulties often associated with Crisis Prevention and Management (CPM) restraints. All of the staff interviewed said they had been referred for one or more DIs. When asked, "How did that go?" the responses ranged from "DIs are just another way for other staff to tell us what we're doing wrong" to "It was very instructional." One staff said, "Sometimes it feels like they're just going through the motions." None of these comments would indicate that the DI is viewed as a way of positively coaching or re-teaching staff, rather than serving as a more punitive form of correction. Only one staff indicated s/he knew where the actual documentation went following the DI. (These are reportedly placed in a folder separate from the staff's personnel file.) Most staff indicated they either did not know where the documentation went or they believed it went into their personnel file. This could be indicative of why at least some staff views the DI as a punitive process. In order to alleviate any concerns or misunderstandings staff may have in this regard, and to increase staff's confidence in the value of the DI process, the PH Monitor recommends that administration inform all staff as to where documentation of the DI goes once it is completed and how that information may or may not be used in evaluating staff job performance.

B. Threats to Protection from Harm

The November 2016 monitoring report indicated that improvements occurring at Taberg justified compliance determinations, with which the new PH Monitor would agree. At the time of that report, the girls then at Taberg were assessed as "less violent in times of dysregulation." This assessment had not been the case with the population in the past. With the departure of many of the girls present in November 2016 and the influx of new referrals often returning as a result of revocation, the dynamic has again changed. Many of the girls at Taberg at the time of the May 2017 monitoring visit had extensive trauma histories and as a result were experiencing periods of considerable emotional and behavioral dysregulation. As a result, the gains noted in the last monitoring report are

being tested.

Related to feelings of safety, some staff reported that while they do not fear for their own safety, they do have concerns about the safety of others. One staff made the point of saying, "People do get hurt here." Another staff, while having reported feeling a high level of personal safety, said s/he had sustained multiple injuries during restraints. These two points would seem to be in conflict with the high ratings on feelings of personal safety given by staff. All of the staff interviewed, including the newest staff member (8-9 months), reported having been involved in restraints.

Related to staff feelings about the NY Model, most of the non-administrative staff interviewed voiced concerns about the Model. One staff said s/he doesn't believe it has changed anything at Taberg. Another staff voiced concern that the Phase System is "too complicated for most of the girls and for some of the staff." Others said they feel the NY Model "just doesn't work for all of the girls" and that "staff needs more options." These comments would indicate the need for more training and confidence building among staff related to the NY Model.

The lack of consistency in implementation of the program and use of the disciplinary system was also mentioned as a challenge by a number of staff. Most of the staff interviewed talked about the need for "harsher consequences" and/or more "disciplinary responses." One staff went so far as to say that "Some girls don't deserve what they have" and "Nothing here scares a kid." This belief that the residents don't deserve the rewards provided in the program, and the desire for more and harsher consequences would seem to indicate a lack of understanding and/or commitment to the principles of the NY Model.

The environmental context in terms of order and organization, fairness, and perceptions of caring staff continue to support compliance at Taberg. However, the areas of structure and consistency require strengthening and improvement in order for the positive social climates on the different units to be maintained, regardless of the population of girls. During interviews conducted by the PH Monitor, both staff and the girls mentioned concerns about consistency.

All of the girls interviewed reported having been injured in the last six months. Only one of the girls reported that her injury was the result of having been in a restraint. Regardless, "protection from harm" includes protection from self-harming behavior as well harmful behavior from all others, including peers. It is not clear whether additional Arms-Length-Supervision (ALS) or Personal Safety Watches (PSW) could have served to prevent one or more of these self-harming injuries. Progress in this area is needed.

The regularity of and participation by staff in various systems of communication put into place at Taberg are not yet sufficient to sustain the progress that has been made to-date. YDA staff is often not included in Support Team meetings, even though they are in a position to make important contributions to this process. This is reportedly a staff coverage issue. It was clear during the Intact Team Meeting the Monitors observed that this was the first of these meetings to be convened in some time. Staffing adequacy was again identified as the issue with regularly holding these meetings. The Intact Team Meeting is articulated as a critical component of the "GRS Vision and Action Plan" dated January 23, 2017, which led to the development and acceptance by DOJ of an adjusted GRS specific to

Taberg. In order for the PH Monitor to support continued use of an adjusted GRS, Intact Team Meetings must be given a higher priority.

The PH Monitor asked multiple staff about attendance requirements at the various facility meetings and was told in each case that attendance was not mandatory for any of these meetings. As a result, attendance is reportedly often low. The success of the numerous investments in creating open communication at Taberg, i.e., Town Hall Meetings, Red Flag Meetings, Intact Team meeting, etc. is fully dependent on the meaningful participation of all levels of staff at these meetings. Progress is needed in this area.

C. Use of Restraints

Following the process used by the previous PH Monitor, Table 3 below compares the most recent six months (December 2016 through May 2017) of OCFS restraint data.

The frequency data show notable increases in the two key categories of restraint frequency and rate in the months of February and April 2017. There were 20 girls at Taberg in February, during which time 55% of the 99 total restraints and 67% of ground restraints were in response to two girls. In April there were 19 girls at Taberg and the same two girls accounted for 67% of the 52 total restraints and 95% of ground restraints. One of these two girls has since been released to another residential care facility.

Table 3. OCFS Restraint Data Comparisons

	DEC	JAN	FEB	MAR	APR	MAY
Care days per month	532	536	600	635	658	596
Total Restraint (Frequency)	27	31	99	25	52	20
Total Restraints (Rate)	5.08	5.78	16.5	3.94	9.64	3.81
To-the-Ground Restraint (Frequency)	12	22	67	16	37	15
To-the-Ground Restraint (Rate)	2.26	4.10	11.17	2.52	6.86	2.86

Note: GRS data in this chart has not been adjusted under the approved "GRS Vision and Action Plan." Adjusted GRS data can be found in Table 4 on page 17 of this document.

The Central Services Unit (CSU) Restraint Log for December 2016 through May 2017 reflects an overall reduction in incidents of force—254, down from 339 during the previous monitoring period. This is particularly significant given the 10% increase in the average of care days per month for this monitoring period.

The PH Monitor viewed five (5) restraints packets with the accompanying videos about which there will be comments made below.

1. Recalibration of the GRS

Significant work has been done on establishing thresholds for restraint rates per 100 care days for all OCFS facilities. The Graduated Response System (GRS) creates parameters by which the annual moving average and the Monthly Restraint rate may be interpreted. The parties to the Settlement Agreement consented to the use of a series of three thresholds – green, yellow and red zones – for use in interpreting GRS data.

According to the previous monitoring report, the OCFS Research Unit analyzed historical restraint rates for all OCFS residential facilities, using approximately three years

of restraint data. This analysis made no distinctions for program gender, security level, specialized units, number of returns, prior placements, or any other factors/youth characteristics. As a result, using the thresholds originally established for OCFS facilities did not allow for consideration of the unique differences in the population being served at Taberg compared to youth being served at other OCFS facilities.

The OCFS proposed that only Taberg's restraint data, rather than that of the entire system, be used to analyze restraint trends and develop new threshold cut-off levels specific to Taberg and that the Monthly Restraint Report be modified to include only to-the-ground restraints as they are a better measure of use-of-force comparisons to the physical restraint practices preceding the Settlement Agreement.

In response to this proposal, OCFS analyzed Taberg's historical data using 34 months of to-the-ground restraint data from October 2012 to July 2015, thereby roughly paralleling the time period used to develop the initial thresholds.

The original analysis of data for all OCFS residential facilities resulted in the following thresholds for restraint rates per 100 care days for all OCFS facilities:

1. Green – 0 to 3
2. Yellow – 3.1 to 5
3. Red – 5.1 and above

This threshold is used to start the Graduated Response System (GRS) at OCFS facilities with specific attention given to actions/interventions to move red zone rates into yellow or green threshold rates. The GRS prescribes what action to take based on the zones in which restraint rates fell in a given period of time.

The analysis of 34 months of to-the-ground restraint data specific to Taberg, along with a 15% reduction in the upper threshold to provide an incentive for continued strengthening of the de-escalation techniques associated with the NY Model (recommended by the Monitors), resulted in cut-off points for Monthly Restraint Report rates per 100 days of care as indicated below:

1. Green – fewer than 2 (rounded down from 2.04)
2. Yellow – 2 to 6.5 (rounded up from 6.46)
3. Red – above 6.5

The GRS action responses remain the same but are based on the revised thresholds. The new report looks similar to the previously used report in terms of the type of graph, color of the threshold zones, and the use of annual moving average and Monthly Restraint Report rate trend lines.

An Action Plan contained in the recommendations from the monitoring site visit in May 2016 was endorsed by the Monitors and forwarded to DOJ in December 2016. The DOJ approved the methodology for the adjusted GRS (OCFS "GRS Vision and Action Plan," January 23, 2017), and the revised thresholds.**D. The New York Model**

The NY Model has been in use at Taberg since 2012. Effective implementation and use of the NY Model has been challenging and has been impacted by many different factors

that include 1) the ever changing population of the girls being served at Taberg, 2) significant turnovers in staff at all levels, including administration, and 3) what the PH Monitor believes is a lack of ongoing refreshers and consistent coaching on the use of the NY Model.

While there are many processes and protocols in place to support the effective use of the NY Model, i.e., Individual Intervention Plans (IIP), Red Flag meetings, Facility Rounds, Support Teams, various therapeutic and other groups, Daily Achievement System (DAS), Egregious Behavior Protocol (EBP), the Phase and disciplinary systems, etc. these processes and protocols are primarily used and supported by YC and clinical staff. YDA staff is expected to model relationship-building skills and guide the girls toward using their identified self-calming skills in order to support of the work being done with the girls by the YC and clinical staff. However, despite increases in staffing, YDA staff is still often not available to attend Support Team and Intact Team meetings, and MH Rounds, which provide opportunities for YDA staff to better understand the needs of each of the girls and how to support them.

It is critically important for members of BOTH the clinical and YDA staff groups to be involved in analyzing and understanding the highly complex treatment needs of all of the girls, in particular those with *the most* extraordinary needs. Participation in all of the processes and protocols designed to support use of the NY Model would be instrumental in buoying YDA staff's commitment to the NY Model. In fact, the list of individuals that should participate in Support Team meetings identified in the NY Model Staff Manual on pages 7-8 includes, "A Youth Division Aide [YDA]." YDA staff is charged with building relationships with girls with various levels of delinquency, mental health, developmental disabilities and trauma, and other extraordinary needs. As a result YDAs, as well as other staff, are engaged in a constant balancing act in terms of how to respond to the needs of each of the girls. The more information the YDAs have about the girls and the better understanding they have of how to effectively implement and use the tools provided by the NY Model, the better able they will be to do their job well.

During interviews with staff, the PH Monitor was told, "YDAs are not equipped to work with these girls." This was said by a YDA about YDA staff, indicating staff may truly not be "equipped" to do what is needed of them, either because they are in the wrong job or they need additional and ongoing training, coaching and support. Other comments from interviews included, "I don't think girls should be given 300 word essays," which may have been the assignment of a written chain analysis, a therapeutic process about which all YDA staff should be aware. Finally, there was a consistent theme related to the desire for more consequences for negative behavior, as evidenced by the following comments: "We need more disciplinary responses;" "For some girls the NY Model doesn't work;" "Staff needs more options;" [Use of] "the disciplinary system is hit or miss—some staff are afraid and the girls know it;" "Staff could benefit from more training on how to work with this population." In order for the gains for which Taberg and OCFS staff has fought so hard to achieve to be maintained, these concerns will have to be addressed.

Responses to Paragraphs and Subparagraphs in the Settlement Agreement

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

conditions as follows:

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

i. Where emergency physical intervention is necessary to protect the safety of any person;
ii. Where a youth is physically attempting to escape the boundary of a Facility; or
iii. Where a youth's behavior poses a substantial threat to the safety and order of the Facility.

