

5-County Youth Treatment Center

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Residential Program Manual

Welcome to the Five County Youth Treatment Center. The purpose of the information in this manual is to help you to become familiar with 5-County and the residential services provided

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FACILITY INTRODUCTION

ORGANIZATION STATUS:

Five County Treatment and Youth Rehabilitation Center is a non-profit, county-owned and operated facility.

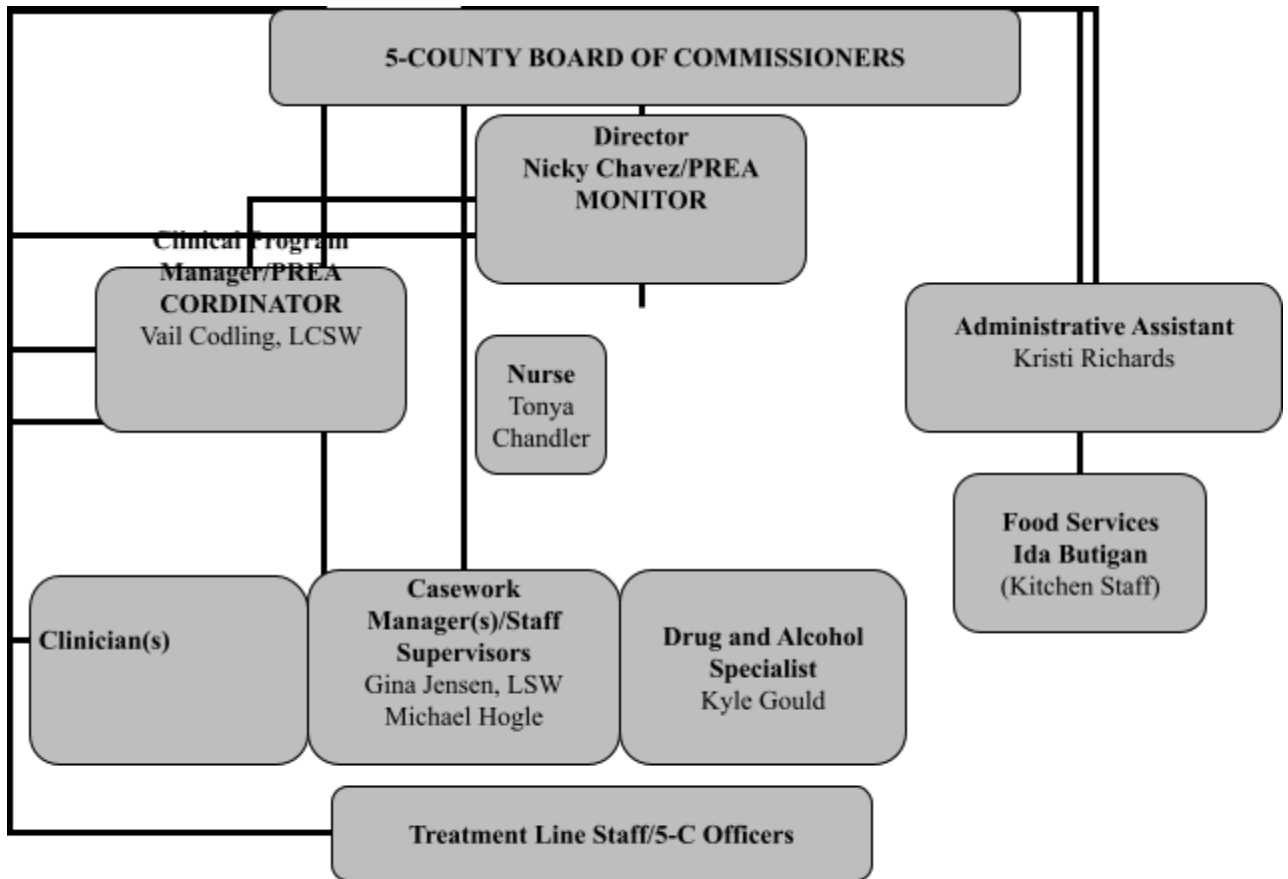
HISTORY:

The Five County Treatment Youth Treatment Center is a county owned and operated facility that opened July 6, 1998 as a 21-bed perimeter secure facility operating under the Balance Approach of Restorative Justice principles providing group protection, accountability, and competency development. In addition to providing safety for the group and the victims of juvenile crime, the Center has committed the bulk of its resources to helping juvenile offenders develop pro-social positive coping skills that can empower them to lead productive, crime-free lives when they return to their home communities. The Center relocated on August 15, 2003 to a newly constructed 56 bed facility located in St. Anthony, Idaho. Currently, there are two programs; the first provides juvenile Treatment services for Fremont, Madison, Teton, Jefferson, and Clark Counties. The second program is a residential treatment program that focuses on treating juvenile offenders and reintegrating them back into society.

OWNERSHIP AND MANAGEMENT:

The Center is owned and operated under a Joint Powers Agreement by five counties; Madison, Fremont, Jefferson, Clark and Teton. A seven-member Facility Board oversees the operation of the Center. Voting members of the board are one county commissioner from each of the five counties. Advisory and ex-officio members are a sheriff and a magistrate judge from one the five counties.

Organizational Structure:



MANAGEMENT STRUCTURE: The day-to-day management of the Center is the responsibility of the Center’s Management Team, consisting of an Executive Director, Clinical Program Manager, Clinical Case Manager, Drug and Alcohol Staff, Treatment Clinician/Program Therapist, Administrative Assistant, staff Supervisor/Case Managers and Medical Dept. (LPN). The organizational chart is pictured below. Staff supervisors are each responsible for the supervision of designated employees. 5-C complies with Federal staffing ratios of 1 staff to every 8 juveniles; plus one staff (7am-11pm hours). During the shutdown hours (11pm-7am)-1 staff to 16 juveniles ratios. Additional staffs are used when circumstances require for the level of intervention and risk level of the population.

MISSION/PURPOSE AND GOALS:

The mission of the Five County Treatment Youth Treatment Center is to support member communities in their efforts to reduce and eliminate, where possible, juvenile crime. To accomplish this, we will protect victims of juvenile crime and the public at large by maintaining a secure, state of the art Treatment facility, by continually role modeling the pro-social behaviors we teach and by adhering to the highest quality programming standards practicable in our efforts to help

juvenile offenders develop competencies that will empower them to lead productive, crime free lives.

REFERRAL AND ADMISSION POLICY:

Five County Youth Treatment will accept those referrals from IDJC and MDOC that identify clients as needing secure and transitional services. Residents may be aged 1 to 17. Placement of clients under the age of 14 is discouraged, but may be done on a case-by-case basis. All referrals are reviewed by the management team (director, clinical/case manager, clinical/program manager, and supervisors). The average length of stay in our treatment program is 3-18 months. The facility provides services for the Idaho Department of Juvenile Corrections and Montana Department of Corrections. Juveniles placed in the facility under the State of Idaho contract are placed on an indeterminate sentence. Five County Treatment will accept clients with the following issues:

- ◆ Alcohol and Drug use
- ◆ Conduct Disorder
- ◆ Oppositional Defiant Disorder
- ◆ Most childhood and adolescent disorders as classified in the DSM V
- ◆ Individuals with spotty academic records
- ◆ Juveniles requiring a secure placement due to past history of escape or run risk
- ◆ Juveniles who are currently on Psychotropic medication

Five County will make reasonable accommodations for any disabilities, language barriers, or other special needs.

Areas of exclusion criteria should be mentioned such as:

- ◆ We will not accept individuals with severe and persistent psychiatric diagnosis such as schizophrenia, autism, or individuals that are actively psychotic and posing a danger to themselves and others or suffer from Enuresis or Encopresis
- ◆ People with severe head injuries and individuals that are unable to speak
- ◆ Pregnant females
- ◆ We will not accept groups or partners of youth that committed serious crimes together (may take one youth for treatment)
- ◆ We will not accept the victim and the perpetrator of the same crime concurrently for treatment

Behaviors that may lead to termination from the program:

- ◆ Assault or battery of other residents, staff, or visitors, depending on the seriousness of the offense
- ◆ Sexual perpetration on other residents or staff
- ◆ Criminal conduct while on day or home pass

- ◆ More than one dirty UA or BAC upon return from out of center pass (One dirty UA or BAC may be sufficient depending on the seriousness of the offense; this will be a treatment team and IDJC/BOP decision)
- ◆ Self-mutilation behaviors that are deemed serious and life threatening.

Five County Staff Education & Training:

The Five County employees are highly skilled, educated, and trained staff. Full Time, Part Time Direct Care Line staff or Therapy Technicians that receive State of Idaho Peace Officer Standards and Training Certification and comprehensive training in their duties. They are trained to facilitate Competency Development Classes outlined above. Their field officer training prepares them to assist and support juveniles in developing skills that will empower them to lead crime-free productive lives.

