

Woodside Juvenile Rehabilitation Center



WOODSIDE TREATMENT PROGRAM OVERVIEW

In 2011, Woodside was repurposed as a cost-effective alternative to hospitalization. Since then Woodside has enhanced programming to meet the stringent standards set forth by the Center for Medicaid/Medicare Services (CMS).

Woodside Programmatic Enhancements

- Treatment begins upon intake
- Treatment is monitored throughout a resident's stay
- Individual and group counseling services
- Improved educational services
- Transitional/reintegration services
- Family engagement
- Psychiatric and full medical services
- Systematic approach to implementation of program components
- Procedural development including stakeholder participation

Treatment Begins:

Screenings Upon Intake

- Initial needs survey (Risk for self harm)
- Health screening
- Substance abuse
- Psycho-social

Treatment Begins:

The First 24 Hours

- Youth Self Report (YSR)
- Massachusetts Youth Screening Instrument – 2 (MAYSI – 2)
- Initial Clinical Review:
 - YASI Review
 - Parent/Family/Guardian Interview
 - Social Worker Interview
 - Resident Interview

Treatment Begins:

The First 3 Days

- Interview with Psychiatrist (Certification of Need)
- Wide Range Achievement Testing (WRAT – 4) Pre and Post
- Psycho-Social Assessments
 - HEADSS

Treatment Begins: Preliminary Plan of Care/ Interpretive Summary

All screenings and assessments are utilized to develop a Preliminary Plan of Care (PPC) by day 3. The PPC is written by the clinical supervisor in language accessible to line staff, the resident and the family. With input from the clinical team, the PPC evolves into an Individual Plan of Care (IPC) that is used to guide treatment. Staff are required to read each IPC and document that they have done so. The IPC is a dynamic document and changes with our understanding of the resident.

Treatment Begins: Within the First Week

- **Complete Physical Examination**
 - Usually on the first business day
 - Immediately when indicated
 - Inclusive of a follow up psycho-social
- **Vocational Assessment**
- **President's Physical Fitness Challenge**
- **Individualized Plan of Care (IPC)**
 - Strengths, Needs, Abilities and Preferences are identified
 - Basic goals are established

Treatment Begins:

Within the 14 Days

- **The Treatment Team:**
 - Youth
 - Family
 - Social Worker
 - Woodside Clinical Supervisor
 - Psychiatrist
 - Nurse
- **The Treatment Team identifies individualized goals, based on Criminogenic Need, for inclusion in the IPC**
- **Clinical Staffing**
- **IPC is developed**
- **Substance Abuse Assessment (When indicated)**

Woodside

A Three Pronged Approach

- Psychiatry
- Psychoeducational Milieu
- Criminogenic Risk Reduction Programming

Woodside Psychiatry

- Record Review
 - FSDnet
 - Legal Documentation
 - Prior Assessments, Discharge Summaries, Evaluations, etc.
- Psycho-social Assessment
- Substance Use Screening
- MAYSI-2 Follow up (When indicated)
- Certification of Need completed
- Interview with the resident
- Medication Management
- On going clinical involvement in IPC
- Individual Psychiatric Services

The result is a written psychiatric report and treatment recommendations based on current knowledge

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Psycho-Educational Milieu

Unit Life

- Five Groups per Day:
 - Goal Identification
 - Didactic Delivery of Cognitive Behavioral Material (during school)
 - “Knowledge Is Power” (KIP)
 - Process Group including CBT skill practice
 - Goal Check in/Process – “Good News”
- “In the moment” delivery of Motivational Interviewing and Motivational Enhancement Techniques by extensively trained milieu staff
- A reduction of non staff directed free time from an average of 5 hours per day to less than 1 hour

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Psycho-Educational Milieu

School Life

Seven Hour School Day – 8:30 to 4:00 (Minus Lunch Time)

- Five Academic hours per day
 - English
 - Mathematics
 - Science
 - Social Studies
 - Health/Life Skills
- Additional Course Work In:
 - Art
 - Physical Education
 - Psycho-Educational Groups
- Students rotate through classes
- Title One Services
- Special Education Services

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Psycho-Educational Milieu

School Life Highlights

- Students remain enrolled in their sending schools
- Students receive individualized academic programming
- Students continue to earn academic credits toward graduation
- Teaching staff coordinate IEP and 504 services with the Local Education Agency (LEA)
- Quarterly report cards are sent to students, parents, GALs, Education Surrogates, social workers and the LEA
- Class size of 6 students or less with para-educator/interventionist support as needed

Woodside Schedule

Woodside operates 24 hours a day/ 7 days a week. We never close.