COMPLIANCE

COMMENT: OCFS staff worked collaboratively with the former PH Monitor to identify and mutually agree upon acceptable approaches to an assessment strategy for measuring Protection from Harm indicators specific to the population served at Taberg, namely the "GRS Vision and Action Plan" dated January 23, 2017. DOJ approved this plan in January 2017, allowing for use of an adjusted restraint rate for Taberg beginning with data from February 2017.

The May 12, 2017 QAI Report (p. 87) indicates the use of physical restraints again rated 100% compliance with QAI standards. Tables 4.1 and 4.2 chart the rates of the GRS restraint threshold levels, using the color-coding described on page 8 of this report, for the last two monitoring periods respectively. While the "Adjusted" rows for the December 2016-May 2017 monitoring period (Table 4.2) indicate higher levels of compliance than those from May-November 2016, reflected on Table 4.1, the pre-adjusted rows on Table 4.2, with the exceptions of February and April, show even higher levels of compliance.

Table 4.1 May 2016 – November 2016 Graduated Response System Data

	JUN	JUL	AUG	SEP	OCT	NOV*
Total Restraints	**18.27**	**6.68**	**9.52**	**8.45**	**10.03**	**7.38**
To-the-Ground Restraint	**12.99**	**3.86**	**6.71**	**5.99**	**6.84**	**6.04**

Note: * = Estimates based on Restraint Log data for the first half of the month.

Table 4.2 December 2016 – May 2017 Graduated Response System Data

	DEC	JAN	FEB	MAR	APR	MAY
Total Restraints	**5.08**	**5.78**	**16.5**	**3.94**	**9.64**	**3.81**
To-the-Ground Restraint	**2.26**	**4.1**	**11.7**	**2.52**	**6.86**	**2.86**
Adjusted To-the-Ground Restraint	**N/A**	**N/A**	**3.70**	**2.50**	**1.48**	**2.29**

Tables 4.1 and 4.2 above support a compliance determination.

Further, the State shall:

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

COMPLIANCE

COMMENT: Based on information obtained from the ARTS, between November 4, 2016 and April 29, 2017, there was a total of 224 restraints. The average restraint lasted 13.02 minutes. There were 13 incidents in which mechanical restraints were used for an average of 13.9 minutes per incident. The time in mechanical restraints, of which there were two separate uses during the longest restraint (78 minutes) in this reporting period, was eight (8) minutes and 15 minutes respectively. The average duration of time spent in mechanical restraints is clearly reduced compared to information contained in past monitoring reports.

The previous monitoring report noted concern about situations where staff members using CPM are unable to apply the appropriate technique, and the fact that failed attempts to use CPM may escalate a youth's behavior, creating greater potential for harm. For the period of September through the first half of November 2016, the CSU restraint log identified 11 instances of failed attempts to apply CPM. For January 1 through May 24, 2017 only five (5) instances of failed attempts to apply CPM were identified, which is an indication of progress in ensuring the safety of both girls and staff involved in restraints.

NOTE: The time between the two uses of mechanical restraints mentioned in the first paragraph of comment above was only eight minutes. It is difficult to determine if an effective assessment of whether or not the youth had regained control and was ready to have the mechanical restraints removed, i.e., the Letting Go Process, was completed.

In reviewing Restraint Packet 987605, it was noted in the Video Review that, "staff did not use a trained technique when they transitioned from a team standing into a seated restraint…" According to information in the Restraint Packet, DI was recommended as appropriate for staff involved (at least 3) in this incident. The PH Monitor viewed this video in its entirety. The restraint lasted 78 minutes and involved nine (9) staff, including two (2) witnesses. According to the Video Review report and supported by the assessment of the PH Monitor, there were "observed discrepancies between the video and RIR narrative." It is the belief of the PH Monitor that the number of staff involved in this restraint, the use of a technique in which staff was not trained and/or the ineffective use of CPM by one or more staff, and a lack of attention to or knowledge of information contained in the resident's IIP, which states that staff will "Limit audience/stimuli," all contributed to the length of time this resident needed to be restrained. Her emotional distress is evident throughout the video. This is additional evidence of the need for more effective communication among and across staff positions so they may support what is contained in the resident's IIP.

* This video, in conjunction with coaching from AOD, clinical and other appropriate facility staff, could serve as a valuable tool for teaching during Intact Team and other meetings at Taberg.

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

COMPLIANCE

COMMENT: Based on the new PH Monitor's observations, youth and staff interviews, and conclusions from the May 12, 2017 Taberg QAI Report there is support for this finding. The policy and procedures exist; the training on the policies and procedures has occurred; YDA staff and resident interviews were consistent with the policy and procedures.

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

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

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

iii. Medical personnel shall be immediately notified of the initiation of a facedown restraint position, and the youth shall be immediately assessed by medical personnel thereafter. In no event shall more than 4 hours lapse between the end of a facedown restraint incident and the assessment of the involved youth by medical staff.

COMPLIANCE

COMMENT: Based on the new PH Monitor's review of data, combined with direct observations, youth and staff interviews conducted by the previous PH Monitor, and the conclusions from the May 12, 2017 Taberg QAI Report this finding is supported. There is still the possibility that isolated instances may occur as a result of unusual circumstances or concerns about individual staff members, but these are most likely to be technical failures or accidental circumstances that would not represent systematic problems. There has been an elimination of facedown or prone restraints.

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

COMPLIANCE

COMMENT: Taberg has sustained compliance with this paragraph. The new PH Monitor's direct observations, document reviews, youth and staff interviews, and the findings from the May 12, 2017 QAI Report for Taberg support this finding. The new PH Monitor sees no indication of the use of chemical agents for restraint.

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

COMPLIANCE

COMMENT: Taberg has sustained compliance with this paragraph. The new PH Monitor's direct observations, document reviews, youth and staff interviews, and the findings from the May 12, 2017 QAI Report for Taberg support this finding. The new PH Monitor sees no indication of the use of psychotropic medications solely for the purpose restraint.

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

COMPLIANCE

COMMENT: Training continues to be in compliance. There is a detailed 2017 Training Chart listing all staff at the facility including dates for CPM 5 Day, CPM Refreshers, and First Aid and CPR/AED for each staff. This Chart shows that all YDA staff has had their timely refresher courses and that three (3) staff members (1 clinician and 2 nurses), either new or returning from leave, are in need of the full 5-day CPM training. Information was provided regarding those individuals who had not yet completed First Aid and CPR/AED, and Suicide R.R. training. During pre-shift briefing, the AOD informed staff going on shift as to who, because they had not had CPM training, was not eligible to engage in restraints.

B. Use of Force

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

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

COMPLIANCE

COMMENT: Taberg has sustained compliance with this paragraph. The new PH Monitor's direct observations, document reviews, staff interviews, and the findings from the May 12, 2017 QAI Report for Taberg support this finding. However, it is confusing that the language of the CPM includes references to "hooks" and "hooking."

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

SUBSTANTIAL COMPLIANCE

COMMENT: The new PH Monitor reviewed five (5) restraint packets. Review of this data, while not in conflict with the May 12, 2017 QAI Report findings for Taberg, did reveal an area of concern that was constant across all of the packets and would not have been in evidence as part of the QAI review. While all of the files reviewed stated that the IIP was followed, with the exception of one file, none of the calming/de-escalation strategies identified in the Staff Debriefing Reports (OCFS-2092) were strategies listed on the residents' IIPs. All of the strategies identified in the IIPs were CPM-sanctioned calming/de-escalation techniques, they simply were not the techniques identified in the Crisis Prevention & Management Plan section of the relevant IIPs. This could be, at least in part,

why staff was not effective in de-escalating these residents. An expectation of staff documentation of staff behaviors, consistent with de-escalation techniques identified in a resident's IIP, is appropriate and reasonable. This is further evidence of the need for more effective communication among and across staff positions so that staff at all levels may be more aware and able to support what is contained in a resident's IIP. Absent this, the effective use of the NY Model and CPM is questionable.

Examples of what is contained in the IIP and the "De-escalation Techniques Used" identified in the Restraint Monitor Report are as follows:

Packet #987605 the IIP CPM Plan states

1. Time Away
2. Limit audience/stimuli
3. Talk with trusted staff

De-escalation Techniques used were 1) hurdle help; 2) direct appeal

Packet #972605 the IIP CPM Plan states

1. Time Away
2. Limit audience/stimuli
3. Talk with trusted staff

De-escalation Techniques used were 1) direct appeal; 2) limitation of audience/stimuli

Packet #967707 the IIP CPM Plan states

1. Time Away
2. Limit audience/stimuli
3. Talk to a trusted staff

De-escalation Techniques used were 1) eye contact; 2) positioning; 3) ventilation

Packet #929506 the IIP CPM Plan states

1. Time Away somewhere other than her room
2. Undivided attention: Model calm, relaxed posture and tone of voice
3. Allow to draw or dance

De-escalation Techniques used were 1) eye contact; 2) validation

Packet #104707 the IIP CPM Plan states

1. Time Away somewhere other than her room
2. Undivided attention: Model calm, relaxed posture and tone of voice
3. Staff should allow her to have a brief outburst for a few seconds without judgmental statements

De-escalation Techniques Used were 1) limitation of audience & stimuli; 2) direct appeal; 3) validation

Once a code has been called, it is not always possible to use the de-escalation techniques identified in the IIP. However, there are times in the videos reviewed by the PH Monitor that, while there is no audio, it does not appear staff is using the IIP identified de-escalation techniques. Where a lack of either awareness or attention to the IIP identified de-escalation techniques was clearly in evidence was in the review of Restraint Packet #987605 where nine staff either participated in and/or observed the restraint, and "Limit audience/stimuli" is listed as a de-escalation technique in the IIP.

While continued reductions in the GRS are evident during the monitoring period November 2016 to May 2017, there were 15 restraints that lasted more than thirty minutes. One resident was the subject of eight (8) of these restraints. She is also one of the residents with whom the de-escalation techniques identified on her IIP had not been used. Greater alignment of de-escalation strategies being used by staff with those articulated in the girls' IIP is a critical component of the NY Model and could ultimately serve to further reduce restraints at Taberg.

The need for increased communication among and across staff positions has been mentioned previously as a threat to Protection from Harm. The failure to align de-escalation strategies being used by staff with those articulated in the girls' IIP is evidence of this need.

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

COMPLIANCE

COMMENT: The PH Monitor's review of ARTS data and restraint and medical files, combined with the findings from the May 12, 2017 QAI Report for Taberg support compliance with this paragraph. Some documentation concerns continue to be noted, including in the QAI Report, but they are not substantial.

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

COMPLIANCE

COMMENT: There is a well-developed process in place for review of uses of force and alleged child abuse. However, as noted in the most recent QAI Report (May 12, 2017), timely submission of completed reports creates a threat to sustained compliance.

Two of the Restraint Packets reviewed by the PH Monitor (#987605 and #972605) recommended DIs for staff. However, in reviewing only the Restraint Packet or the employee's personnel file, there is no way to know if and when the DI occurred. It is recommended that completed paperwork for the DI is included in the Restraint Packet once the DI has been performed. This would help to ensure this process is completed and in a timely manner.

There is evidence that YDA staff continues to need a better understanding of an integrated program. Considerable emphasis is placed on CPM training and CPM refreshers,

while there is less evidence this is the case with New York Model practices. Interviews with staff indicate a need for NY Model refreshers and coaching when staff says, "The Phase System is not being used correctly," "The Phase System is too complicated for most of the girls and some staff" and "The problem is inconsistency." Given that CPM is the predominant training provided at the facility, it should be no surprise that it is the response to behavioral issues best understood and frequently used by staff. Experienced YDA staff who understand and are effective in implementing the principles of the NY Model should be asked to coach and support other staff in developing the skills necessary to use this Model.

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

COMPLIANCE

COMMENT: The May 12, 2017 QAI Report for Taberg and the PH Monitor's review of multiple Restraint Packets, including the Video Review Forms (VRF), combines with administrative interviews to support this finding. The policy and procedures exist, and there is a practice in place. An SG-18 or above facility administrator completes a review and logs the information and recommendations on the OCFS 2091 form. This form is then reviewed and signed off on by the Facility Director.