The facility has highly trained Clinicians/Therapist, and assigned Case Managers. 5-C Case Managers possess a bachelor's degree from an accredited college or university and may be licensed a licensed social worker in the State of Idaho. Your assigned Case Manager will assist the juvenile in implementing an individualized service implementation plan. They evaluate the juvenile, and directly communicate with the juvenile's family, Probation Officers, Idaho Department of Juvenile Correction Staff (Juvenile Service Coordinator -JSC) and the 5-C Treatment Team consisting of Therapy Technicians, Clinicians, Education Staff, Nurse, IDJC Staff, Clinical Program Manager, and the Director of facility. They will assist you in monthly progress staffing's with your family, and JSC.

A 5-C Clinician is assigned to work with juveniles. This individual is licensed by the State of Idaho and possesses a minimum of a licensed master's degree. At a minimum they will possess a Licensed Professional Counselor (LPC), Marriage and Family Counselor (LMFT), or Licensed Master Social Worker (LMSW). The 5-C Clinician is responsible for the assessment of treatment progress and monitoring of the therapeutic or rehabilitative treatment services provided to juvenile's participating in treatment program. Juveniles receive individual and family counseling. The 5-C Clinician works closely with the 5-C Treatment Team.

5-C employ's a Licensed Clinical Program Manager that over see's the facilities rehabilitative program services. A Licensed Chemical and Drug Dependency Counselor provides Drug and Alcohol groups, individual

Education Staff:

5-C provides education classes year-round. Teachers are licensed and accredited through the State of Idaho and employees of the Fremont County School District #215. They provide curriculum for all juvenile's in the facility. Aides or Para-Professionals assist Teachers in providing education curriculum for all students. Juveniles will continue with their education earning a High School Diploma, General Education Diploma, and continue with advanced

college credits while in treatment.

PROGRAM EVALUATION

Five County Treatment and Youth Rehabilitation Center operates under the guidelines and standards established by the Department of Juvenile Corrections IDAPA 05.01.01 Standards for Private Contract Providers, IDAPA 05.01.02 Secure Juvenile Treatment Facilities. Audits are conducted on an annual basis for State and Treatment residents.

PROGRAM DESCRIPTION/INTRODUCTION

Five County uses the evidenced based cognitive treatment model of Dialectical Behavioral Therapy. Cognitive Behavioral Therapy is very important in the treatment of adolescents. Much of the theoretical basis of the residential treatment component is based on the researched-based work of Alec L. Miller PsyD, Jill H. Rathus PhD, Marsha Linehan PhD in their book (Dialectical Behavior Therapy with Suicidal Adolescents), and in Marsha Linehan PhD in her 1993 book, Cognitive Behavioral Treatment of Borderline Personality Disorder and Skills training Manual for Treating Borderline Personality Disorder.

The DBT model of treatment was developed by Marsha M. Linehan at the University of Washington. Juveniles often have a very high sensitivity to emotional stimuli, very intense response to emotional stimuli and have a slow return to emotional baseline, once they have become over emotional. DBT focuses on emotion modulation which is the ability to inhibit inappropriate behavior related to strong negative or positive emotions, organize oneself for coordinated action in the service of an external goal, self-soothe any physiological arousal that the strong emotion has induced and refocus attention in the presence of strong emotion. In short, DBT is teaching the skills to help the resident be emotionally regulated so that they can address target behaviors and continue to move forward in their treatment program. The central aim of DBT as a whole is to replace ineffective, maladaptive, or non-skilled behavior with skillful responses.

As a treatment strategy, the primary focus of DBT is on stabilizing residents and achieving behavioral control. DBT addresses specific treatment targets in order of importance.

- 1) Decreasing life-threatening and suicidal behaviors including para suicide episodes
- 2) Decreasing behaviors that interfere with treatment, particularly non compliance
- 3) Decreasing patterns that have a severe effect on quality of life
- 4) Increasing behavioral skills

Subsequent to achieving behavior control, it becomes possible to work on other goals or targeted behaviors.

There are four skills training modules that have been developed in Dialectical Behavior Therapy (DBT) and are taught to the residents on a weekly basis. They include: (1) Core Mindfulness, (2) Interpersonal Effectiveness Skills, (3) Emotional Regulation Skills and (4) Distress Tolerance Skills. An overview of specific DBT Skills by module is listed below.

Module: Core Mindfulness Skills

“Wise mind” (state of mind)

“What Skills” (observe, describe, and participate)

“How Skills” (don’t judge, focus on one thing mindfully, do what works)

Module: Emotion Regulation Skills

Observing and describing emotions

Reducing vulnerability to emotion mind: PLEASE MASTER (treat Physical illness, balance Eating avoid mood-Altering drugs, balance Sleep, get Exercise, build MASTERY)

Increasing positive emotions

Mindfulness of current emotion

Module: Interpersonal Effectiveness Skills

DEAR MAN (Describe, Express, Assert, Reinforce, stay Mindful, Appear confident, Negotiate)

GIVE (be Gentle, act Interested, Validate, use an Easy manner)

FAST (be Fair, no Apologies, Stick to values, be Truthful)

Module: Distress Tolerance Skills

Distracting with “Wise mind ACCEPTS” (Activities, Contributing, Comparisons, Emotions, pushing, away, Thoughts, Sensations)

Self-soothing the five senses (vision, hearing, smell, taste, touch)

Pros and cons

IMPROVE the moment (Imagery, Meaning, Prayer, Relaxation, One thing in the moment, Vacation, Encouragement)

Radical acceptance

Turning the mind

Willingness

Module: Walking the Middle Path Skills

Employing behavioral principles: Self and other

Validation: Self and other

Thinking dialectically

Acting dialectically

Residents will have DBT skills training and DBT Generalization classes on a weekly basis. This regimen requires learning and demonstrating skills necessary to effectively counter the behaviors targeted for change. In addition to DBT Skills Group, residents receive individual therapy with a clinician once a week. Clinicians and Case Managers deal with all treatment issues. Treatment issues, strategies, and overall program advancement is discussed in a weekly DBT Consultation meeting with the DBT Consultation Team.

Residents complete and turn in DBT Diary Cards on a weekly basis to their clinical therapist. Diary Cards record all skills practiced and target behaviors that are being addressed. DBT Diary Cards are individualized for each resident. Primary and Secondary Problems are identified from an initial assessment and their Service Implementation Plan (Treatment Plan). Clinical Therapists assess and identify targeted behaviors for all contract residents. DBT Diary Cards reflect individual problems or Targeted behaviors, and the Drivers' (underlying issue/behavior driving the targeted behavior). The primary Clinical Therapist address specific treatment targets in order of importance in individual weekly counseling. Clinicians/staff and residents use Behavior Chain Analysis forms (B.C.A.). These aid residents in precisely defining/ identifying problem behaviors, what is influencing the behavior, and identify what may interfere with changing the behavior.

An example of a resident DBT Diary Card is listed below.

Target Behaviors i.e. Self harm Authority Aggression Substance Abuse Oppositional Defiant		Target Behavior:				Target Behavior:				Date Started		Name		Individual _____		Family _____					
		Urge		Action		Urge		Action		U r g e		A c t i o n		Meds		Program		Emotions		MRT	
		0-5	Yes / No	0-5	Yes / No	0-5	Yes / No	0-5	Yes / No	Yes / No	Yes / No	0-5	Yes / No	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5
		0-5	Yes / No	0-5	Yes / No	0-5	Yes / No	0-5	Yes / No	Yes / No	Yes / No	0-5	Yes / No	0-5	0-5	0-5	0-5	0-5	0-5	0-5	0-5
Mon	Day																				
Mon	Swin g																				
Tues	Day																				
Tues	Swin g																				
Wed	Day																				
Wed	Swin g																				
Thurs	Day																				
Thurs	Swin g																				
Fri	Day																				
Fri	Swin g																				
Sat	Day																				
Sat	Swin g																				
Sun	Day																				
Sun	Swin g																				

Rating Scale for emotions and urges (above): MRT-rate 0-5 how you did
 0= Not at all 1= a bit 2= somewhat 3= rather strong
 4=very strong 5=extremely strong Urge to quit therapy _____

* Used Skills
 0= Not thought about or used
 1=Thought about, not used, didn't want to
 2=Thought about, not used, wanted to
 3=Tried but couldn't use them
 4=Tried, could use them, but they didn't help
 5=Used them, didn't help
 6=Used them, helped