MONDAY - FRIDAY

7:30 – 7:45	Wake up, personal hygiene, clean-up
7:45 – 8:30	Group A Breakfast/group/ Group B Group/breakfast
8:30 – 10:30	Academics
10:30-11:30	KiPs, Pycho-Education Group
11:30-12:30	Group A Lunch/Physical Education Group B Physical Education/Lunch
12:30-3:30	Academics
3:30-4:00	KiPs, Group
4:00-5:45	Group A freetime/dinner/recreation Group B recreation/free time/dinner
5:45- 7:15	Homework, KiP, hygiene, phone
7:15-8:15	Process Group, KiPs Counseling
8:15-8:45	Individual Activities
8:45-9:00	Accountability or Good News group
9:00	Bedtime
11:00	Lights out (Sunday through Thursday)

Woodside Schedule



SATURDAY and SUNDAY

9:00-9:45	Wake-up/Chores/Breakfast cart on unit
9:45- 10:00	Goals Group
10:00-11:00	Gametime
11:00-12:00	Psycho Educational Group
12:00-12:30	Group A Lunch/goals accountability Group B goals accountability/lunch
1:00-2:00	Recreation (no television)
2:00-3:00	Psycho Educational Group
3:00-4:00	Arts/Crafts/Specials
4:00-4:15	Check-in group
4:15-4:30	Prepare for meals personal needs
4:30-5:00	Group A dinner, Group B free time
5:00-5:30	Group A free time, Group B dinner
5:30-7:00	KiP, hygiene, phone calls, check-ins
7:00-9:00	Movie Night (Saturday)
7:00-8:45	Movie/process (Sunday)
8:45-9:00	Sunday- Good News
9:00	Bedtime
12:00	Lights out (Friday and Saturday)

Woodside

Criminogenic Risk Reduction

Individual Programming

- Individual counseling a minimum of 50 minutes per week, for each resident, with a clinical supervisor
- The lead clinician monitors all aspects of treatment to ensure that criminogenic needs are being addressed consistently
- Documented monthly review of progress toward treatment goals
- Specialized counseling/consultation is available and provided as needed
 - Family counseling
 - Sexually harmful behaviors counseling
 - Substance abuse counseling
 - Bereavement counseling
 - Other specialists as indicated

Woodside

Criminogenic Risk Reduction

Individual Programming

At Woodside we recognize that talk therapy is an important element of treatment. In addition to this evidence-based element of treatment, our clinicians are encouraged to utilize creative approaches to assist residents in reaching their goals.

Some of these approaches include weighted blankets, aroma therapy, hula hooping, yoga, stress balls, balance boards/balls, Guatemalan Worry Dolls, sand art, tangle toys and others.

We recognize that these tools are not evidence based; however, we are seeing positive outcomes from the use with our population.

Woodside Transition

- To explore potential community supports
 - Religious organizations
 - Treatment providers
 - Self help groups
- To capitalize on identified supports (protective factors)
- Educational and Employment opportunities
- Community Service
- Volunteer Activities
 - Sara Holbrook
 - Doggie Daycare
 - Animal Rescue
 - ReSource Vermont
 - Hiking Trail Work
 - Etc.

Woodside Transition

- **Build capacity for independent living**
 - Driver's license
 - SSN Card
 - Job Applications
 - Public Transportation
 - Housing
 - Insurance
 - Banking
 - Voting (Registration)
 - Etc.
- **Pro-social recreational activities**
 - Snowboarding (Project Chill)
 - Outdoor Challenge (Fishing, Hiking, Rock climbing, Frisbee Golf etc.)
 - Gym Memberships

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Discharge



- **Social Worker receives a discharge summary within 5 days of departure**
 - Presenting condition (reason placed at Woodside)
 - Prescriptions (when applicable)
 - Health status
 - Reason for discharge (Legal, Programmatic, Age)
 - Status at last contact
 - Outlines services provided
 - Progress towards goals and recovery
 - Recommendations for continued services
- **The discharge summary is a tool that facilitates continuity of care**

Woodside

In January 2012 the Program Evaluation and Quality Assurance initiative was implemented.

A full time position was added to:

- Raise program standards to match those required by accrediting organizations
- Monitor compliance with all regulatory authorities
- Internal tracking mechanisms created to measure outcomes:
 - Successful low level interventions for high level behaviors
 - Success meeting treatment benchmarks
 - Increase in service delivery
 - Improved quality of services
 - Increased support of staff through supervision
 - Practice, Policy and Procedure alignment

Woodside

PEQA

OUTCOMES

- Three year accreditation from the Center for the Accreditation of Residential Facilities (CARF International)
- Recognition from Performance Based Standards for *Outstanding Performance* and *Continued Outstanding Performance*
- An increase in successful low level interventions and a reduction in physical interventions and seclusion
- A significant increase in therapeutic services

Woodside

PEQA

OUTCOMES

- A documented continuum of care from admission through transition and discharge
- A dramatic increase in staff perception of safety
- A dramatic increase in resident perception of safety
- Structural changes
- Increased staffing
- Staff initial training up from 8 hours to 120 hours
- Mandatory annual recertification training for all direct service staff