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

COMPLIANCE

COMMENT: Taberg has sustained compliance with this paragraph. The new PH Monitor's direct observations, document reviews, staff interviews, and the findings from the May 12, 2017 QAI Report for Taberg support this finding.

The new PH Monitor had an opportunity to observe a demonstration of CPM by members of OCFS and Taberg training staff. The need for regular CPM Refreshers was clear to the PH Monitor based on the complexity of the physical maneuvers used in CPM.

C. Emergency Response

43. *Emergency Response. The State shall create or modify and implement policies, procedures, and practices relative to staff use of personal safety devices (sometimes*

referred to as "pins") to call for assistance in addressing youth behavior. To this end, the State shall:

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

NOT APPLICABLE

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

COMPLIANCE

COMMENT: Taberg has achieved sustained compliance with this paragraph. The PH Monitor's direct observations, document reviews, youth and staff interviews, and the findings from the May 12, 2017 QAI Report for Taberg support this finding.

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

COMPLIANCE

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

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

COMPLIANCE

COMMENT: Taberg has achieved sustained compliance with this paragraph. The PH Monitor's direct observations, document reviews, youth and staff interviews, and the findings from the May 12, 2017 Taberg QAI Report support this finding.

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

COMPLIANCE

COMMENT: Taberg has sustained compliance with this paragraph. The new PH Monitor's direct observations, document reviews, staff interviews, and the findings from the May 12, 2017 QAI Report for Taberg support this finding.

D. Reporting and Investigation of Incidents

These paragraphs refer largely to the activities of the Special Investigations Unit (SIU) and the Justice Center, officially implemented as of June 30, 2013. As a result, the following subparagraphs 44 (b) (d) (e) and (h), and paragraph 56 of the Settlement Agreement are no longer monitored. The assessments in this section take into account the Parties agreement and the District Court findings regarding Paragraph 44.

44. Reporting and Investigation of Incidents. The State shall adequately report, investigate,

and address the following allegations of staff misconduct:

i. Inappropriate use of restraints;
ii. Use of excessive force on youth; or
iii. Failure of supervision or neglect resulting in:
(1) youth injury; or
(2) suicide attempts or self-injurious behaviors.

To this end, the State shall:

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

COMPLIANCE

COMMENT: Based on information contained in previous monitoring reports, Taberg has sustained compliance with this paragraph. The new PH Monitor's direct observations, document reviews, youth and staff interviews, and the findings from the May 12, 2017 QAI Report for Taberg support this finding.

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

First Sentence: The Parties agree that this subparagraph is no longer monitored for Taberg.

Second through Fourth Sentences: COMPLIANCE

COMMENT: Taberg has sustained compliance with this paragraph. The new PH Monitor's direct observations, document reviews, staff interviews, and the findings from the May 12, 2017 QAI Report for Taberg support this finding. No problems or concerns were noted regarding a prompt determination or an appropriate level of contact.

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

COMPLIANCE

COMMENT: Taberg continues to sustain its compliance with this paragraph. The clinic and its staff continue to play a significant role in Protection from Harm. The Nurse Administrator reports that while there continue to be new nurses that require on-the-job orientation and training, there is some medical staff that has been at Taberg for many years.

Reviews of Post Restraint Examinations (PRE) in five restraint packets were complete and comprehensive. At no point was there any evidence in any related files that the continuity or quality of care has suffered.

NOTE: The review of restraint packets for two very long restraints (Packet #972605 and #987605; 51 and 78 minutes respectively) indicate the girls in these restraints were not seen by medical staff until the following morning. Both of these restraints took place outside of normal business hours. Minor injuries were reported as being sustained during one of these restraints; the other restraint resulted in the filing of a VPCR report. It would seem that in these circumstances some arrangement might be considered for ensuring a more timely medical examination, both to ensure the safety and well being of the girls and to reduce any potential liability for Taberg and OCFS.

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

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

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

The Parties agree that this subparagraph is no longer monitored for Taberg.

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

The Parties agree that this subparagraph is no longer monitored for Taberg.

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

COMPLIANCE

COMMENT: Taberg has sustained compliance with this paragraph. The new PH

Monitor's direct observations, document reviews, staff interviews, and the findings from the May 12, 2017 QAI Report for Taberg support this finding.

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

COMPLIANCE

COMMENT: According to information contained in previous monitoring reports and provided by administrative staff at Taberg, OCFS has supported Taberg by strengthening leadership at the facility and providing new and/or additional staff. As mentioned earlier in this report, there is some concern that FD Gonzalez believes the gains achieved at Taberg are sustainable without this additional staff support. This is a position not supported by other administrative and non-administrative staff or the Monitors.

Issues have been noted in this monitoring report related to levels of and investments in communication directly related to staff coverage. YDA staff participation in all of the networks of communication established to support the use of the NY Model is critical to ongoing success at Taberg. This point cannot be minimized or lost within the findings of compliance.

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

The Parties agree that this subparagraph is no longer monitored for Taberg.

III. MENTAL HEALTH MONITORING

Paragraphs 46-55 of the Settlement Agreement have been in compliance 12 months or more, as of the May 2017 site visit. Other than subparagraphs 53d and 55b, all the remaining subparagraphs have been in compliance since November 2015 with some having achieved compliance as early as February 2012.

Taberg staff is implementing the New York Model to address the complicated mental health and developmental needs of the residents. Most of the girls on both units have challenging behavior driven by trauma and many do not have re-entry placements likely to provide permanency or adequate support to continue the progress they make at Taberg. Keeping all the YC and clinician positions filled continues to be essential in order to have sufficient trained staff to provide the 1:1 attention and support for self-calming necessary for this traumatized population. Taberg has a commitment to coaching staff so that especially the newer YDAs on the 3-11 PM shift are developing the skills of seasoned staff.

The sustainability of the original philosophy of the New York Model is the key to continued compliance with the Settlement Agreement. It is crucial that an intensified staff coaching approach is developed to ensure consistently viewing and responding to behavior as trauma-related, consistently building trusting relationships as the vehicle for positive

development, and consistently guiding girls' use of DBT and Sanctuary skills for emotional regulation.

Despite thorough re-entry preparation done by Taberg staff, in May 2017, there were more returnees than during any previous site visit. Re-entry services—particularly family guidance and 1:1 support for girls' emotional regulation—must be more intensive than available in many step-downs or in the community. This is especially true for the large number of girls who are former DSS clients admitted to Taberg following years of disrupted placements. After making progress at Taberg, residents have difficulty forming trusting relationships with treatment staff in step-down facilities and the community. It is evident that although they are considered wraparound services, the community-based programs have not recognized that they cannot expect a re-entering traumatized girl to build relationships or utilize skills learned at Taberg without more intensive support.

At each site visit, the MH Monitor meets with the coaching team made up of clinicians, YCs and YDAs who provide hands-on mentoring of staff on New York Model practice. At the May 2017 site visit the coaches had a goal of reducing room restraints by guiding staff not to over-react when a girl talks about suicide. While staff must be vigilant in preventing suicide attempts, often talking about suicide is a response to family stress, peer interaction and/or wanting more staff attention. Instead of approaching a girl talking about suicide in her room which was leading to in-room restraints, staff are being mentored to slow down, listen to a girl and what the needs behind her suicidal talk are and responding to them. Coaching is focusing on staff reassuring themselves so they are able to model calmness for the resident. To support this guidance in a stressful situation, the MH Monitor previously recommended that Home Office assist Taberg in analyzing the Taberg restraints that occurred when staff intervened to remove a dangerous item (e.g., an article of clothing or sharp object) from a girl threatening to hurt herself and the coaching being provided to staff on how to de-escalate a resident in those circumstances without a restraint. This appears to continue to be an analysis that would benefit the staff coaching effort, especially since the QAI Review of Taberg in May 2017 documented that 66% of the self-harming behaviors at Taberg occurred during the 3-11 PM shift when there are fewer seasoned staff. Once again, at the May 2017 site visit the MH Monitor encouraged the coaches to give as much recognition to effective de-escalation as to restraints, both individually and in Intact Teams, monthly All-Staff and TIC meetings. Before they consider a de-escalation technique, staff who are alert to subtle signs that a girl is starting to be dysregulated can guide a girl's self-calming.

A year ago (5/16) the foundation for special individualized programs—later named stabilization plans--was presented: responding to the effects of trauma on emotional regulation and the resident's relationship skills and ability to rely on staff. What was required was going beyond coaching staff on the units about what is behind each girl's out-of-control and self-harming behavior and what will make it possible for her to overcome her fear and get into a safe, caring relationship with staff (given her family and placement history of rejection and loss). Each Taberg resident has unique ups and downs in being engaged in trauma recovery, and some require intensified staff efforts to make her feel "held" emotionally without a restraint.

In the May 2017 site visit, two clinicians gave thought-provoking presentations on two girls whose severe emotional regulation difficulties have led to stabilization plans. [redacted] is a 13-year old who arrived at Taberg in September 2016 on a menacing offense. Raised by her [redacted], she had a poor attachment to her [redacted] who has severe mental health problems and their conflicted relationship was described in CPS reports. Starting in early childhood, [redacted] felt labeled in her family as the "[redacted] in comparison to her [redacted]. She still gets stuck, telling herself "I'm bad," and has low self-esteem. She and her mother continue to be reactive to each other. Her aggressive behaviors at home were severe since early elementary school, and she remains highly emotionally reactive; it takes her as long as a week after an extreme reaction to "return to baseline." When she is not dysregulated, she is kind-hearted, pleasant and respectful especially in school. She puts a lot of effort into school and was Student of the Week. She was recently evaluated for Autism Spectrum Disorder given her tendency to get easily over-stimulated, stuck on problems, and to have rigid thinking and poor peer relationships. However, the evaluation did not confirm that diagnosis. [redacted] has a low IQ, with poor reasoning skills, "living in a simplified world of rigid black and white." Her reading and math levels are 4th grade, and she has had an IEP for learning disabilities in reading, math and writing. She had two prior psychiatric hospitalizations. At Taberg she is diagnosed with Disruptive Mood Dysregulation Disorder, Depression and Delusional Disorder, and is prescribed Abilify and Prozac. For weeks she had many restraints with incidents of self-injurious behavior. Changes in routine, girls being discharged from Taberg and the noise level on the unit triggered her. [redacted] dysregulation was viewed as atypical, with both prolonged periods of stability and regressive episodes. A stabilization plan was described as necessary because "when a regressive pattern takes hold, the decline in her behavior is precipitous and sustained." In her stabilization plan, her clinician wrote: "She presents with a low level of constant psychomotor agitation and anxious hypervigilance. Angry impulsivity seems to serve a defensive function. She bristles easily and quickly at perceived insults or unfairness toward her, and is likely to see things quickly in absolute terms, all or nothing." Her therapy is focused on unconditional regard, family dynamics and skill building. [redacted] stabilization plan involved increased clinical time, self-esteem building, positive self-talk, a coloring activity called "Never give up," and proactive coping through yoga and breathing while her clinician or YDA guide her relaxation. Her team adjusted her stabilization plan to allow some maladaptive behavior to avoid power struggles (in part to avoid restraint because once in a restraint, [redacted] gets dysregulated for a long time). But a challenge is that "she is hard to read—she does not show or express the emotion she is feeling—and that makes it hard for staff to anticipate her dysregulation." Her clinician continued to guide staff in her stabilization plan: "if she feels let down, betrayed [or] passed over, it is as if her world starts to crumble; she is quickly overcome with feelings of powerlessness, vulnerability, and shame [followed by] angry reactivity." Her team decided to keep her on one-to-one all the time and do yoga, muscle relaxation, and breathing every hour to focus on calming and coping, all of which was described in detail in her stabilization plan.