Instruction: Circle the day you worked on each skill

CORE MINDFULNESS									Instruction: Circle the day you worked on each skill								
1. Wise mind	M	T	W	TH	F	SA	SU	13. PIG (Intensity Factors)	M	T	W	TH	F	SA	SU		
2. What Skills (observe, describe, participate)	M	T	W	TH	F	SA	SU	14. Accepts/Distracts	M	T	W	TH	F	SA	SU		
3. How Skills (One mindfully, effectively)	M	T	W	TH	F	SA	SU	15. Self Soothe (five senses)	M	T	W	TH	F	SA	SU		
EMOTION REGULATION									PROBLEM SOLVING SKILLS								
4. PLEASE (reduce vulnerability to emotional mind)	M	T	W	TH	F	SA	SU	16. Pros and cons	M	T	W	TH	F	SA	SU		
5. MASTER (building mastery, feeling effective)	M	T	W	TH	F	SA	SU	17. Radical Acceptance	M	T	W	TH	F	SA	SU		
6. Self Soothe Box	M	T	W	TH	F	SA	SU	18. Willing Hands	M	T	W	TH	F	SA	SU		
7. Working toward long-term goals	M	T	W	TH	F	SA	SU	19. IMPROVE (improve the moment)	M	T	W	TH	F	SA	SU		
8. Acting opposite to current emotion	M	T	W	TH	F	SA	SU	20. Walking the Middle Path	M	T	W	TH	F	SA	SU		
INTERPERSONAL EFFECTIVENESS									PROBLEM SOLVING SKILLS								
9. DEAR MAN (Getting what you want)	M	T	W	TH	F	SA	SU	21. 4 Options	M	T	W	TH	F	SA	SU		
10. GIVE (Improving relationships)	M	T	W	TH	F	SA	SU	22. 5 Easy Steps	M	T	W	TH	F	SA	SU		
								23. TFAC (3 step)	M	T	W	TH	F	SA	SU		

11. FAST (feeling effective & keeping self respect)	M	T	W	TH	F	SA	SU	24. C.A.L.M.	M	T	W	TH	F	SA	SU
12. Cheerleading statements	M	T	W	TH	F	SA	SU		M	T	W	TH	F	SA	SU

Behavior Modification and Management

Five County programs utilize a phase advancement system with each phase clearly defining the requirements and privileges that correspond with advancement.

The phase advancement system is designed to reinforce positive behavioral changes through positive reinforcement and immediate consequences. Requirements are established to correspond with, and assist the resident to internalize change as individual growth and internalized values change.

The following is an **example** that identifies the possible requirements and privileges for each phase:

FIVE COUNTY YOUTH TREATMENT CENTER REQUIREMENTS & PRIVILEGES

**PRIOR TO PHASE I, ALL RESIDENTS WILL BE AFFORDED HIS/HER BASIC RIGHTS*

PHASE I REQUIREMENTS

- READ RESIDENT HANDBOOK
- COPY OF HANDBOOK SENT TO GUARDIANS
- READ AND SIGN RIGHTS AND RESPONSIBILITY FORM
- COMPLETE STEP 1 MRT

- EDUCATION PLAN
- ACTIVELY PARTICIPATE IN ALL CLASSES AND GROUPS
- CONSISTENTLY MAINTAIN TWO WEEKS OF LEVEL 1 BEHAVIORS/PRIVILEGES
- COMPLETE CLINICAL ASSESSMENT
- COMPLETE SELF SOOTHE BOX (DBT)
- COMPLETE TWO WEEKS OF DIARY CARDS (DBT)
- ONE INDIVIDUAL CLINICAL SESSION
- ONE INDIVIDUAL D/A SESSION
- COMPLETE CHAPTER 1 LIFE HISTORY

UPON SATISFACTORY COMPLETION OF THE ABOVE REQUIREMENTS, THE TEAM MAY APPROVE THE FOLLOWING PRIVILEGES:

PHASE I PRIVILEGES

- ◆ MAY HAVE ONE CENTER BOOK OR MAGAZINE
- ◆ MAY SEND MAIL TO PARENTS/LEGAL GUARDIANS
- ◆ MAY HAVE UP TO 3 HOURS OF VISITS IN THE VISITATION BOOTH (THROUGH GLASS) OR CONTACT ROOM VISITATION APPROVED BY INDIVIDUAL CLINICIAN WITH PARENTS OR LEGAL GUARDIANS
- ◆ MAY KEEP ONE APPROVED PHOTOGRAPH IN SLEEPING ROOM
- ◆ MAY HAVE 1 APPROVED PERSONAL ITEM

FIVE COUNTY YOUTH TREATMENT

PHASE II REQUIREMENTS

- COMPLETE RELAPSE PREVENTION LESSON
- COMPLETE JOURNAL LESSONS (1 & 2)
- ACTIVELY PARTICIPATING IN ALL APPROPRIATE CLASSES AND GROUPS
- JOURNAL CONSISTENTLY FOR TWO WEEKS IN LESSON FORMAT
- MAINTAIN LEVEL I PRIVILEGES FOR THREE WEEKS
- CURRENT IN ALL EDUCATION ASSIGNMENTS AND EDUCATION PLAN
- COMPLETE 1 CLINICAL ASSIGNMENT
- IDENTIFY PRELIMINARY TRANSITION PLAN PRIOR TO INITIAL STAFFING WITH (JSC, JPO, CASE MANAGER, CLINICIAN, GUARDIAN)
- MAKE SATISFACTORY PROGRESS TOWARDS MONTHLY STAFFING GOALS (CASE MANAGER/CLINICIAN APPROVAL)
- COMPLETE STEPS 2 & 3 MRT
- COMPLETE CHAPTER 2 & 3 LIFE HISTORY
- COMPLETE 2ND INDIVIDUAL D & A SESSION
- COMPLETE ROUGH DRAFT OF RELAPSE PREVENTION PLAN
- BE FREE OF ANY MAJOR DISCIPLINARY ACTION REQUIRING ROOM TIME, AND/OR REFUSING DBT COACHING SKILLS DURING PAST 2 WEEKS
- PRESENT LIFE STORY IN DBT CONSULTATION MEETING

UPON SATISFACTORY COMPLETION OF THE ABOVE REQUIREMENTS, THE TEAM MAY APPROVE THE FOLLOWING PRIVILEGES:

PHASE II PRIVILEGES

- ◆ MAY HAVE UP TO 2 CENTER BOOKS OR MAGAZINES
- ◆ MAY SEND LETTERS TO APPROVED IMMEDIATE FAMILY (APPROVAL MUST COME FROM JSC AND PROBATION OFFICER)
- ◆ MAY HAVE UP TO FOUR HOURS OF VISITATION, WHICH INCLUDES UP TO TWO HOURS OF CONTACT VISITATION WITH PARENTS OR LEGAL GUARDIANS/CONTACT TIME MAY BE EXTENDED AS APPROVED BY CLINICIAN
- ◆ MAY KEEP 2 APPROVED PHOTOS IN SLEEPING ROOM
- ◆ MAY HAVE 2 APPROVED PERSONAL ITEMS

PHASE III REQUIREMENTS

- MAINTAIN LEVEL II PRIVILEGES FOR 2 WEEKS WHILE ON PHASE II
- MAKE SATISFACTORY PROGRESS TOWARDS MONTHLY STAFFING GOALS (CASE MANAGER/CLINICIAN APPROVAL)
- JOURNAL CONSISTENTLY FOR FOUR WEEKS
- ACTIVELY PARTICIPATING IN ALL APPROPRIATE CLASSES & GROUPS
- IDENTIFY, DEVELOP, AND DEMONSTRATE INTERVENTIONS, CONTROLS AND NEW WAYS OF THINKING AND BEHAVING AS LEARNED IN TFAC, PROCESS AND DBT GROUPS
- CURRENT IN ALL EDUCATION ASSIGNMENTS
- COMPLETE 1 FAMILY/TRANSITION RELATED COUNSELING SESSION
- COMPLETE ALL CLINICAL ASSIGNMENTS
- COMPLETE STEPS 4 & 5 MRT
- COMPLETE CHAPTERS 4, 5 & 6 LIFE HISTORY
- COMPLETE 3RD INDIVIDUAL D & A SESSION

- COMPLETE INDIVIDUAL RPP REVIEW WITH D/A COUN./CLINICIAN
- COMPLETE C.A.L.M. TECHNIQUE EXERCISES IN D & A BINDER
- BE FREE OF ANY MAJOR DISCIPLINARY ACTION REQUIRING ROOM TIME FOR THE PAST 4 WEEKS WHILE ON PHASE II

UPON SATISFACTORY COMPLETION OF THE ABOVE REQUIREMENTS, THE TEAM MAY APPROVE THE FOLLOWING PRIVILEGES:

