

Executive Summary - CJTS Action Plan

The CJTS Action Plan is comprised of action steps that outline specific responses we have developed to address areas that require a more comprehensive and integrated approach. This plan is our roadmap for change and strengthens our work for the young men and women we serve. The original Action Plan is still in use to track the work. However, the action steps have been consolidated into a more concise and useful format. It is attached to this Executive Summary.

An important theme throughout the action plan is the integration of the *6 Core Strategies to Reduce Seclusions and Restraints* into this plan and our work.

1. **Leadership Toward Organizational Change** – elimination of prone restraints, commitment to implementing the action plan to shift the work and support change.
2. **Using Data to Inform Practice** - implementation of the post-event administrative review and enhancing data collection and analysis.
3. **Work Force Development** – trauma-informed training follows the National Child Traumatic Stress Network (NCTSN).
4. **Use of Restraint and Seclusion Reduction Tools** – implementation of comfort rooms in each residential unit.
5. **Consumer Roles in In-Patient Settings** – actively engaging youth in their treatment through Personal Safety Plans.
6. **Debriefing Techniques** – post-event administrative review for staff and youth debriefings.

Additional areas within the action plan that highlight some of the change in our work includes clinical, staff development, post-event administrative review and the creation of the Quality Improvement Leadership Team.

Clinical

- A three-tier assessment that includes the clinical social worker, a psychologist and a psychiatrists, are all part of each youth's plan.
- Inclusion of the clinician as an integral part of the decision-making and assessment process for youth in seclusion.
- Expanded hours for clinicians on site from 8:00 a.m. to 8:30 p.m. Monday – Friday and 9:00 a.m. to 5:30 p.m. on weekends.
- Safety assessment being distributed to many more staff to provide real-time information on youth.
- Personal Safety Plan being completed by youth to assist in the development of their Intervention Care Plans.
- Debriefing with youth during incident/post-incident to understand youth's behavior and assist in identifying alternatives/avoidance techniques.
- Comfort rooms created within each unit, with youth input, to assist with developing self-regulating skills.

Staff Development

- Clinical notes more readily available to staff to assist with individualized care.
- DCF Training Academy co-leading training with CJTS trainers providing a more comprehensive curriculum for staff development.
- Debriefing with staff to use as a learning forum to strengthen responses and individualize interventions for youth.
-

Post-Event Administrative Review form completed for each incident

- Comprehensive review occurs each morning with a multi-disciplinary team
- Youth Interventional Plan part of the reviews and revisions made accordingly.
- Requires sign-off from each department, including: Assistant Superintendent; Clinical Director; Director of Nursing; Director of Residential Care; and CJTS Training Director.
- Director of Residential Care reviews with staff involved and documents debriefing with any follow up.
- Youth are identified during this process whom need case reviews to include regional staff, family, and youth's attorney.

Finally, the creation of the **Quality Improvement Leadership Team (OILT)** is an important component of this plan. Membership includes: facility staff; Deputy Commissioner; DCF Chief of Quality and Planning; staff from the Office of Research and Evaluation; Program Managers; Director of the Office of the DCF Ombudsman; Careline staff; and the Programmer for Condoit, among some of the members.

This team is committed to help support development and enhancement of the quality assurance processes at CJTS/Pueblo.

CJTS ACTION PLAN SUMMARY

12/3/2015

1	PRONE /RESTRAINT REDUCTION <ul style="list-style-type: none">▪ Prone restraints banned▪ Mechanical restraints shall be phased out except for transportation▪ Clinician called to every restraint and document reason and avoidance strategies▪ Clinician document restraints in youth's monthly report▪ Clinician part of debriefing for every restraint / seclusion
2	SECLUSION REDUCTION <ul style="list-style-type: none">▪ Only used as brief as possible and not for punishment or non-compliance.▪ Clinician will directly engage youth while in seclusion▪ Clinician shall confirm and document that seclusion is necessary; reassess hourly.▪ Clinician to assess if hospitalization is necessary after 3 hours.▪ Seclusion incidents documented in youth's monthly progress report.▪ Intervention plans to include avoidance techniques.
3	CLINICAL INTEGRATION <ul style="list-style-type: none">▪ Expand hours of clinical staff to 8:30 p.m. Monday-Friday; 9:00–5:30 p.m. weekends & holidays.▪ On call clinician responds to facility 24/7 for safety assessments.▪ Enhancement of clinical assessment and intervention plans to assist with individualized care.▪ Youth with significant mental health needs being tracked for appropriate treatment.▪ Trauma tools administered as part of evaluation; new tools being reviewed and adapted.▪ Psycho-social evaluation to include matching of services in the community.▪ Coding of suicide incidents revised to incorporate SAFE-T risk level.▪ Debriefing to include clinician opinions.▪ Teaming review for youth with multiple episodes of seclusion / restraints.▪ Outside mental health provides being utilized for specific youth.
4	VOICE OF YOUTH / USE OF REDUCTION TOOLS <ul style="list-style-type: none">▪ Voluntary comfort rooms opened for youth in all units.▪ Personal safety care plans completed by youth to assist with intervention plans.▪ Yearly suicide audit of facility by expert.▪ Clinicians have direct meaningful contact with youth while on 1:1 supervision.▪ Education continues for youth whom are out of class and attendance tracked daily.▪ Ombudsman process enhanced to support youth.

5	CARELINE AND CJTS
<ul style="list-style-type: none"> ▪ Abuse and neglect reports accepted by Careline non-accepts approved by Careline Director. ▪ Non-accept referred to HR and kept for 2 years by Careline. ▪ Ongoing review of data and quality assurance. ▪ Revise policy regarding referrals from facility. ▪ SIU to coordinate with HR and Legal along with review of youth's intervention plan. ▪ Program concerns more in depth with response to include Commissioner. 	
6	STAFF DEVELOPMENT
<ul style="list-style-type: none"> ▪ Call to supervisors for support earlier in escalation of youth. ▪ Clinical notes more readily available to staff to assist with individualized care. ▪ Update post orders to enhance staff roles. ▪ Uniforms and dress code being revised and implemented. ▪ Mediation principles being implemented to assist with reducing arrests. ▪ Strategies for dealing with disruptive youth being revised. ▪ Training for staff on Mandated Reporters; Shield of Care; Trauma; Supervisory Skills and Techniques; and DCF Code of Conduct. 	
7	ORGANIZATIONAL CHANGE / DATA COLLECTION
<ul style="list-style-type: none"> ▪ Post Event Administrative Review with multi-disciplinary team. ▪ Implementation of evidence based practices and trauma informed care into policy and practices. ▪ Classification grid being incorporated into Length of Stay Practice Model. ▪ Improve data collection; developed more sophisticated outcome measures. ▪ Developed CJTS / Pueblo Quality Improvement Leadership Team (QILT) 	