It was discouraging for Taberg staff when the second resident in this presentation returned for the fourth time recently. [redacted] is a 17-year old who returned to Taberg after a brief stay in the community following her discharge from [redacted] (11/16) after eight months there (where she had been Fennered from Taberg in [redacted]), followed by

a brief stay at Taberg, and step-down to [redacted] that lasted four (4) days. Her integrated assessment indicated that Columbia had planned a discharge to a program that would prepare her for independent living, when a [redacted] surfaced and showed an interest in [redacted] living with her. After release [redacted] discovered that her [redacted] wanted her to work as a prostitute and [redacted] was kicked out of the house when she refused. She returned to Taberg with a criminal mischief offense (cutting off her ankle monitor when she was kicked out of her cousin's house). [redacted] was the youngest of [redacted] children, and she was born positive for cocaine; her [redacted] died in [redacted] of a drug overdose after a long history of substance abuse, and her [redacted] parental rights were terminated in [redacted] For years she was in placement (by CPS) with her [redacted] also a heroin user, who died in [redacted] Her trauma history included exposure to domestic violence, being sex trafficked by her [redacted] at a young age and being raped. She was moved from one relative to another in her gang-involved family and got deeper into street life, used substances and dropped out of school. She was hospitalized and placed in four foster homes and an RTC, running away from all of them, placed with her [redacted] and then multiple foster homes and was then placed in another RTC, all before she was 14. Her first admission to Taberg was April 2014, a year later she was discharged to [redacted], returned to Taberg four months later, was Fennered to Columbia in March 2016, was discharged to the CMSO in November 2016, returned to Taberg in January 2017, was discharged to [redacted] in April 2017 and returned shortly to Taberg shortly thereafter. Her clinician presented [redacted] as having a "fractured sense of self, with deep shame triggered by her hypersensitivity to rejection. She has had no stable attachments and has to be around someone at all times to be rescued." [redacted] was on a stabilization plan for a month before her March 2016 discharge from Taberg, but in May 2017 she had only one ground restraint and no suicide watches, and she was getting additional staff attention without a stabilization plan. Her clinician commented that her shame goes away when she is aggressive so she has developed an identity as an abusive person who controls others. Taberg staff is continuing their work with her "to develop her identity as someone who is valuable, with less need to be in control."

The sophisticated treatment of [redacted] and [redacted] demonstrated remarkable success as strong clinical leadership of staff teams at Taberg resulted in unique applications of the New York Model. All the Taberg residents have experienced trauma that continues to cause severely dysregulated behavior and relationship problems. Some require much more 1:1 attention to develop the ability to self-calm and trust others sufficiently that they can succeed on a unit. A stabilization plan is distinctive for the resident who may require a staff person with her at all times teaching her how to regulate her emotions and how to feel safe in a relationship as well as limited time on the unit and a modified school and recreation program to prevent triggering by other residents. Maintaining the staffing levels of May 2017 (plus a clinician and several YCs who were being recruited) is necessary to make it possible for all of the girls—including those requiring even more specialized care—to progress in trauma recovery.

Although during the site visit Taberg staff mistakenly referred to the individualized program created for residents as a "GRS Plan," Home Office indicated the correct name is a "Stabilization Plan" as described in the January 23, 2017 GRS Vision and Action Plan for Taberg. A girl is considered for a Stabilization Plan if she has 2 or more physical

interventions in one day, 3 days in a row where she is involved in a physical intervention, and/or 5 or more physical interventions within a 7 day period. Once the special supports for the girl are planned, clinical staff are supposed to present at an Intact Team meeting how the NY Model and other supports will be effective in assisting the resident to regulate her behavior and reduce physical interventions. These supports may include: enhanced supervision; adjustment of the DAS or other individualized interventions; or an alteration of a youth's schedule. Most Stabilization Plans arrange 1:1 for the girl. A Stabilization Plan may not require a change in schedule, location or the use of additional staff. Alteration of a youth's schedule to one that is different than a normal daily program is referred to as a special program (OCFS PPM 3247.65 "Special Programs"). A special program is "a planned modification to the normal daily program created for a youth, which may include significant changes to some or all of the youth's schedule of activities or the location of his/her activities…Depending upon the particular abilities and needs of the youth, it may include enhanced supervision." The implementation of a stabilization plan does not necessarily indicate the need for a special program. The PH and MH Monitors encourage Taberg leadership and Home Office to make sure that all staff understand that the reason for a Stabilization Plan is to provide specialized individual attention designed to guide a girl through calming herself and developing increased understanding of the connection between past trauma and present behavior. It would defeat the purpose of New York Model interventions being tailored to the girl if staff believed girls were "getting special arrangements" in order to take their restraint numbers out of the GRS just to keep the facility out of the red zone.

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

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

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

COMPLIANCE

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

Before the May 2017 site visit, New York Model training was provided at Taberg by BBHS (2 days for all staff; presented over 4 days). Informally-gathered staff descriptions from several participants in the training was that it did not advance their skills. They said they would have learned more if the training had been organized around examples of Taberg residents and how staff can work effectively with them, applying DBT, Sanctuary, 7 Challenges and other elements of the New York Model to their everyday practice on the units.. Staff has to find training practical and well designed to ensure fidelity to the New York Model. Rather than rely on BBHS or facility trainers, it is recommended that Home

Office sponsor a "Getting Back to New York Model Fundamentals" training for coaches from different facilities with the original designer of the New York Model, including guided development of training examples based on residents and real-life practice dilemmas from each facility. Equipping coaches to build training into hands-on coaching will be more effective than classroom sessions. Training cannot only be PowerPoint presentations on NY Model procedures—IIPs, DAS, the Phase System, Support Teams, EBP. Coaching must emphasize fidelity to the NY Model philosophy, especially responding to behavior as trauma-related, building trusting relationships as the vehicle for positive development, and guiding girls use of DBT and Sanctuary skills for emotional regulation.

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

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

Subparagraph 46a has been in compliance at Taberg since March, 2013.

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

COMPLIANCE

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

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

Subparagraph 46b has been in compliance at Taberg since March 2013.

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

COMPLIANCE

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

Through Support Teams and Mental Health Rounds, Taberg staff is complying with 46c on an individual basis. The Taberg Integrated Assessment, IIP, Support Plan, and contact notes by the psychiatrist, clinicians, YCs and CMSOs were accessible on JJIS and comply with 46c. JJIS is designed to track the diverse interventions of the New York Model and makes it possible to document practice according to the procedures that comply with

several mental health paragraphs in the Settlement Agreement. It also allows for the regular assessment of the effectiveness of interventions required by 46c.

During the May 2017 site visit, the MH Monitor observed the monthly meeting of the Taberg TIC with representatives from all parts of the facility. It was a success-focused meeting, with continued improvements in de-escalation recognized, including documentation in restraint packages. The arrival of the new bikes, upcoming off-grounds trips, a school awards ceremony, and a plan for Carnival on the last day of school were presented. Clinicians and YCs are participating in DBT and Sanctuary training, and additional training for staff on de-escalation will occur. Taberg also includes one resident from each unit at the end of the TIC to talk about resident concerns. Every other month the Taberg leadership team has a telephone review of the TIC with Home Office to request additional supports.

Subparagraph 46c has been in compliance at Taberg since September 2013.

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

COMPLIANCE

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

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

Subparagraph 46d has been in compliance at Taberg since September 2013.

On Site Observations Regarding Paragraph 46a-d (5/17)

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

The New York Model has been implemented at Taberg. Taberg staff continues to work diligently to achieve trauma-responsive, relationship-driven, culturally competent, and strengths-based teamwork to meet residents' complex needs. All the girls at Taberg have long histories of trauma and troubled behavior, and staff work hard to teach residents emotional regulation. Integrated assessments and support plans continue to be strong. Support teams are excellent, and an effort is being made to include one YDA in each team meeting. The phase system is in place, and Taberg continues to work on achieving consistency in how the Daily Achievement System (DAS), behavior chain analysis and the Egregious Behavior Protocol (EBP) are done with girls. Red Flag meetings are being used

effectively to give greater attention to a girl's struggles when she has repeated restraints, suicide watches or codes.

The MH Monitor observed outstanding Mental Health Rounds in which three clinicians, two YCs, two nurses, school coordinator, a YDA, the AOD, Assistant Director for Treatment and Director participated; the psychiatrist was called away for a meeting and participated effectively by phone. Each girl was discussed individually, focusing on a behavior report, improvement, understanding what is behind her behavior, school report, medication review and release planning if applicable. The psychiatrist had discontinued a stimulant for one resident because of weight loss and asked staff whether her agitation had increased. Sleep studies requested by the psychiatrist for another resident were reported. Outside evaluation of another girl to rule out Autism Spectrum Disorder was reported, and her progress on a stabilization plan was recognized. Another girl's "shame and reactivity" were described and why she became so anxious about release that she struck out against staff. The struggle of a girl to accept her mother's decision not to have her come home for the summer led to a restraint and its connection to her long-term attachment problems was discussed. A girl's rejection by her mother was leading to constant friction with another resident, and her clinician encouraged staff to give her "immediate reinforcement" of positive behavior. A repeat returnee described as the family scapegoat is having productive family therapy but it was evident that staff is concerned about her release. Another girl working on accepting her mother's rejection requires a lot of staff support as step-down alternatives are explored. The psychiatrist described working with a girl regarding resuming an SSRI medication, but she meanwhile has been out of school with Code Yellows, and firm boundaries by staff were recommended. Another returnee's nightmares have been reduced and she is working hard in the program as DSS is finalizing a step-down. As it is now designed, because of staff coverage only one YDA participates each week in MH Rounds. The goal of including them is clarifying for YDAs what is behind each girls' behavior and how they can be proactive. It is essential that the leadership team use overtime, if that is what is needed, to ensure that one YDA from each unit, preferably on a rotation and including staff from morning and evening shift, participate in MH Rounds. Too much valuable information cannot be consistently shared with YDAs because of the current design of MH Rounds.

The MH Monitor observed as a clinician moved smoothly from the unit gathering for impromptu phase advancement presentations (squeezed into the DOJ visit during group time) to use the remaining time for the scheduled Sanctuary group. Even though the girls complained and wanted to skip the Sanctuary group after the phase presentations, he was exceptionally patient, used humor and supported them to get into a discussion of how parallel process works. Most of them contributed, even the resident who was allowed to protest by lying on the floor in the middle of the group.

The MH Monitor was scheduled to observe a DBT group, and the clinician was prepared to facilitate the DBT group in the Pink Room, but all but one resident declined to attend. The resident who attended chose to have a private session with the clinician, so the MH Monitor left. Since teaching DBT skills is a vital part of the New York Model, steps to

make the process of applying DBT to their lives has to be something that most of the girls participate in.

During the month of April 2017 there were three clinicians seeing residents in individual and/or group therapy (in addition to the services provided by the substance abuse clinician described below and the Assistant Director for Treatment who saw two residents for mental health crisis management). Clinician #1 saw 7 residents, all for individual therapy weekly or more, plus two for suicide assessments, one for Red Flag, and two who had 3 family sessions each. Clinician #2 saw 20 residents for group (from one to three groups each during the month) and 7 of those residents in individual therapy, some weekly or more, one twice and one once, plus one for suicide assessment, one for Red Flag, and 3 for crisis management; Clinician #2 worked with one individual on a special program and saw her individually 16 times during the month. Clinician #3 saw 6 residents for individual therapy for 1-3 sessions during the month—one also had 4 family counseling sessions and two other residents each had a family session; Clinician #3 also saw 8 residents for one (1) group (the beginning of the Rabbit Nurturing Program).

The QAI Review of Taberg (May 2017) reported that residents' records showed that youth were receiving the recommended treatment services including individual, group and family treatment, and psychiatric medication management, with weekly or more frequent individual sessions (in two cases the frequency of sessions scored in the QAI exceeds standards range).

The QAI Review of Taberg (May 2017) commended the exchange of information about residents in MH Rounds, describing in detail the contributions of the psychiatrist and others regarding a resident's medication, suicidal gestures and continuing concerns about whether the proposed residential placement was the optimal re-entry plan for her.