PHASE III PRIVILEGES

- ◆ MAY HAVE TWO CENTER BOOKS OR MAGAZINES AND ONE APPROVED (PERSONAL) BOOK OR MAGAZINE
- ◆ MAY MAKE UP TO THREE PERSONAL OUTGOING TELEPHONE CALLS TO PARENTS/LEGAL GUARDIANS EACH WEEK
- ◆ MAY HAVE UP TO 4 HOURS CONTACT VISITATION PER DAY AS APPROVED BY CLINICIAN
- ◆ MAY SEND LETTERS TO APPROVED IMMEDIATE FAMILY (APPROVAL MUST COME FROM JSC AND PROBATION OFFICER)
- ◆ MAY KEEP TWO APPROVED PHOTOS & ONE APPROVED PICTURE IN SLEEPING ROOM
- ◆ UNDER DIRECT SUPERVISION, MAY WORK INSIDE AND ON THE GROUNDS OF THE CENTER MAY WEAR (APPROVED) PERSONAL CLOTHING IN THE CENTER
- ◆ MAY HAVE 4 APPROVED PERSONAL ITEMS

PHASE IV REQUIREMENTS

- BE ACTIVELY PARTICIPATING IN ALL APPROPRIATE CLASSES & GROUPS
- CO-FACILITATE ONE CLASS W/TREATMENT STAFF
- APPLY INTERVENTIONS, CONTROLS AND NEW WAYS OF THINKING AND BEHAVING AS TAUGHT IN TFAC, PROCESS AND DBT GROUPS
- JOURNAL CONSISTENTLY FOR SIX WEEKS
- CURRENT IN ALL EDUCATION ASSIGNMENTS
- MAINTAIN LEVEL 2 PRIVILEGES FOR 3 WEEKS WHILE ON PHASE THREE
- COMPLETE ALL MONTHLY STAFFING GOALS WHILE ON PHASE THREE
- ACTIVELY REFINING RPP
- PRESENT IN STAFFING OR SEND A COPY OF CURRENT RPP (JSC, JPO, GUARDIANS)
- COMPLETE 2 FAMILY/TRANSITION RELATED COUNSELING SESSIONS
- COMPLETE ALL CLINICAL ASSIGNMENTS
- COMPLETE STEP 6, 7 & 8 MRT
- COMPLETE CHAPTERS 7, 8, 9 & 10 LIFE HISTORY
- COMPLETE 4TH INDIVIDUAL D & A SESSION
- COMPLETE INDIVIDUAL RPP REVIEW
- FREE OF ANY MAJOR DISCIPLINARY ACTION REQUIRING ROOM TIME FOR THE PAST 6 WEEKS WHILE ON PHASE THREE

UPON SATISFACTORY COMPLETION OF THE ABOVE REQUIREMENTS, THE TEAM MAY APPROVE THE FOLLOWING PRIVILEGES:

PHASE IV PRIVILEGES

- ◆ MAY HAVE TWO CENTER BOOKS OR MAGAZINES AND ADDITIONAL TEAM APPROVED (PERSONAL) BOOKS OR MAGAZINES
- ◆ MAY MAKE UP TO THREE PERSONAL OUTGOING TELEPHONE CALLS TO PARENTS/LEGAL GUARDIANS/IMMEDIATE FAMILY EACH WEEK
- ◆ MAY HAVE UP TO 8 HOURS OF CONTACT VISITATION PER DAY AS APPROVED BY CLINICIAN
- ◆ MAY SEND LETTERS TO APPROVED IMMEDIATE FAMILY (APPROVAL MUST COME FROM JSC AND PROBATION OFFICER)
- ◆ MAY HAVE TWO JSC/JPO/CLINICIAN APPROVED TRANSITION DAY PASSES
- ◆ MAY KEEP ADDITIONAL APPROVED PHOTOS & PICTURES IN SLEEPING ROOM

- ◆ MAY HAVE ADDITIONAL APPROVED PERSONAL ITEMS IN SLEEPING AREA
- ◆ MAY BE ALLOWED OUT OF THE CENTER FOR EDUCATION OR WORK AS APPROVED BY CLINICIAN

PHASE V REQUIREMENTS
(OPTIONAL BASED ON INDIVIDUAL TREATMENT PLAN)

- COMPLETE 2 FAMILY/TRANSITION RELATED COUNSELING SESSIONS
- COMPLETE ALL CLINICAL ASSIGNMENTS
- COMPLETE ONE UP TO 4HRS AND ONE UP TO 8 HR SUPERVISED TRANSITION DAY PASSES
- COMPLETE STEPS 9, 10 & 11 MRT
- SHARE LIFE HISTORY (JSC, JPO, GUARDIANS)
- COMPLETE 5TH INDIVIDUAL D & A COUNSELING SESSION
- COMPLETE 1 INDIVIDUAL/FAMILY/TRANSITIONAL RPP SESSION
- MAINTAIN LEVEL 2 PRIVILEGES FOR 4 WEEKS
- FREE OF ANY MAJOR DISCIPLINARY ACTION REQUIRING ROOM TIME FOR THE PAST 6 WEEKS WHILE ON PHASE FOUR
- PRESENT TRANSITION PLANS IN DBT CONSULTATION MEETING

UPON SATISFACTORY COMPLETION OF THE ABOVE REQUIREMENTS, THE TEAM MAY APPROVE THE FOLLOWING PRIVILEGES:

PHASE V PRIVILEGES

- ◆ PHASE V PRIVILEGES WILL BE DETERMINED ON A CASE-BY CASE NEED AND APPROVED BY CLINICIAN/TEAM (BASED ON THE INDIVIDUALS TRANSITION PLANS).

TRANSITION OR PHASE VI REQUIREMENTS
(OPTIONAL BASED ON INDIVIDUAL TREATMENT PLAN)

- COMPLETE A FAMILY/TRANSITION RELATED COUNSELING SESSIONS
- COMPLETE TWO SUCCESSFUL HOME/TRANSITION PASSES
- COMPLETE ALL CLINICAL TRANSITION ASSIGNMENTS
- COMPLETE STEP 12 MRT
- COMPLETE FINAL INDIVIDUAL D & A SESSION
- COMPLETE /REVIEW DRUG &ALCOHOL /AFTERCARE PLANS
- FINAL COPY OF LIFE HISTORY IN RESIDENT BINDER

TRANSITION PHASE PRIVILEGES

- ◆ TRANSITION PHASE PRIVILEGES WILL BE DETERMINED ON A CASE-BY-CASE NEED AND APPROVED BY CLINICIAN/TEAM (BASED ON THE INDIVIDUALS TRANSITION PLANS).

Program Daily Schedule(s)

Listed on the following pages are examples of current Program Schedules for the residential groups. Following the schedules is various programming components for juveniles in treatment.