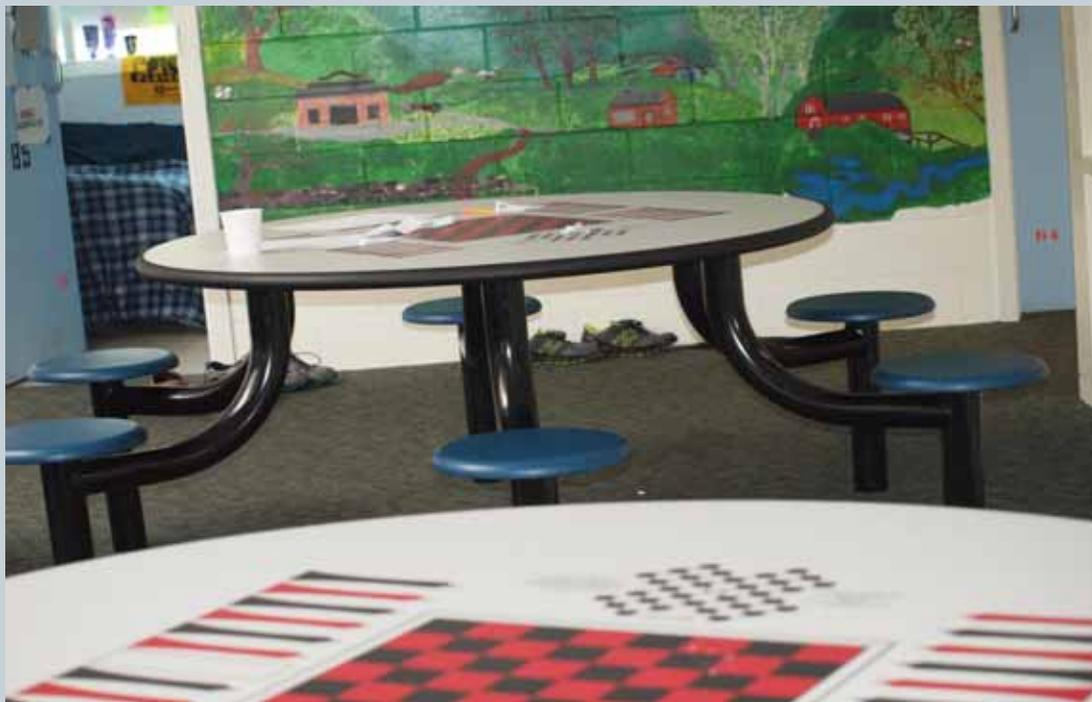
Woodside

Structural Improvements

- **Development of the Intensive Stabilization Unit**
- **Sound reducing safe room with padded walls and floor**
- **Every room has a bed**
- **Bunks designed to prevent residents from secretly self harming**



Woodside Structural Improvements





Woodside Structural Improvements





Woodside Structural Improvements



Woodside

Culture

With the re-purposing of Woodside we recognized that the institutional culture had to shift to support new thinking and practice.

In order to move the culture the leadership team:

- Clarified job duties
- Updated performance expectations
- Implemented Supportive Supervision practices
- Evaluated staff performance against the new standards and provided clear, concise feedback (reinforcing and constructive)
- Required supervisors to meet with staff and maintain supervisory notes
- Tracked data with a strengths based perspective
- Established a learning culture through table top examination of critical incidents

Woodside

Initial Training

- Staff receive a three week initial training process
 - Behavior Identification and Communication
 - Trauma and Development
 - Dealing with Dangerous Behavior
 - Suicide Prevention
 - Fire Safety
 - First Aid and CPR
 - Security Practices
 - Treatment program overview
 - Prison Rape Elimination Act
 - Diversity
 - Sexual Harassment
- Woodside utilizes a peer train-the-trainer model to enhance in-house expertise

Woodside

On-Going Training

Woodside currently utilizes the Cognitive Behavioral Therapy model in our milieu. In order to support this initiative:

- All Supervisory staff are receiving on-going clinical supervision with the consultants
- Line staff receive clinical supervision from an assigned clinical supervisor
- We developed a manual that includes instruction to staff for group delivery, individual skills, and “in the moment” interventions.

Woodside

Where we are going

- Strive to enhance partnerships with Social Workers
- Establishing a baseline of program efficacy including
 - Recidivism rates for the past five years (Recidivism defined)
- Classification process based on Stage of Change
- Pre-post testing of specific program components
 - Measures efficacy of those components
 - Provides targeted response to program performance
 - Provides targeted response to resident progress
- Increased family/community involvement
 - Visiting
 - Volunteering
 - Events (Orchestra, Picnics, Pizza party)
 - Increased family counseling/reintegration
- “Right Brain” program component development
- Improve Accessibility
 - Handbook
 - Point system
 - Safety