The MH Monitor observed IIPs (Individual Intervention Plans) in the reviewed Taberg records; support plans indicated the IIP has been reviewed. IIPs were reviewed at the observed Support Team meetings and Intact Team meeting.

The PH and MH Monitors both observed a Pre-Shift Briefing with a large group assembled in the main hallway inside the Taberg entrance. It was skillfully led by the AOD with the status of girls on both units presented quickly to emphasize what staff should be alert for. An IIP was reviewed. A clinician provided a more detailed update on a girl returning from court. A de-escalation skill was reviewed. Unit assignments for coverage for the evening shift were made. An improvement in Pre-Shift Briefings would be to highlight an action taken by a staff person that calmed a girl down before she became dysregulated. Whether or not it illustrated a specific de-escalation skill learned in training, this would be a way to give more prominence every day to recognizing staff for their interventions that result in an increased sense of safety and reduced restraints. A daily recognition of how specifically to help a particular girl calm herself would also contribute to individual staff coaching.

The PH and MH Monitors both observed two girls making phase advancement presentations. They were well prepared and showed their posters and read the essays they had written.

On the DAS for a day during the May 2017 site visit, one resident had 20 achievements (with yelling, "not under control," late lock-in, and line movement noted as unacceptable behavior). On the same day, another resident had 19 achievements on the DAS (with repeated cursing, not following staff directives, and line movement noted as unacceptable behavior).

The QAI Review of Taberg (May, 2017) concluded, "Based on youth and staff interviews, the consistency of youth being held accountable, but also being rewarded for positive behavior through the DAS had improved." Staff comments included, "Still difficult to be consistent. It is not always fair but staff are working on being more consistent;" and "We need some better incentives throughout the week. They work really hard on Friday for popcorn and a movie."

As part of the QAI Review of Taberg (May 2017) "staff were asked if they review IIPs before each shift and after crisis situations. Responses were yes (seven staff), no (two staff), sometimes (one staff), and 'I don't know' (one staff). When asked if they found the IIPs helpful for prescribing which de-escalation techniques are effective for youth, eight responded 'sometimes' and three responded 'yes.' Eight out of ten youth stated that [their IIP] does work for them."

The high demands of residents with histories of complex trauma (and sometimes severe developmental disabilities) as well as the needs of traumatized delinquents who are first-timers at Taberg require extraordinary teamwork among YDAs, YCs, clinicians, leadership and other staff. It is essential to have all the clinical and YC positions filled and seasoned YDAs in the majority. Each clinician is responsible for thorough Integrated Assessments, support teams, individual therapy, group therapy, family treatment, special watch evaluations, arranging re-entry services, and JJIS documentation. For all staff to collaborate on supporting residents to develop distress tolerance and emotional regulation so they can be successful in re-entry requires four clinicians (in addition to the substance abuse counselor and Assistant Director for Treatment) who not only have the time to provide individual, group and crisis treatment but also must coach staff to practice and teach residents DBT and Sanctuary skills and manage stabilization plans and special programs.

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

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

COMPLIANCE

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

The revised PPM 3247.60 "Suicide Risk Reduction and Response in OCFS Facilities" (9/15/14) clarifies that if a youth is in bed, but not necessarily asleep, doorway rather than strict "3 feet away" supervision is appropriate. PPM 3247.60 complies with the requirements of 47a.

Staff at Taberg was observed complying with 47a.

Subparagraph 47a has been in compliance at Taberg since March 2013.

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

COMPLIANCE

A 3/12 memorandum entitled "Contacting Mental Health Professionals Outside of Regular Work Hours" (linked to the Behavioral Health Services policy (PPM 3243.33)) complies with 47b and indicates that "each of the facilities reports having an established procedure in place." Updates regarding the staff person to be contacted for mental health crises after hours at Taberg are decided at the facility level and are maintained at the Central Services Unit (CSU), which complies with 47b.

Subparagraph 47b has been in compliance at Taberg since March 2013.

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

COMPLIANCE

The revised PPM 3247.60 "Suicide Risk Reduction and Response in OCFS Facilities" (3/23/16) complies with the requirements of 47c: "From the point of entry into the DJJOY system, throughout all areas of youth programming and extending to the transition back to the community, staff must be continually aware of suicide risk factors and the possibility of adolescent suicide or serious self-harm. Further, when evidence or information arises about the possible suicidal ideation, intent, or behavior of a particular youth, OCFS will respond effectively to maintain the physical safety and emotional well being of the youth. A youth shall remain on enhanced supervision status until a mental health clinician authorizes modification of the enhanced supervision or removes a youth from special supervision status based on a clinical assessment."

Subparagraph 47c has been in compliance at Taberg since March 2013.

On Site Observations Regarding Paragraph 47a-c (5/17)

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

Taberg had 17 suicide watches between April 1, and April 30, 2017, similar to 16 in October 2016 and less than 22 in March 2016, 26 in October 2015, and 26 in March 2015 studied by the MH Monitor for the last four site visits. From April 1-30, 2017 six residents had suicide watches (as compared to seven in October 2016, six in March 2016 and 12 in October 2015). [redacted] had 10 suicide watches, seven from April 2-13, 2017 and three from April 20-27. [redacted] had three and [redacted] and [redacted] each had one (1). During the same time period (April 17-30 2017), [redacted] had 20 ground restraints, [redacted] had nine (9), [redacted] had three (3), [redacted] had two (2), and [redacted] and [redacted] each had one (1). The combination of high rates of suicide watch and ground restraints led to [redacted] being placed on a stabilization plan in February 2017. That plan was revised in March and April before she was placed on a special program. Completing mental health assessments for suicide every other day, and then re-evaluating each resident, although a substantial reduction from months past, continues to be a major time commitment for clinical staff.

No residents were admitted to a psychiatric hospital from Taberg in the six months before the May 2017 site visit.

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

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

COMPLIANCE

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

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

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

Subparagraph 48a has been in compliance at Taberg since March 2013.

48b. Require that any youth whose mental health screening identifies an issue that places the youth at immediate risk is immediately referred to a qualified mental health professional. The qualified mental health professional shall determine whether assessment or treatment is necessary. A determination to transfer a youth to a more

appropriate setting on other than an emergency basis shall require consultation with a committee designated by OCFS' Deputy Commissioner for Juvenile Justice and Opportunities for Youth (DJJOY) or his or her designee or successor. Such committee may include qualified mental health professionals at OCFS' central office. If a determination is made that the youth should be transferred to a more appropriate setting, the State shall immediately initiate procedures to transfer the youth to such a setting.

COMPLIANCE

The procedure for referring a youth for evaluation to a qualified mental health professional is in place. Memos from February 2012 and December 2012 describe the procedure for referral of youth to a committee for a mental health placement (linked to the Behavioral Health Services policy, PPM 3243.33) and complies with 48b.

Subparagraph 48b has been in compliance at Taberg since March 2013.

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

COMPLIANCE

The Integrated Assessment form complies with 48c. The OCFS Psychiatry Manual (March 2014, updated in October 2014) complies with the requirements of 48c.

Taberg staff is included in Integrated Assessments: (a) information from a review of available past records, including mental health, hospital, residential, school, substance abuse and other community assessments and reports; (b) a trauma history, symptoms of trauma and how trauma appears to be affecting the resident's behavior; (c) history of substance use and how it may be related to behavior and trauma; and (d) learning disabilities and how they appear to be affecting the resident's behavior. Completing thorough Integrated Assessments is a time-consuming expectation of clinicians.

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

Subparagraph 48c has been in compliance at Taberg since September 2013.

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

COMPLIANCE

The OCFS Psychiatry Manual (March 2014, updated October 2014) complies with the requirements of 48d.

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

Subparagraph 48d has been in compliance at Taberg since September 2013.

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

COMPLIANCE

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

The OCFS Psychiatry Manual (March 2014, updated October 2014) complies with the requirements of 48e.

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

Subparagraph 48e has been in compliance at Taberg since March 2013.

On Site Observations Regarding Paragraph 48a-e (5/17)

In May 2017, 16 Taberg residents (all but the most recently arrived resident) had the following diagnoses, with most having more than one:

ADHD (4)
Adjustment Disorder
Anxiety Disorder
Bipolar Disorder
Borderline Personality Disorder
Conduct Disorder (10)
Delusional Disorder
Depressive Disorder (4)
Disruptive Mood Dysregulation Disorder (4)
Dysthymia
General Anxiety Disorder
Insomnia
Oppositional Defiant Disorder (2)
PTSD (5)
Reactive Attachment Disorder

For the first time, all the diagnoses provided for Taberg residents were DSM-5 diagnoses (instead of symptoms being listed as diagnoses for some residents). Also for the first time, the majority of the Taberg residents were diagnosed with Conduct Disorder, usually in addition to another psychiatric diagnosis.

The requirement of Paragraph 48 is to "develop a consistent working diagnosis(es)." OCFS provides clinical guidelines in the BBHS Facility Clinical Procedures and the Psychiatry Manual (March 2014, updated October 2014). On January 29, 2014, the Director of BBHS sent a memo to all OCFS psychiatrists indicating that "OCFS has committed to having a uniform working diagnosis for each youth receiving mental health services. Changes in a youth's diagnosis should result from an updated evaluation or as a result of the support/treatment team discussion. The treating clinician and the psychiatrist (with input from the mental health rounds team) will develop a single working diagnosis, which is reflected in JJIS and in the support plan."

The Taberg psychiatrist continues to work one day/week. During the month of April 2017, the psychiatrist was at Taberg four (4) days; during the month he saw 12 residents, six of them once, five of them twice, and one three times. Once weekly Mental Health Rounds are scheduled for the day he is at Taberg.

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

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

COMPLIANCE

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

The OCFS Psychiatry Manual (March 2014, updated October 2014) complies with the requirements of 49a.

The Psychiatric Contact Note links diagnosis with the medication prescribed. The requirement of 49a is to state, "the target symptoms intended to be treated by each medication." OCFS provides clinical guidelines in the BBHS Facility Clinical Procedures and the Psychiatry Manual (3/14). The Director of BBHS sent a memo to all psychiatrists

on January 29, 2014 reminding them of the expectation that they clearly identify in their contact notes the target symptoms and rationale for each medication being prescribed.

During the observed Mental Health Rounds, the Taberg psychiatrist discussed staff concerns about residents' symptoms and decisions to change their medication.

Subparagraph 49a has been in compliance at Taberg since September 2013.

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

COMPLIANCE

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

The OCFS Psychiatry Manual (March 2014, updated October 2014) complies with the requirements of 49b.

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

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

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

Subparagraph 49b has been in compliance at Taberg since December 2014.

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

COMPLIANCE

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

The OCFS Psychiatry Manual (March 2014, updated October 2014) complies with the requirements of 49c.

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

Subparagraph 49c has been in compliance at Taberg since March 2013.

On Site Observations Regarding Paragraph 49a-c (5/17)

In May 2017, 13 of the 17 Taberg residents were prescribed psychiatric medication (seven of these residents were prescribed more than one psychiatric medicine):

Abilify (3)
Celexa (1)
Clonidine (2)
Concerta (2)
Lexapro (1)
Melatonin (2)
Prozac (2)
Risperidol (1)
Seroquel (1)
Strattera (1)
Tenex (1)
Trazodone (1)
Vistaril (1)
Wellbutrin (1)
Zoloft (2)

For the first time, the Taberg diagnostic list did not indicate the psychiatric medication prescribed for each diagnosis; instead, all of the diagnoses were listed for a resident, followed by the psychiatric medication prescribed for that resident. It is preferable to list the psychiatric medication prescribed to address the symptoms of each diagnosis.

In May 2017, two Taberg residents were prescribed three psychiatric medications (Abilify, Wellbutrin and Zoloft; Abilify, Zoloft and Strattera). No Taberg residents were prescribed four psychiatric medications.