SUN	MON	TUES	Wed	THURS	FRIDAY	SAT
7:00 AM Wake Up/Diary Cards/Targets/Meds	7:00 AM Wake Up/Diary Cards/Targets/Meds	7:00 AM Wake Up/Diary Cards/Targets/ Meds	7:00AM Wake Up/Diary Cards/Targets/ Meds	7:00 AM Wake Up/Diary Cards/Targets/Meds	7:00 AM Wake Up/Diary Cards/Targets/Meds	7:00 AM Wake Up/Diary Cards/Targets/ Meds
7:30 AM Breakfast/ Clean/ Hygiene	7:30AM Breakfast/ Clean/ Hygiene	7:30 AM Breakfast/ Clean/ Hygiene	7:30AM Breakfast/ Clean/ Hygiene	7:30 AM Breakfast/ Clean/ Hygiene	7:30AM Breakfast/ Clean/ Hygiene	7:30 AM Breakfast/ Clean/ Hygiene
8:30 AM Mindfulness	8:30AM Mindfulness Education	8:30 AM Mindfulness Education	8:30AM Mindfulness Education	8:30 AM Mindfulness Education	8:30AM Mindfulness Education	8:30 AM Mindfulness
9:00 AM Review/Set Weekly Goals PREA Review						9:00 AM Deep Clean
10:00a.m Religious/ Personal Time						
12:00 PM Lunch /Hygiene Cleanup	12:00 PM Lunch /Hygiene Cleanup	12:00 PM Lunch /Hygiene Cleanup	12:00P M Lunch /Hygiene Cleanup	12:00 PM Lunch /Hygiene Cleanup	12:00 PM Lunch /Hygiene Cleanup	12:00 PM Lunch /Hygiene Cleanup
12:30PM Personal Time	12:30PM Education	12:30 PM Phys Ed	12:30P M Education	12:30PM Phys Ed	12:30PM Education	12:30PM Recreation
		1:30 PM Education		1:30 PM Education		1:30 PM DBT Diary Card Review
2:00 PM Religious or Personal Time	2:30PM Break	2:30PM Break	2:30PM Break	2:30PM Break	2:30PM Break	2:30PM Break
	3:15PM DBT Skills Group	2:45 PM Moral Reconation Therapy	3:15PM Gender Specific Group	2:45 PM DBT Process Generalization	2:45 PM D & A	3:00 PM Group Builder
4:00PM Conflict Resolution	4:30PM Relaxation Exercise					4:15 PM Personal Time
5:00 PM Dinner/Hygiene Cleanup	5:00 PM Dinner/Hygiene Cleanup	5:00 PM Dinner/Hygiene Cleanup	5:00 PM Dinner/Hygiene Cleanup	5:00 PM Dinner/Hygiene Cleanup	5:00P.M. Dinner/Hygiene Cleanup	5:00 PM Dinner/Hygiene Cleanup
5:30 PM Program Studies	5:30PM Recreation	5:30 PM Anger Management	5:30PM Deep Clean	5:30PM Community Process Group	6:30PM Cultural Diversity Personal Time	5:30 PM Personal Time
6:30 PM Personal Time	6:30PM Group Builder	6:30 PM Crafts & Hobbies	6:30PM Recreation	7:00 PM Conflict Resolution Group		7:00PM Recreation
8:00 PM Showers Journals Meds Personal Time	8:00 PM Showers Journals Meds Personal Time	8:00 PM Showers Journals Meds Personal Time	8:00 PM Showers Journals Meds Personal Time	8:00 PM Showers Journals Meds Personal Time	8:00 PM Showers Journals Meds Personal Time	7:30 PM Weekly Movie/ Personal Time/ Meds
9:00 PM Privilege Time Lights Out	9:00 PM Privilege Time Lights Out	9:00 PM Privilege Time Lights Out	9:00 PM Privilege Time Lights Out	9:00 PM Privilege Time Lights Out	9:00 PM Privilege Time Lights Out	9:00 PM Privilege Time Lights Out
9:30 PM Privilege Time Lights Out	9:30 PM Privilege Time Lights Out	9:30 PM Privilege Time Lights Out	9:30 PM Privilege Time Lights Out	9:30 PM Privilege Time Lights Out	9:30 PM Privilege Time Lights Out	9:30 PM Privilege Time Lights Out
10:00 PM Lights Out	10:00 PM Lights Out	10:00 PM Lights Out	10:00P M Lights Out	10:00 PM Lights Out	10:00 PM Lights Out	10:00 PM Lights Out

SUN	MON	TUES	WED	THURSDAY	FRIDAY	SAT
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7:00 AM	Wake Up/Diary Cards/Targets/Meds	7:00 AM	Wake Up/Diary Cards/Targets/Meds	7:00 AM	Wake Up/Diary Cards/Targets/Meds	7:00 AM	Wake Up/Diary Cards/Targets/Meds	7:00 AM	Wake Up/Diary Cards/Targets/Meds	7:00 AM	Wake Up/Diary Cards/Targets/Meds	7:00 AM	Wake Up/Diary Cards/Targets/Meds
7:30 AM	Breakfast/ Clean Hygiene Mindfulness	7:30 AM	Breakfast/ Clean/ Hygiene	7:30 AM	Breakfast/ Clean/ Hygiene	7:30 AM	Breakfast/ Clean/ Hygiene	7:30 AM	Breakfast/ Clean/ Hygiene	7:30 AM	Breakfast/ Clean/ Hygiene	7:30 AM	Breakfast/ Clean/ Hygiene
9:00 AM	Review/Set Weekly Goals PREA Review	8:30 AM	Mindfulness Education	8:30 AM	Mindfulness Education	8:30 AM	Mindfulness Education	8:30 AM	Mindfulness Education	8:30 AM	Mindfulness Education	8:30 AM	Mindfulness
10:00 AM	Religious/ Personal Time											9:00 AM	Deep Clean
12:00 PM	Lunch /Hygiene Cleanup	12:00 PM	Lunch /Hygiene Cleanup	12:00 PM	Lunch /Hygiene Cleanup	12:00 PM	Lunch /Hygiene Cleanup	12:00 PM	Lunch /Hygiene Cleanup	12:00 PM	Lunch /Hygiene Cleanup	12:00 PM	Lunch /Hygiene Cleanup
12:30 PM	Personal Time	12:30 PM	Phys Ed	12:30 PM	Education	12:30 PM	Phys Ed	12:30 PM	Education	12:30 PM	Education	12:30 PM	DBT Diary Card Review
		1:30 PM	Education			1:30 PM	Education					1:30 PM	Recreation
		2:30 PM	Break	2:30 PM	Break	2:30 PM	Break	2:30 PM	Break	2:30 PM	Break	2:30 PM	Break
2:00 PM	Religious or Personal Time	3:00 PM	MRT Group	3:15 PM	DBT Skills Training			2:45 PM	D & A Group	2:45 PM	DBT Process/ Generalization Group	3:15 PM	Life Skills Group
3:30 PM	Recreation	4:50 PM	Break	4:30 PM	Relaxation Exercise	3:00 PM	Community Process Group	4:15 PM	Relaxation Exercise	4:15 PM	Personal Time	4:15 PM	Journal Lessons/RPP
5:00 PM	Dinner/Hygiene Cleanup	5:00 PM	Dinner/Hygiene Cleanup	5:00 PM	Dinner/Hygiene Cleanup	5:00 PM	Dinner/Hygiene Cleanup	5:00 PM	Dinner/Hygiene Cleanup	5:00 PM	Dinner/Hygiene Cleanup	5:00 PM	Dinner/Hygiene Cleanup
5:30 PM	Social Skills Group	5:30 PM	Anger Management	5:30 PM	Recreation	5:30 PM	Recreation	5:30 PM	Recreation	5:30 PM	Recreation	5:30 PM	Hygiene/ Personal Time
6:30P M	Showers Journals Personal Time	7:00P M	Group Builder	6:30P M	Religious Study/Personal Time or Crafts & Hobbies	6:30 PM	Deep Clean	7:00P M	Cultural Diversity	7:00P M	Conflict Resolution Group	7:00P M	Recreation
7:30 PM	Weekly Movie/Personal Time/Meds	8:00P M	Showers Journals Meds Personal Time	8:00P M	Showers Journals Meds Personal Time	8:00 PM		8:00P M	Showers Journals Meds Personal Time	8:00P M	Showers Journals Meds Personal Time	8:00P M	Showers Journals Meds Personal Time
9:00 PM	Privilege Time Lights Out	9:00 PM	Privilege Time Lights Out	9:00 PM	Privilege Time Lights Out	9:00 PM	Privilege Time Lights Out	9:00 PM	Privilege Time Lights Out	9:00 PM	Privilege Time Lights Out	9:00 PM	Privilege Time Lights Out
9:30 PM	Privilege Time Lights Out	9:30 PM	Privilege Time Lights Out	9:30 PM	Privilege Time Lights Out	9:30 PM	Privilege Time Lights Out	9:30 PM	Privilege Time Lights Out	9:30 PM	Privilege Time Lights Out	9:30 PM	Privilege Time Lights Out
10:00 PM	Lights Out	10:00 PM	Lights Out	10:00 PM	Lights Out	10:00 PM	Lights Out	10:00 PM	Lights Out	10:00 PM	Lights Out	10:00 PM	Lights Out

PROGRAM COMPONENTS

Building juveniles competencies is one of the goals for the Five County Juvenile Youth Treatment Center. Staff is dedicated to making the treatment environment safe and secure, which will foster trust and respect.

Treatment staff understands the importance of being involved with the juveniles through therapeutic relationships by guiding and directing them to make the best decisions possible.

As part of the juvenile's individual treatment plans, they will be required to attend and participate in competency development classes. These classes may include, but are not limited to:

Education

Substance Abuse

Moral Recognition Training

12-Step Program

Matrix

Skill Streaming Social Skill Development Classes

DBT Skills Training

Mindfulness Skills

Interpersonal Skills

Dis-stress Tolerance Skills

Emotion Regulation

Journaling

Parenting Classes

Relapse Prevention

Religious Programming

Teambuilding Concepts and Cooperation

Cultural Diversity

Sexual Awareness Education

Independent Living Skill Development

Victim Empathy

Individual/Family/Transitional Counseling

VOICES Groups (Females)

Juvenile Sex Offender (Individual and Group)

Clinical Assignments

These classes will consist of a set curriculum or lesson plan. The line staff, case managers, and clinicians will generally facilitate these classes. The DBT Consultation Treatment Team meets on a bi-weekly basis. The meeting consists of reviewing Individual resident's program progress, resident requests, and phase advancements. The DBT Team reviews line staff concerns, therapy interfering behaviors, life threatening behaviors, and reviews identified individual/group strategies.

Parenting Classes

In addition to the above specific classes, all residents participate in staff facilitated parenting classes. This program component provides each resident with parenting skills, first aid and CPR, nutritional education, birth control, child abuse prevention, birth control, SIDS, FAS, anger management with children, pre and post testing, and practical experience with computer monitored babies. The computerized babies simulate normal, special needs and chemically dependent infants. Working in cooperation with the education staff, each juvenile will earn a credit upon successful completion of this component.

Education

Five County operates under the jurisdiction of Fremont County School District 215. All educational services are provided by the district, and comply with State Standards. The director of education is certified in Special Education and Emotional Disturbance Behavior Disorders.

Each resident has an education aftercare plan developed as part of the resident transition plan. They are provided twenty-five hours of education each week at the Center and in surrounding schools throughout local communities as part of their transitional requirements. Having a year-round program helps students stay current, or catch up, with their peers by the time they leave. Classes will be held in the Center's classrooms or Multi-Purpose Room Monday through Friday as identified in the weekly schedule. During District holidays, Center staff provides educational opportunities with an emphasis on independent living and career development skills.

Residents who have completed the GED/HSE or who graduate from high school are encouraged to prepare for college, take vocational programs offered on the Internet or actually attend classes during the transitional period pending the contract agency approval.

Mindfulness Exercise

Stress and anxiety have become so much a part of our daily experience that we fail to notice its harmful effects. It can build up gradually over days, weeks and months until eventually, recognizable symptoms of emotional or behavioral disturbance are evident in patterns of behavior.

There are both physical and cognitive effects of stress. Physical effects include tight muscles, rapid and shallow breathing, increased blood pressure and heart rate, adrenaline secretion and sweating. Cognitive effects can include difficulty

concentrating and memory problems. Dialectical Behavior Therapy Skills and Thinking for a Change teach the residents in recognizing physical and cognitive responses, increased stress/anxiety, increase problem solving, and re-enforce positive coping skills (Focusing on What Works).

Residents learn mindfulness techniques and practice mindfulness exercises daily. Residents focus on the exercise participating in the moment mindfully. Mindfulness aids in stress and anxiety management that can be used to moderate the buildup of stress. As stress levels rise throughout the day, residents employ mindfulness methods to reduce the buildup and return to lower, more manageable levels. As the days and weeks pass, instead of experiencing ever increasing levels of stress, residents demonstrate their ability to manage and contain the stress to tolerable levels below that threshold where symptoms of dysfunction occur. Mindfulness exercises/activities are processed with residents by treatment staff, case managers, and clinicians. Examples of objectives to participate without judgment, and letting go of distractions are discussed.

Substance Abuse Prevention/Treatment

Drug and Alcohol group is a top priority; it is based on the bio-psycho-social model of addiction. This model recognizes predisposing factors of addiction including: the chemistry of addiction, predisposition/genetics, child abuse and neglect, mental illness, the drug used and circumstances of first use, and the enabling system. Treatment strategies include: MRT (Moral Reconciliation Therapy); the Insight Curriculum Helping Teens Overcome Problems with Alcohol, Marijuana, and other Drugs; SAMHSA Best Practice Program Project toward No Drug Abuse; and Alcoholics Anonymous 12 Steps. Additionally, avoidance strategies, pharmacology, structure, recovery tools, and relapse prevention strategies are emphasized throughout the juvenile's treatment. The model uses therapy, education, interaction, role-playing, groups that incorporate assignments, and homework. Every juvenile admitted to the program will have a comprehensive substance abuse assessment. The assessment is then used to develop the juvenile's treatment plan goals based on need, taking into account family and group resources.

The program combines treatment principles with cognitive restructuring designed to correct cognitive distortions and instill hope. Program objectives include but are not limited to the following:

- Develop a treatment plan based on the comprehensive chemical dependency evaluation completed by contracting agency. The evaluation is a fluid document that expands as more/different needs are encountered.
- Provide additional comprehensive chemical evaluation as needed.
- Acknowledge honestly the pattern of chemical usage. Honesty is a foundational part of recovery.
- Verbally acknowledge and accept the chemical dependency and need for help.

- Verbally acknowledge the pattern of addiction and related problems.
- Develop a list of personal relapse warning signs and strategies for coping effectively with each trigger.
- Identify the thoughts and feelings that lead to relapse.
- Develop and commit in writing to a written treatment plan and develop a personalized recovery plan for relapse prevention. This plan, like the evaluation, changes based on need.
- Develop a written aftercare plan that supports maintaining sobriety.
- Develop a verified and realistic support system.
- Identify and experience group resources that support recovery plan.
- Complete a comprehensive chemical dependency Relapse and Prevention/ Aftercare plan.

Skill Streaming Social Skill Development Classes

The Skill Streaming Social Skill Classes' curriculum consists of 50 social skills lessons designed to teach the juveniles specific skills in six different areas:

- Beginning Social Skills
- Advanced Social Skills
- Skills for Dealing with Feelings
- Skills Alternative to Aggression
- Skills for Dealing with Stress
- Planning Skills

Skill Streaming for the Adolescent social skill curriculum was developed by Dr. Arnold P. Goldstein and Dr. Ellen McGinnis *Skill Streaming* approach, which utilizes; modeling, role playing, performance feedback, and homework activities. Students develop competence in dealing with interpersonal conflicts and learn to use self-control. The format is taught in TFAC and facilitated by staff trained as TFAC instructors.

Journaling

Journaling is a tool that directs all the individual details of personal habits of thinking. Journals direct attention to the individual areas of a resident's life that most needs attention. Residents utilize journals to review examples and patterns of past behaviors and thoughts. Journals are always used with a specific target and specific goal in mind. Residents of Five County will be able to: keep track of situations and behaviors; record thoughts; feelings; and physical responses; find patterns of thinking; find cycles of thinking and behavior; and practice changing and controlling these cycles. Each resident is assigned a treatment staff to assist him with targeting behaviors through the use of journaling.

Relapse Prevention

Relapse is defined as returning to a specific behavior after a period of abstaining from that particular behavior. Relapse prevention is aimed at teaching residents to learn, recognize and avoid these behaviors.

If relapse prevention is to be effective, residents must learn to recognize dangerous patterns that may cause old behaviors to resurface. Relapse prevention is taught bi-monthly and reviewed weekly with the following objectives;

- Define relapse prevention, criminal relapse, elements of a relapse prevention plan, stop points, and levels of dysfunction.
- Prepare residents to identify personal life patterns, real life situations, attitudes, beliefs and mindsets, red flag triggers, and high risk situations that could lead to relapse.
- Prepare residents to identify support systems.
- Prepare residents to identify and practice interventions.
- Prepare residents to write a relapse prevention plan.

Developing a relapse prevention plan to address substance abuse; criminal; and dysfunctional behaviors; are identified in the Phase Requirements for all residents to successfully complete program. Family members and/or others identified in aftercare are educated in the relapse prevention plan through family counseling and participate in assisting the resident to achieve his goals during transition and upon release.

Religious Programming

Five County recognizes the importance of meeting the spiritual needs of all residents in our program. Religious services are provided by recognized volunteers from various denominations throughout the area.

Five County recognizes the rights of any resident wishing not to participate. Therefore, religious programming is not required for each resident. Juveniles are not punished for choosing to not attend. They are offered personal time to work on completion of program assignments and have the opportunity to write letters to family. In the event a denomination is not currently offered, Five County will make every effort to accommodate the spiritual needs through a religious advisor, religious literature, or other modes to meet that request.

Clinical Services

Clinical services are those specialized intervention strategies and tools provided or directed by a qualified clinician in conjunction with the basic structures of the treatment program. Clinical services are available to all residents in the Five County treatment program. Such services include, but are not limited to; individual and family counseling, group counseling (to include drug and alcohol and process groups), comprehensive psychological or educational assessments,

and crisis counseling. The Clinician will provide individual, family, and group counseling. The number of sessions varies, but 5-C is proactive in encouraging family engagement and support while a juvenile is in programming. A clinical session may last between 30 minutes and up to 2 hrs in length of time. The Clinical Staff confers with a contracted psychiatrist every 30 days for medication management and other psych services as needed.

Additional Programming/Services

Five County provides various program components to meet the individual and group needs. Such program components include but are not limited to; Anger Management, Group Builder and Teambuilding concepts, Cultural Diversity, Sexual Awareness Education, Victim Empathy, and Independent Living Development.

Medical, Dental and Mental Health Services

The Center has its own modern, on-site medical exam room. We currently contract with the Upper Valley Community Healthcare Center to provide medical services each week to our residents. The Center has a qualified nurse, who oversees individual medical files, and directly works with the contracted Healthcare Center and psychiatrist. A simple Medical Request Form is available to all residents with procedures in place to protect confidentiality. Routine medical exams are performed on all residents at the Center within a week following intake. Madison Memorial Hospital, which is located 12 miles south, in Rexburg, provides emergency medical treatment. All residents are afforded an initial dental screening upon admission to the Center.