One of the residents prescribed three psychiatric medications at the time of the site visit was one of the youngest residents at Taberg. She was a 13-year old returnee diagnosed with PTSD, Disruptive Mood Dysregulation Disorder, Oppositional Disorder, Reactive Attachment Disorder, Generalized Anxiety Disorder and ADHD. The Taberg

psychiatrist's admission contact note (11/10/16) indicated that she arrived prescribed four psychiatric medications already approved by the supervising psychiatrist when she was in reception; the Taberg psychiatrist discussed with her mother immediately tapering her off Lithium due to thyroid levels. The other resident prescribed three psychiatric medications is a 16-year old who had the second longest stay at the facility at the time (since September [redacted]). She is diagnosed with PTSD, Anxiety Disorder, Dysthymia, Cannabis Disorder and Conduct Disorder. As documented in the Taberg psychiatrist's admission contact note from [redacted], she arrived having been prescribed those three medications for some time.

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

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

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

COMPLIANCE

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

Subparagraph 50a has been in compliance at Taberg since February 2012.

50b. The State shall create or modify and implement policies, procedures and training materials for staff at all Facilities as follows: Staff employed at the Facilities who routinely work directly with youth (but not including qualified mental health professionals or medical professionals) shall complete a minimum of six (6) hours of competency-based training regarding psychotropic medications and psychiatric disabilities annually for the term of this Agreement. Such staff includes, but is not limited to, Youth Division Aides, Youth Counselors, teachers, recreation staff, licensed practical nurses, Facility Administrators, and Deputy Administrators. All other staff at the Facilities shall be required to complete a minimum of one (1) hour of competency-based training on psychotropic medications and psychiatric disabilities annually for the term of this Agreement.

COMPLIANCE

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

Subparagraph 50b has been in compliance at Taberg since February 2012.

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

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

COMPLIANCE

The revised PPM 3243.32 "Psychiatric Medicine" (September 15, 2014) and Policy PPM 3243.15 (updated December 24, 2014) entitled "Refusal of Medical or Dental Care by Youth" comply with 51a. PPM 3243.32 contains procedures when a youth refuses psychiatric medicine.

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

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

Subparagraph 51a has been in compliance at Taberg since February 2012.

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

COMPLIANCE

The revised PPM 3243.32 " Psychiatric Medicine" (September 15, 2014) and Policy PPM 3243.15 (updated December 24, 2014) entitled "Refusal of Medical or Dental Care by Youth" comply with 51b. PPM 3243.32 contains procedures when youth refuses psychiatric medicine.

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

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

Subparagraph 51b has been in compliance at Taberg since February 2012.

51c. A medical refusal form shall be completed each time a youth is scheduled to receive medication and refuses. In addition to the date and time, youth's name and prescribed medication which the youth is refusing, the form shall include an area for either the youth or a staff person to record the youth's stated reason for refusing medication, an area for the youth's treating psychiatrist to certify that s/he has reviewed the medication refusal form, and signature line for the refusing youth.

COMPLIANCE

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

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

Subparagraph 51c has been in compliance at Taberg since February 2012.

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

COMPLIANCE

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

Subparagraph 51d has been in compliance at Taberg since February 2012.

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

COMPLIANCE

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

Subparagraph 51e has been in compliance at Taberg since February 2012.

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

COMPLIANCE

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

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

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

The QAI Review of Taberg (May, 2017) reported that the five residents' records reviewed contained documentation that the rationales for and symptoms targeted by the prescribed medications were addressed in discussions between the psychiatrist and the youth.

Subparagraph 52 has been in compliance at Taberg since August 2012.

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

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

COMPLIANCE

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

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

The support team practices at Taberg comply with 53a.

Subparagraph 53a has been in compliance at Taberg since March 2013.

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

COMPLIANCE

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

Subparagraph 53b has been in compliance at Taberg since March 2013.

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

COMPLIANCE

Support team meetings at Taberg comply with 53c.

It is important that the Taberg psychiatrist participates in support teams of residents with complex diagnoses and/or psychiatric medicine issues.

Subparagraph 53c has been in compliance at Taberg since March 2013.

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

COMPLIANCE

Subparagraph 53d has been in compliance at Taberg since May 2016.

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

COMPLIANCE

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

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

Subparagraph 53e has been in compliance at Taberg since November 2015.

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

COMPLIANCE

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

Subparagraph 53f has been in compliance at Taberg since September 2013.

On Site Observations Regarding Paragraph 53a-f (5/17)

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

[redacted] is a 17-year old Native American who returned to Taberg on January 12, 2017; she had previously been at Taberg almost [redacted] years earlier, as a [redacted]-year old, and stayed for four months. This time she was placed at Taberg after assaulting staff and a peer at [redacted]. She was raised by her [redacted] but was exposed to domestic violence in her substance abusing [redacted] home and was sexually abused by [redacted] At age 13, while she was AWOL from [redacted] she was involved in prostitution. She has a history of alcohol and poly-substance abuse. She was previously diagnosed with PTSD but at Taberg was diagnosed with Bipolar Disorder and is prescribed Prozac and Melatonin. Taberg is working with her and her [redacted] for a successful return to her home. The support team meeting included her YC, clinician, nurse, education and the Assistant Director for Treatment with her [redacted] and CMSO on the phone. She was recognized for being the first Taberg resident to move up to Future phase in more than a year. Staff told her they were proud of her for having a lot of insight, preparing for Regents exams, being the first Taberg resident to take the National Work Readiness Council

Credential (which counts as a Regents and she got other residents interested in doing it), doing good planning for the future, addressing her pre-diabetic obesity, wearing her hearing aid, and being a mentor for younger residents. [redacted] was pleased with herself for leading her own support team meeting. She described her accomplishments at Taberg and her goals of graduating from high school next year and maintaining her sobriety. She has a history of arguing with and disobeying her [redacted] and [redacted] is motivated to improve their relationship; she also hopes to rebuild relationships with her parents who have both remarried. The MH Monitor observed [redacted] unit presentation for Future Phase, which was well attended not only by unit staff, but her entire support team. She presented two posters: one with her goals and another with the house rules that she and her grandmother developed together and both signed.

[redacted] support plan did not reflect her trauma history, and two goals were vague and outdated and could have been in any plan in any facility ("continue meeting program goals and engaging in treatment in order to return home" and "follow program expectations, including school and groups"). Using coping skills was mentioned in the interventions, but it would have been more helpful to [redacted] and her CMSO if those skills were specified and reflected in her goals so they could be continued with her grandmother, supported by community services. Only her third support plan goal was specific and directly applicable to her re-entry: "Make thoughtful decisions about the role of drugs/alcohol in her future" which included "identifying the triggers to her use of drugs, sex and food to 'feel better,' in order to build her self-respect and become an independent young woman."

[redacted] needs a support plan that she can depend on for reminders for how to continue her success and that community providers can use to guide her in managing the daily stressors of home life, school and peer pressure. At Taberg she uses her intelligence and is motivated with tremendous staff support. When she leaves, her success will require clarity about what specifically could make her want to use drugs, sex and food to "feel better," and who can remind her to use Taberg coping skills to avoid being triggered. [redacted] appears to be a mature resident who has learned a lot at Taberg, but the pressure to use drugs, sex and food under stress in the community should not be underestimated. She has a long history of trauma that will continue to be evident in her behavior if she does not receive continuing trauma treatment. Furthermore, she will need support to build positive peer relationships with youth as motivated as she is, which she has not had in the past. She has trusted staff at Taberg and it is unlikely that her [redacted] or CMSO can offer the intensity of support that her Taberg drug counselor, school staff, nurse, YC and YDAs provide in concert. Along with being proud of her own independence, she must learn from Taberg staff that she has to replace their support with trusted professional guidance at school and in community services. While her support team was outstanding, her self-reliance was emphasized and it was not apparent that she was realistically planning for the support she will need when she returns to her [redacted] With all the concerns described below regarding the lack of intensity of B2H for traumatized youth and the absence of a 7 Challenges program through her CMSO, [redacted] re-entry is likely to be much less supported than she requires, despite her remarkable success at Taberg.

[redacted] was the youngest resident at Taberg at the May 2017 site visit. She is a [redacted]-year old Latina admitted three months prior to the site visit after damaging property at [redacted]

residential program. [redacted] was born substance dependent and was physically, sexually and emotionally abused, but was not removed by CPS until she was 3 years old. It is unknown what her early placement history was, although when she was 8 she and her sisters had an order of protection from their [redacted] for sex abuse, and she was placed with her grandmother who could not manage her, she was labeled PINS, and she was placed in a residential program in September 2016. Despite the report that she had been viciously physically and sexually abused by her substance-abusing [redacted] and that she was reactive and aggressive as a child, her history included no description of trauma treatment (only that outpatient therapy and medication were called unsuccessful). She was diagnosed with PTSD by an outpatient provider, and in residential care she was diagnosed with PTSD, ODD, ADHD, Rule Out Bipolar Disorder. She was classified as a Preschool Student with a Disability and was in a small elementary school special education classroom with an Other Health Impaired disability. Her history indicated that at age 9 her skills were still at the first grade level and the school psychologist could not complete testing because of her "severe agitated state;" she was described as hyperactive, disruptive and assaultive at school. Previous testing had found that her memory, written language and comprehension were in the very low range. At Taberg [redacted] is diagnosed with PTSD, Disruptive Mood Dysregulation Disorder, ADHD, Intellectual disability (mild) and Conduct Disorder. Her Taberg record did not include any progress or discharge report from [redacted] She arrived at Taberg prescribed a stimulant (Concerta) for ADHD, which the Taberg psychiatrist had recently discontinued due to significant weight loss. At the time of the site visit she was prescribed Clonidine. Initially at Taberg she refused to meet with the psychiatrist or clinician or be tested by education; she had previously had multiple IQ test results ranging from below 70 to low average. In school at Taberg she was not doing any work. Two months after arriving at Taberg, her support plan indicated that her clinician was meeting with [redacted] twice weekly and medical staff was continuing to encourage her to take her medication for PTSD symptoms. Her goals were:

> Goal #1: "[redacted] has historically struggled in school and would like to do better."
> Goal #2: "[redacted] wants to return home to her grandmother and siblings."
> Goal #3: "[redacted] will learn skills to help her deal with symptoms related to her diagnosis of PTSD."
> Goal #4: "[redacted] would like to improve how she manages her emotions, specifically her anger."

These goals are not consistent with the New York Model philosophy of the girl articulating goals she makes a commitment to. While staff assist girls in getting specific about their goals, it is unlikely that a resident would use jargon such as "symptoms related to her diagnosis of PTSD" or "manages her emotions," especially a [redacted]-year old resident with low academic achievement. A support plan is only useful in guiding programming if a resident can say what she is working on. Wording such as "I don't want to get so upset because it reminds me of the past" or "I get mad easily and I want to know how to deal with my anger better" might be how a [redacted]-year old would explain her goals and she would be more likely to be motivated by them than professional jargon. [redacted] April 2017 support plan indicated she had stopped physical aggression, only had one EBP and was working for phase advancement. When she started at Taberg she was frightened of male staff and avoided them, but was gradually beginning to trust and the male clinician leading the Sanctuary

group commented later on her slowly improving participation. Given her age, it was commendable her support plan noted "an increasing ability to problem-solve and mediate with peers…working hard to separate herself from the negative behavior of peers." Connecting her fear of relationships and self-protective aggression with past trauma would improve her support plan and her trauma recovery.

The MH Monitor observed [redacted] outstanding support team meeting, convened by her YC with her clinician, school staff and participating nurse, and the CMSO and her grandmother on the phone. Her grandmother is monolingual [redacted] and her YC had arranged for a telephonic interpreter; her YC was skilled at patiently dealing with interpretation after each comment. It was reported that she only had one restraint in the past month following an argument with a peer. It was hard for her when a friend left Taberg, but older residents on the unit look out for her. She has been motivated to advance in phase in order to spend time in the Rabbit Nurturing Program. Her clinician reported she was still struggling to get [redacted] trust. The school reported that having Spanish as her primary language, being learning disabled and being out of school had combined to keep her at a 1st grade reading level. She was beginning to engage in hands-on school activities designed for her. Since her arrival, [redacted] had been supported to recognize that with a tenuous relationship with her grandmother, discharge to a step down program would fit her needs better. Unfortunately, when [redacted] arrived in the support team meeting saying her goal was to talk about her future placement, her grandmother overflowed with feelings and accusations. Her clinician told her grandmother how much progress [redacted] is making at Taberg, and her YC said it was mature of [redacted] to know she is not ready to go home and that she requires success at a step down program first. Her YC told her grandmother she would call her later to explain the step down options, but that Taberg and her CMSO were thinking [redacted] was the best fit. School staff reported she had been Student of the Week three times, but [redacted] struggled to talk in the meeting about her school and therapy goals, hiding her face. It was unclear whether [redacted] could digest all the positives from her staff because she was clearly hurt by her grandmother who continued to talk at length in Spanish (to [redacted] with only partial translation into English.

In the debrief, staff discussed how they could organize future support team meetings so [redacted] could hear positive feedback and not be hurt by her grandmother's negative perspective. The MH Monitor asked if the treatment foster care program would be a placement for a [redacted]-year old, and the participants did not seem to know about the program previously described by Home Office and used in the past for re-entering Taberg residents. Taberg staff was insistent that based on experience with other returnees, B2H would not provide sufficient support for [redacted] or her grandmother to make return home possible.

[redacted] had been most responsive to treatment when the rabbits were involved: the Rabbit Nurturing Program is a promising pet therapy approach that appears to have been slowed down by bureaucratic obstacles. Home Office required application phase to be eligible for the rabbit program even though girls on learning phase are likely to be motivated to improve if they are benefitting from the Rabbit Nurturing Program. The rabbits apparently were only being handled outside, and any girl going outside had to be approved by Home Office as if it were an off-grounds field trip. The MH Monitor could not

understand whether (1) the rabbits could be with residents outside the main building (inside the fence) without special approval? If so, had moving the rabbits from the Annex been considered? (2) the rabbits could be used for therapeutic purposes inside? It appeared that there were no private therapy rooms near the large day room in the Annex where the rabbit cage is, even though clinicians acknowledged that petting a rabbit during therapy could have a variety of benefits; and (3) playing with the rabbits could be a phase incentive separate from using the rabbits in individual therapy regardless of a resident's phase, since the girls who might respond most in individual therapy with rabbits are those with fewer verbal skills and more trust issues who are likely to remain at lower phases?

Taberg support team meetings continue to be excellent. Both observed support teams emphasized preparation of the resident and her family for Re-Entry, with strong collaboration with their CMSOs. Goals in support plans for Re-Entry must incorporate trauma-related change, relationship-building and relapse prevention.

Since the previous site visit in November, 2016, many days of support were provided to Taberg by BBHS staff and other individuals including: Chief of Treatment Services Anne Pascale, Bev King (Social Work supervisor), Mia Morosoff (Substance Abuse Coordinator,) Jennifer Alongi (Sexually Harmful Behavior Treatment Coordinator), Brad Beach (DBT consultant), Shaun Lang and Melinda Rivera.

The May 2017 QAI Review of Taberg documented progress for Overall Youth Records in the Meets Standards range (from 40% to 80% since November 2016). However, the QAI Review raised concerns about the wording of the ISPs, which relied on complex mental health jargon and multiple goals wrapped into one that is not consistent with the New York Model. For example**,** "[Clinician] will assist [youth] in becoming more aware and more conscious of the precursors and precipitants of dysregulated emotion and help develop adaptive strategies and skills." Another example was: "Clinician will assist [youth] in identifying positive consequences of managing anger and misbehavior (i.e. respect from others and self, cooperation from others, improved physical health); as well as use accountability to recognize negative consequences of misbehavior." Another example was:"[Clinician] will provide psychoeducation regarding the biopsychosocial effects of trauma and etiology of reactive attachment disorder. We will also engage in TF-CBT sessions to assist with her understanding of the rationale for therapy including the treatment methods of coping skills, cognitive restructuring, and exposure to build confidence, desensitize and overcome fears, and see one's self, others, and the world in a less fearful and/or depressing way." The QAI Review continued by indicating, "The youth interviews reflected a high regard for the Support Team Meetings. The youth seemed to value them and, although the language in the ISPs appeared complex, there were youth who identified goals and skills they have been working on." It is essential that the Taberg leadership team ensure that the practice of clinicians and others is done according to the New York Model, which requires that the ISP use the youth's words so that it reflects the clinician's and other staff's concerns without jargon so the youth perceives the ISP as their own plan.

It is essential that the Taberg leadership team continues to review how ongoing coaching regarding the effects of trauma on residents is being provided for Taberg staff,

including understanding residents' survival-based self-regulation and providing safety given self-harming tendencies in traumatized residents.

It is essential that the Taberg leadership team continues to review the effectiveness of Stabilization Plans in addressing a resident's attachment difficulties, teaching her emotional regulation, and providing her with success experiences given her cognitive and adaptive skill limitations. This should include reviewing the impact of intensified individual attention on restraints and suicide watches at Taberg, including the adequacy of support for self-calming throughout the day so the resident does not escalate.

Taberg still does not have video conferencing in the Annex where most support teams are held. Being able to see the faces of CMSO and family is important in support team meetings. This technological problem should be resolved.

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

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

COMPLIANCE

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

Subparagraph 54a has been in compliance at Taberg since March 2013.

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

COMPLIANCE

The OCFS substance abuse manual was revised 4/18/16 to include 7 Challenges and defines practices that comply with 54b.

BBHS Facility Clinical Procedures (updated November 7, 2014) specifies: "All youth who enter DJJOY with histories of substance abuse or dependence and are assessed as requiring continued intervention will receive treatment for such. Many facilities have substance abuse clinicians who offer pull-out individual and group treatment. For youth being treated by both a primary clinician and a substance abuse clinician, it is important to ensure that the youth's support plan reflects the work of both clinicians. Clinicians need to coordinate regularly around treatment. Youth requiring continued support/ treatment/intervention following release from facility for addiction will require a relapse prevention plan as part of release planning." A March 2015 instruction to the Taberg substance abuse clinician required that "youth arriving at Taberg with a Special Needs and Assessment Profile (SNAP) score of 3 or 4 will be flagged by the Assistant Director for Treatment, who will add the names to a spreadsheet and notify the substance abuse clinician to conduct an SA evaluation" remains the requirement.

The 7 Challenges program revolves around Taberg residents (1) talking honestly about themselves and alcohol and other drugs; (2) looking at what they like about alcohol

and other drugs and why they are using them; (3) looking at the impact of drugs and alcohol on their lives; (4) looking at their responsibility and the responsibility of others for their problems; (5) thinking about where they want to go and what they want to accomplish; (6) making thoughtful decisions about their lives and their use of alcohol and other drugs; and (7) following through on those decisions.

Subparagraph 54b has been in compliance at Taberg since November 2015.

On Site Observations Regarding Paragraph 54a-b (5/17)

The MH Monitor observed an excellent 7 Challenges group facilitated by the substance abuse clinician, with three participants and an active YDA. All of the participants were engaged. One asked to do a reading on relapse prevention because she was preparing for discharge. Another read a selection regarding "Right and Wrong." Both readings were discussed, with the facilitator, YDA and girls joining in.

In addition to the weekly group, the substance abuse clinician does individual 7 Challenges sessions and journals with all the girls in 7 Challenges group. She is also the primary clinician for a resident in one of those groups. The Taberg substance abuse clinician maintains an up-to-date Substance Abuse Treatment spreadsheet in which all the residents were listed with their SNAP and ADDIS scores and whether they were assigned to 7 Challenges. Eight of the 17 Taberg residents at the time of the May 2017 site visit were assigned to 7 Challenges, seven were assigned to Inner Visions, one who refuses groups was assigned "individual," and the most recent arrival had not been entered on the spread sheet. The substance abuse clinician continues to offer 7 Challenges group and individual sessions to the resident who is eligible but does not participate.

The substance abuse clinician saw 13 residents in April 2017: 10 participated in 7 Challenges groups (most for 4 sessions, but a few for 2-3 sessions); she also saw all 10 of those residents for individual substance abuse counseling (most for 2-3 sessions, but 1 for 7 sessions); she provided crisis management support for three (3) residents.

In a de-brief with the substance abuse clinician, the BBHS Coordinator of Substance Abuse Services, and the Taberg Assistant Director of Treatment, we discussed the progress of girls in 7 Challenges. Since the last site visit, all the clinicians have been trained in 7 Challenges to assist them in being the primary clinicians for girls with a substance abuse diagnosis.

Taberg staff is including residents' history of substance use in Integrated Assessments and goals in support plans. Applying skills being learned in the facility to successfully avoid returning to substances in the community is an ongoing goal of services. Taberg staff must ensure that each resident integrates skills learned in substance abuse treatment with those learned in therapy and DBT and Sanctuary groups. Communication in support teams and Mental Health Rounds among the clinicians, YCs, and YDAs, and the rest of the team should support each Taberg resident's individual progress in self-calming and relying on these skills to avoid substance use in the community.

Whether girls can continue 7 Challenges as they leave Taberg appears dependent on whether the CMSO has staff trained in 7 Challenges. If the only substance abuse treatment

available in a community is a traditional abstinence model, it could undermine a girl's ability to use the skills she learned at Taberg to avoid substance abuse in re-entry. This is reflected in an interview described in the Taberg QAI Review (May 2017): "The youth developed her relapse prevention plan with her substance abuse clinician. She identified three thoughts, two emotions, and one behavior that were warning signs for relapse. She reported three situations that would be risky for her and three actions for those situations to help maintain abstinence. In addition, she identified six contacts to lean on for sober support, and five reasons to stay sober. During the QAI interview, the youth was asked what her release plan was. She stated 'go home to mom,' therapy, substance abuse treatment, B2H, and EM." She was asked how she felt about her release plan. She stated 'I'm ok with EM, I don't feel I need counseling now that it's perfect with my family.' She was asked about what she thought might be most challenging about her release and she said, 'Drugs, maybe. Smoking because I'm going to want to."

The May 2017 QAI Review of Taberg found that "Individual substance abuse counseling twice a month was evident in two records and weekly substance abuse treatment was evident in three records. Supported documentation around journaling was found in four records. Also, four of the records contained ISPs that included goals and/or objectives that targeted the youth's substance abuse treatment needs. One youth required a relapse prevention plan (her release date was set for the week after the QAI review). A completed relapse prevention plan was in JJIS." However, QAI uncovered a significant problem that 7 Challenges groups only happened 14 out of 21 weeks of the Review—seven groups that were not held were cancelled due to room searches on the unit. The November 2016 QAI Review of Taberg previously found that that 7 Challenges groups were only held 16 times out of 27 weeks, which was attributed to the new substance abuse clinician not starting until after the QAI visit. Consistent weekly 7 Challenges groups are a requirement of the program, and while room searches are necessary, they should not interfere with substance abuse treatment. That QAI also found that a resident could not attend 7 Challenges four times while she was on restriction also raises the question of whether consequences can occur as necessary without interfering with treatment.

It is essential that the Taberg leadership team ensures consistent participation by residents in 7 Challenges and unit scheduling that makes weekly 7 Challenges groups a priority.

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

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

COMPLIANCE

The Continuity of Care Plan complies with 55a.

Subparagraph 55a has been in compliance at Taberg since March 2013.

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

COMPLIANCE

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

BBHS Facility Clinical Procedures using the Juvenile Justice Information System (updated November 7, 2014) specifies: "The community re-entry plan, like the Integrated Support Plan, is a multi-disciplinary exercise. All members of the youth's support team are responsible for recording the course of services and outcomes for that particular discipline throughout the youths stay in facility. Each support team member will also record any ongoing identified needs, what support services are necessary for the youth's successful transition from facility and any appointments established for that youth. The clinician is further responsible for updating any final changes to the DSM diagnosis and is responsible for completing the Continuity of Care Plan (COC). The COC is the record of all established appointments with mental health and/or substance abuse providers in the community."