We have a qualified psychiatrist, Dr. Kelly Palmer, who meets monthly with clients currently on psychotropic medications, or who may need to be on psychotropic medication, to prescribe, monitor or modify medication as needed. These services are provided at no charge to the resident.

CLOTHES AND PROPERTY

A juvenile's clothes and property will be inventoried and secured while you are in 5-County. They will be given back to you when you leave. When they are admitted you will be given treatment clothing. It is to be worn properly. You are not allowed to have personal property in your possession except for approved personal letters, and religious reading materials. You may earn additional privileges as outlined in the Treatment Phase Program. This includes the privilege to wear personal clothes upon earning Phase 3.

There is no need for your Parents/Legal Guardians to send in hygiene, shampoo, or clothing or other personal items (blankets, etc.) upon your arrival to the Center. The Center will provide these items to the residents at no charge. Your assigned Case Manager will work with your family to send in additional personal items at that time as approved by the Treatment Team in DBT Consultation bi-weekly meetings.

Food Services

All meals are prepared in the facility in accordance to District 215 dieticians and qualify for the Federal School Lunch program. In addition to providing meals on-site, residents (on higher phases in the program) are provided opportunities for developing independent living skills by participating in meal preparation, basic cooking skills, and kitchen clean-up.

Visitations

Five County Youth Treatment Center encourages strengthening family ties through visitation, subject to the limitations necessary to maintain facility order and safety.

Visitation may be set up by contacting the juveniles' Case Manager, or a member of management. Visitation may be scheduled Monday through Sunday.

Lockers are provided in the facility for all visitor personal items. Due to liability and security reasons, no unnecessary bags, purses, packages, or other items are allowed in the Center.

Visitors shall be asked to leave all packages, purses, etc. in their car or provided locker. All items except personal identification are to be left outside the Center, with the exception of approved items that can be left for the juvenile. Items may be approved by the Facility Director or Designee by contacting the juvenile's assigned Case Manager.

Visitors may be subject to search. Cooperation may be requested in scanning of a metal detector wand. A pat down search may be conducted by a staff of the same gender if reasonable suspicion exists that a visitor has contraband intended for delivery to a juvenile. Only items submitted and approved in Treatment Team in advance are encouraged to be brought in the Center. Mail - personal letters must go through the mail system.

If cooperation in a Frisk Search is refused, visitation for that person will be terminated.

Juveniles have the right to refuse visitation with anyone. All visitors are required to register and complete and sign a visitation log to include name, date, purpose for visit, relationship to the juvenile, and person to be visited. Approved visitors shall provide photo identification.

The length of visitation is determined prior to the visit by setting up an approved visitation with the juvenile's Case Manager. Juveniles are required to request items in DBT Consultation Team Meeting in correlation to their Phase in Program. Parents and legal guardians wishing to bring in items must have them approved in advance. The Center provides all clothing and hygiene items for the juvenile in the Center.

Staff may terminate all visitations at any time for the purpose of security and order of the 5-C Juvenile Youth Treatment Center. 5-C is a secure drug free environment. Tobacco, alcohol, or other drugs are not allowed in the facility. Persons who are noticeably under the influence of alcohol or drugs or are disruptive, belligerent or augmentative may not be allowed to visit and may be asked to leave. If a person refuses to leave, the Fremont County Law Enforcement shall be notified.

Transition

Five County works with juveniles in individualized transitional plans. Transition can include community services, family, independent living programs, and other supports. This process can be obtained but not limited to include supervised/unsupervised day passes, home passes, and overnight passes.

Parents or legal guardians that provide transportation of juveniles earning a day pass or home pass must provide documentation of a current drivers' license and proof of valid motor vehicle insurance when providing transport of a juvenile.

Five County prepares the residents for transition to a less restrictive level of care and attempts to link the youth to an appropriate transitional aftercare program. A smooth transition from treatment to discharge and then to continuing care requires coordination of goals and treatment, identification of personal signs of relapse, family involvement, and linkages to other services as necessary. At the completion of the residential treatment program there should exist a structured and time-limited outpatient type services and planning process that can assist the adolescent in continuing the change process and obtaining ongoing support(s) in the community.

Responsibilities and Authority

In the Center's program, juveniles never have authority over each other. While each member is responsible for demonstrating care and concern they will never be placed in a position of determining consequences or be empowered to invoke discipline. Center staff is responsible to provide supervision and give consequences in accordance to policy and procedures.

The facility has posted colored taped lines in the dayroom's to allow a visual boundary of space. Residents are not to enter another resident's cell/room area. Residents must ask permission from facility staff to cross and enter boundary spaces marked near the toilet/shower area, and medical exam room.

Rules, DBT Coaching and Consequences

Several approaches are used to sustain safety in the Center's program. Appropriate supervision by well-trained staff is the primary means of maintaining the physical safety of the environment. A set of rules provides the

basis for behavioral control that supports and protects the values of Treatment. A structure exists to ensure that the juveniles understand which behaviors are approved and disapproved. It is important to understand that problematic behaviors are not only expected, but also necessary as the basis for corrective actions to take place. Staff and or peers provide DBT Coaching to residents in moments of problematic behavior; encourage/support the use of DBT Skills to allow residents to replace ineffective maladaptive, non-skilled behaviors with skillful responses.

Problematic behaviors are seen, therefore, as opportunities for learning and facilitating change by providing the structure that disallows the previous antisocial values and directs members' behaviors toward pro-social values. Rules, DBT coaching and consequences of rule violations are the formula that allows change to occur. Without this, antisocial behaviors continue to be unnoticed and continue to occur.

Rules and Expectations

In the Center's program, rules and expectations are categorized into two levels of severity. The levels are: minor violations, major violations.. Within each level, rules are separated out from the less severe violations to the most severe violations. Each level of rules has its own level of consequences associated with the violation. (The list of rules and expectations in this section is incomplete. Other rules and expectations will be explained throughout this document and throughout the program.) Even relatively minor rule violations can directly or indirectly undermine the safety of the program and must be dealt with promptly. Consequences for violations are outlined in this section. All juveniles and staff are responsible for confronting problem behaviors. Staff, not the group members, is responsible for giving learning experiences and, if appropriate, the disciplinary actions explained in this document.

Repeated violations of minor and/or major rules are likely to result in special programming/behavioral modification plans and possible separation from participation in the program for a limited time or a reduction in program phase, depending upon the severity and intensity of the violation.

All Juveniles in residential program will be afforded rights, and the Center will comply with Idaho Juvenile Correction Act and Rules for contract providers.

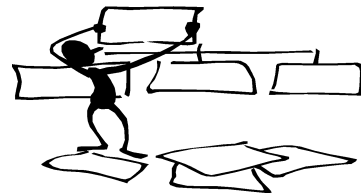
Juveniles will be explained their rights, and behaviors in an incident that may result in corrective action. Prior to corrective action less restrictive measures may include verbal re-direction, DBT Coaching/De-escalation, a time- out with staff, cool down period in a juvenile's room (either encouraged or requested by the juvenile) before up to 1 or 2 hours room separation is applied through the Treatment Review Team process. Juveniles will be provided a Behavioral Chain Analysis Form (B.C.A.) or verbally complete a B.C.A. with staff. Staff will continue to support and help the juvenile compose any emotional/physical distress. In the event a juvenile receives room separation, all attempts will be

completed to reintegrate the juvenile as soon as possible with his or her peer group. Behavior reports and corrective actions taken will be provided to Contracting Agencies, and Parent or Legal Guardians in the form of Incident Report Summaries, Progress Reports, and in monthly progress staffing meetings.

Minor violations

Minor rules are the guidelines for running an effective group. Even minor rule violations can directly or indirectly undermine the safety of the group and must be dealt with promptly. Corrective actions for violations of minor rules may include time outs, learning experiences/ clinical assignments, loss of privileges, refocus options and, if appropriate a behavior modification plan.

Minor rules are as follows:



- *Disrespect to others*
- *Profane language*
- *Security Threat In a Group*
- *Program Refusal*
- *Disturbance(minor)*
- *Destruction of Property*
- *Dress Code Violation*
- *Abuse of Privileges*
- *Food in Room or Unauthorized Area*
- *Being in an Unauthorized Area*
- *Misuse of Facility Property*
- *Touching, Opening or Closing any hallway or activity area door*
- *Being Loud and Boisterous*
- *Unapproved Item*
- *Interfering with Facility Safety and Security*
- *Threats Verbal or Nonverbal*
- *Lying and Manipulating*
- *Unauthorized Use of Telephone or Mail*
- *Theft*
- *Argumentative*
- *Failure to Comply*

Minor Rule Violations Refocus Options. These might include, but are not limited to:

- ☐ *Learning experiences/ Clinical assignments.*
- ☐ *Remaining with a staff/group throughout the course of the day.*

- ❑ *Being restricted from off-campus activities, work passes, home pass.*
- ❑ *Being on limited movement and/or attached to staff.*
- ❑ *Up to 1 hr (cooling off period).*
- ❑ *Loss of Privileges (Movies, Lights out)*
- ❑ *Loss of DBT point Cards (Commissary)*
- ❑ *The Juvenile Service Coordinator may be included in any disciplinary process upon the juvenile's request.*

Major Rule Violations

Major Rule Violations - violations of one or more of the following require an automatic session.