Taberg staff is completing lengthy Community Re-Entry Plans and making an effort within the confines of the plan format to provide details about services and supports necessary for the transfer of a girl's goals and skills learned at Taberg to the community or residential program.

Subparagraph 55b has been in compliance at Taberg since May 2016

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

COMPLIANCE

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

Subparagraph 55c has been in compliance at Taberg since March 2013.

On Site Observations Regarding Paragraph 55a-c (5/17)

The highest percentage of Taberg returnees was in the May 2017 site visit (7 out of 17) compared to previous site visits despite the efforts of Taberg staff in planning with girls. Of these seven returnees, five were on their third or fourth stay at Taberg. One was a 14-year old on her third stay at Taberg in less than 10 months. Four returned from residential programs and three from the community. It is evident that step-down and community placements are not providing comparable trauma treatment, substance abuse treatment or family therapy to Taberg.

Although as in previous site visits, the MH Monitor noted that the last support plans prior to re-entry were often facility-focused rather than helping a girl revise her goals for after Taberg, the support plans were thorough and showed the involvement of girls, facility staff, family and CMSO. Facility staff had been working with girls during the end of their

Taberg stay about continuing their progress after leaving, but this was often not reflected in a support plan they could take with them to help them after they left. As a result, girls are not adequately prepared with how they would realistically use their DBT and Sanctuary skills, build supportive relationships to replace Taberg staff, and continue their trauma treatment whether going to step down programs or the community. It is discouraging that all the returnees were sent back to Taberg due to the same individual and family difficulties they had been making progress on while at Taberg.

The MH Monitor reviewed the support plan and 21-page CRP plan for a Taberg resident who was released immediately after the May 2017 site visit. She was returning to her mother, the same place she had returned less than six months earlier. [redacted] was born in [redacted] in 2003 and moved with her family from [redacted] to [redacted] in 2005, and then to [redacted] NY in 2006. She is 14 and lives with her mother, stepfather and [redacted] siblings, including several sisters over 18; her mother says [redacted] behaviors are much worse than her other children. [redacted] maladaptive behaviors were first noted in fourth grade and worsened, including running away, stealing, associating with delinquent peers and aggression. She was a PINS in 2015, was admitted to [redacted], and was placed with OCFS on May 24, 2016 for petit larceny. The trigger for her running away is fighting with her older sister and mother, which precipitated her return to Taberg. [redacted] feels that she is rejected by her family for being too "American and black" and not demonstrating cultural traditions in house duties, speech, relationships, and interests. As her behavior worsened, she was increasingly a target of criticism by her family, further contributing to her feeling rejected. She identified her most intolerable feelings as rejection and shame, especially after conflicts with her older sister and mother. Her Integrated Assessment described [redacted] as very intelligent, sociable and a strong advocate for herself. During her second stay at Taberg, she set a goal of being discharged home, and she worked on her communication with her mother, reduced her aggression and learned to stop and think about her actions prior to making decisions. The goals in her support plan did not reflect past trauma or rejection and shame, despite her return to Taberg being linked to them:

Goal #1	To earn back her mother's trust in order to improve the likelihood she will allow her to return home.
Goal #2	To get a job when she returns home.

The June 2017 plan for her return home was built on directives, not transferable skills that she could count on to keep her from being triggered and running away again: "[redacted] and her family will need to practice healthy conflict resolution and reduce hurtful statements and behaviors toward each other. [redacted] needs to follow her mother's rules and communicate with her mother in a positive way. Her mother participated in family counseling at Taberg in person as well as by phone. They will be provided with FFT through [redacted] individual treatment at the neighborhood center, and B2H services and CMSO will remain engaged to assist them with any services." It was noted that, "[redacted] continues to work toward improving her relationship with her mother and her siblings. She is more accepting of feedback from her mother, as well as the realization that her mother's expectations of her when she is home are more than fair. Her mother would like [redacted] to follow her rules in the home and not run away when they have a disagreement."

This second return home support plan (with a different YC, different Taberg therapist and different CMSO from previous admission) sounds similar to the facility-centered December 2016 plan a few weeks before that discharge:

Goal #1: [redacted] has shown improvement in regards to her relationship with her mother and would like to maintain the reduction in frequency of arguments with her mother in order to prepare for her return home.

Goal #2: [redacted] will demonstrate commitment to program participation regardless of mood.

Goal #3: [redacted] will demonstrate reduced aggression.

Goal #4: [redacted] would like to continue to develop and practice skills/strategies to better manage difficult emotions, impulsivity and urges to AWOL.

Experienced Taberg staff reports that B2H services do not begin until two weeks after the girl arrives at home, missing a crucial window of adjustment and adapting skills learned at Taberg. Crises immediately after discharge from Taberg should be expected, so intensive services must begin immediately, the day a girl arrives in her new placement. Taberg staff is understandably frustrated that they are not permitted to connect a girl directly with her new therapist in the community in order to transfer the relationship and support the resident in identifying what she will need from a therapist in the community to be able to use the skills learned at Taberg. They report that B2H services may be delivered in the home, but are usually not more frequent than once weekly, which is much less support than a girl has relied on at Taberg and is not sufficient for families to support the continuation of skills learned at Taberg. It is clear that without being redesigned, B2H services set a girl up for failure and appear to account for many returns to Taberg, which is traumatic for girls.

It is essential that the Taberg leadership team continues to review how Taberg uses the last support team meeting to help each girl and those who will support her during re-entry tailor Taberg goals to success in the community or placement, so her supporters understand their role in helping her regulate emotions, tolerate distress, form trusting relationships and avoid relapsing.

The MH Monitor again recommends that Home Office review each Taberg returnee over a one year period to determine what additional services or increased intensity of services would have made a difference in the effective transfer of the resident's gains and relationships to her new placement. Next steps to ensure a higher success rate on re-entry should be formulated from this review, including working with DSS, step down programs and community-based mental health and substance abuse services. It is essential that Home Office expands efforts to ensure success on re-entry from Taberg.

IV. DOCUMENT DEVELOPMENT AND QUALITY ASSURANCE

56. Document Development and Revision. Consistent with paragraph 68[2] of this Agreement, the State shall create or modify policies, procedures, protocols, training

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

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

The Parties agree that this subparagraph is no longer monitored for Taberg.

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

COMPLIANCE

COMMENT: A positive element of the monitoring process has been the creation and implementation of the Quality Assurance and Improvement (QAI) Bureau. The Monitors received in advance of the monitoring visit a draft version of the Program Review: Taberg Residential Center for Girls, May 12, 2017 (the QAI Report) from QAI. Before the May 2017 site visit, the Monitors participated in a conference call to review the QAI Report, which is a remarkably thorough and detailed resource. The Monitors both expressed their appreciation for such a high quality and comprehensive quality assurance review. These QAI reports have become an important force in the achievement of compliance with the Settlement Agreement.

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

The GRS system demonstrated its designed usefulness at Finger Lakes. The challenge at Taberg is not graduated responses but the thresholds for various levels of action. The quality assurance challenge at Taberg is finding and implementing a strategy to move the GRS level out of the "red" without sacrificing the belief that a distinguishable difference exists between appropriate and excessive uses of force. The OCFS "GRS Vision and Action Plan" approved on January 23, 2017 addressed the recalibration of GRS thresholds for Taberg and details the Stabilization Plan approach that justifies the new thresholds.

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

COMPLIANCE

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

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

COMPLIANCE

COMMENT: The Justice Center has substantially reduced the amount of time between the start of a staff sexual abuse allegation and the production of a findings letter and report. In addition, Home Office reports monthly and updated sexual abuse allegations using the Monitors' Taberg Sexual Abuse Findings Table supplied to OCFS as an Excel spreadsheet. The Monitors do not need to continue this practice.

V. SUMMARY

The investments made in increasing the safety of girls and staff at Taberg have been significant and are to be commended. These are investments that have been made both by the OCFS and the caring and committed staff working at Taberg. The administrative staff appears to function as a unified team in support of the NY Model. Morale among non-administrative staff has increased with staff additions leading to reduced overtime. As evidenced by GRS data, significant progress has been made in reducing the number and length of time girls and staff spend in restraints. Staff is trained and re-trained in CPM practices to ensure that when a restraint occurs, staff is able to perform in a manner that is safe for both staff and the girls, and a system of Documented Instruction (DI) is in place to make certain corrective instruction is provided for staff as needed. Numerous program improvements and/or enhancements are either already in place or are being planned. The girls appear to know the facility rules, understand and know their level on the Phase System, and value the DAS. They report feeling safe and make positive comments about numerous staff. Girls are able to name staff they can go to for support and comfort when they are emotionally upset, and they report staff being fair in their discipline. These improvements go hand-in-hand with the girls' progress in understanding the effects of trauma on their behavior and their increased ability to self-calm, experience trusting relationships and achieve their goals. It is rewarding to see so many Taberg staff proud of the residents' progress, especially given their tragic life stories.

All of the Mental Health paragraphs were in compliance for 12 months or more as of the May 2017 site visit, and all of the Protection from Harm paragraphs were in compliance for 6 months or more with the May 2017 site visit. This is a commendable achievement by the entire Taberg team. However, concerns remain related to Subparagraph 42(b) of the Settlement Agreement for which there was a finding of "Substantial Compliance" in this (May 2017) report. This is based on the fact that during the six-month period addressed in this monitoring report, there was less evidence than in the previous six-month report of the application of principles and techniques of the NY Model by YDA staff. Fifteen restraints during this time period lasted more than 30 minutes. Two restraints lasted 51 and 78 minutes. A third of these 15 restraints required the use of mechanical restraints. In one of these, the resident was in mechanical restraints for 29 of the 42 minutes the restraint lasted. This is of some concern to the PH Monitor.

Two themes emerged during the May 2017 site visit. First was the need for greater communication among and across various levels of staff. While many processes are in place to support this communication, i.e., Town Hall and Cabinet meetings along with numerous

meetings intended to support the therapeutic interventions at Taberg, participation is reportedly not required in any of these meetings. As a result, participation is often low. Consistent Intact Team meetings, at least every other week and preferably weekly, are essential and may require overtime. Likewise, ensuring that one YDA from each unit (preferably rotated and including all shifts) participate in weekly MH Rounds and that at least one YDA participates in each girl's support team meeting may require overtime.

Sustainability of the New York Model at Taberg after monitoring ends emerged as a second theme, which is inextricably tied to the theme of communication. Taberg has emphasized coaching of staff about what is behind each girl's behavior and how to help her engage in safe, caring relationships with staff. The Monitors believe that fidelity to the New York Model requires continued coaching and training of staff in how to skillfully and consistently practice all four of its key elements: 1) Understanding behaviors through a trauma lens; 2) Steadily building relationships; 3) Self-regulation skills (of both staff and the girls); and 4) Self-identification of goals. Taberg has almost reached a full year of sustained compliance with the Settlement Agreement, but the Monitors believe that without ongoing coaching for staff on the NY Model, along with regular participation by all levels of staff in the various systems of communication put into place at Taberg to support the NY Model, i.e., Support and Intact Team, Therapeutic Intervention Committee and Red Flag Meetings, and Mental Health Rounds, it will be difficult for Taberg to sustain its compliance.

The Monitors concluded that while there is evidence of a high functioning, cohesive administrative team at Taberg, this interconnectedness does not exist consistently among and across YDA, YC and clinical staff, the staff members most critical to the success of the NY Model. The mandatory participation of these staff in the previously identified systems of communication, along with consistent coaching of staff in how they practice and guide girls in using the fundamentals of self-calming and relationship building, could go a long way in ensuring long-term fidelity to the New York Model.

Because mental health and protection from harm are woven together in the New York Model, the monitoring team recommends that both the PH Monitor and the MH Monitor return for what would be a final site visit in November 2017, assuming continued compliance of all the protection from harm paragraphs.