- *Continuous violation of minor rules.*
- *Physical Assault*
- *Assault with Body Fluids*
- *Escape or Attempted Escape*
- *Property Damage*
- *Threatening and Intimidation*
- *Enticing/Instigating*
- *Being in an Unauthorized Area*
- *Possession of Contraband*
- *Making Sexual Proposals*
- *Engaging in Sexual Acts*
- *Gambling*
- *Tampering with or blocking a Locking Device*
- *Manufacturing or Consuming of intoxicants*
- *Theft*
- **ZERO TOLERANCE ON ANY MAJOR RULE VIOLATION**

Major Rule Violations Refocus Options.. These may include, but are not limited to:

Confinement for Safety and Security only, must follow Treatment Review Team Process.

Behavior Modification Plan/ Safety Plan

Special Program Placement (may include Separation, Segregation, Re-assignment of room)

Referral for Prosecution

Loss of Phase

Loss of privileges

Loss of MRT Steps

- ❑ *Up to 8 hours of room separation (IDJC Juveniles).*

- *The Juvenile Service Coordinator, Parole officer, Contract Oversight Specialist and Treatment Review Team may recommend further Refocus Options and be part of the disciplinary process. IDJC Juveniles may request that their Juvenile Service Coordinator be part of the disciplinary process.*

Refocus Options

In addition to the specified refocus options for any minor violations, major violations Certain behaviors may result in an individual being placed on special program as described later in this section. (IDJC Juveniles)

Generally, responses to behaviors that violate rules and expectations are referred to as learning experiences, which are assignments given by staff. In contrast to “punishment,” which is intended to eliminate the unwanted behavior, learning experiences lead the individual to develop new, more appropriate behaviors to replace the unwanted attitudes and behaviors. Learning experiences may result from a variety of arrangements. Learning experiences should be designed to “compel the juvenile to manage their own behavior, reflect on their motivation, feel some consequences of their behavior, and consider alternative ways to act.” Learning experiences are developed and assigned only by staff (not by other juveniles).

Grievance Process

A grievance procedure is provided to juveniles to appeal decisions concerning conditions of confinement. Grievance forms are provided in the dayroom living unit. A juvenile or current resident may fill out a form at any time and place it in a locked black box labeled grievances mounted on the wall in the dayroom unit. Juveniles may ask staff for assistance. Juveniles may ask staff to provide them a grievance form. Juveniles have the right to file a grievance at any time.

Any document in writing indicating a complaint will be considered a valid grievance.

All grievances shall be handled quickly and without threats or reprisals against the individual grievant. Grievance boxes are checked by the facility Director or Designee daily. Grievances shall be handled by the Director or Designee unless the grievance involves the Director or Designee. The Director or Designee shall contact the grievant and attempt to resolve the grievance informally. In the event a juvenile gives a grievance to the staff it shall be immediately forwarded to the Director or Designee. The Director or Designee shall review and discuss findings with the juvenile within 3 working days of receipt of the grievance form.

If the grievance can be solved informally, the solution shall be written on the grievance, copy made for filing. The original is to be placed in the grievant’s permanent file.

All formal appeals will be handled by the 5-C management team, including the disciplinary hearing committee.

Learning Experiences

Learning Experiences are assignments given by staff to help residents learn a new behavior. Learning experiences should relate directly to the specific behavior being displayed.

General examples of categories of learning experiences may include: developing and presenting seminars, oral reports and written essays, performing various group service projects within the Center, or making appropriate restitution to either an individual or the group as a whole.

DBT COACHING

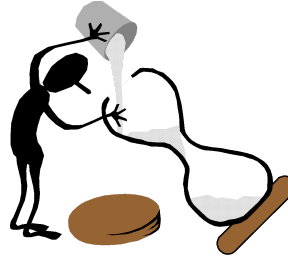
Group members are expected to accept “coaching” from line staff, and be open minded to peers offering coaching. Group members or line staff may “Que” a peer when inappropriate or undesirable behaviors are shown. A line staff or peer may then offer verbal “DBT Coaching”. Coaching must always be kept within the limits of helping. With this, the individual becomes aware of the behavior shown, and can utilize DBT (Dialectical behavior Therapy) skills. Emotional regulation skills, distress tolerance, mindfulness and interpersonal skills help the individual to deal with “crisis” and calm them. Intimidation and humiliation are NOT helping behaviors and, therefore, HAVE NO PLACE in this process. Coaching and accepting coaching for negative behavior is a responsibility that is to be both learned and practiced by all juveniles and staff.

“Queuing” is to be done to help others recognize hurtful behavior and to gain control of antisocial behaviors. A “Que” should clearly describe the offending behavior and refer to any patterns that are apparent in the behavior. Not all negative behaviors warrant a sharp response as a violation of rules. Nevertheless, such behaviors require accountability on the part of the juvenile. Accountability is the key to making behavior and attitude change. It creates the situation in which the individual must choose between his old “antisocial” behavior patterns and adopt new “pro-social” behavior patterns. “Queuing” is a tool by which group members/staff make other group members aware of problem behaviors in order to teach responsibility and make them more accountable for their actions, attitudes, and behaviors.

DISCIPLINARY POLICY FOR RESIDENTS

“Discipline” is defined as a method of coping with infractions of the expectations and guidelines of a treatment program. Discipline is used as a teaching process initiated so that youth learn to become responsible, caring, and concerned individuals. As a juvenile corrections’ facility, we expect youth to learn self-discipline. Therefore, it is staffs’ role to teach self-discipline along with the caring process in the treatment program. By making “caring” fashionable, the youth begin internalizing the helping aspects of self-discipline and self-control.

Thus, the process of becoming a “disciplined person” is one who has learned self-control and who is governed by positive and caring social values. A juvenile may request during a formal appeal: Appeals Process Pg. 39” of the discipline to involve his Juvenile Service Coordinator, a staff member not directly involved in the incident.



Cool Down Period/Time-Out:

“Time-out” is a period not to exceed a 20-minute break provided to a juvenile whose behavior is disruptive to the group process. The purpose of the time-out is for the juvenile to take the opportunity to increase his self-awareness and provide the opportunity for self-correction. At no time, is time-out to be punitive or a punishment. It is not to include any activity that is intended to shame, humiliate, belittle, or reduce the self-esteem of the youth. If the juvenile shows disruptive behavior and/or fails to change his behaviors after being offered DBT coaching, staff will intervene. Staff will turn to the individual who is showing the disruptive behaviors, make eye contact, and say the juvenile’s name along with “time-out” for “x” behavior. A juvenile may request a time out in order to compose one self. Staff will then escort the juvenile to any area that is appropriate and will provide supervision according to policy. Time outs may be taken in the presence of a Center staff (at their side), in a juvenile’s room or neutral location. Center staff may observe, and offer de-escalation or skill coaching to assist the juvenile in regaining emotional/physical composure with the goal of returning or engaging back in group as soon as practicable. While the juvenile is taking a time out, he may be provided a learning experience such as a Therapeutic Assignment, time to utilize individual self-soothe box, Behavioral Chain Analysis (Thinking/Problem Report) - (BCA), Journal assignment, or other tools designed to facilitate growth. Staff will provide wellness checks during this time as outlined per policy and procedure.

After the juvenile has been given a time-out and the behaviors continue, the juvenile is may be placed on a cool down period of up to 1 hour. to be given a chance to change the behavior and regain control of himself. If the behavior continues he may be placed on special programming/on a Behavioral Modification Plan.

Refocus Options or may include, but is not limited to: (Not listed in any specific order.)

1. Time Out-Remaining with a staff member throughout the course of the day.
2. Cool Down period of up to 1 Hour.
3. Being separated/Segregated for safety and security reasons (Must follow Treatment Review Team process).
4. Being restricted from off-campus recreation and/or work projects.
5. Loss of Privileges (Movies, Lights Out,)
6. Phase loss

7. Phase Privilege loss
8. Loss of MRT Steps A learning experience (learning experiences are various assignments such as: written assignments, details, restitution, etc.).
9. Reassignment of Room Juveniles placed on Separation/Segregation shall have access to a bathroom.

Behavioral Modification Program Plans/ Safety Plans:



Behavioral Modification Program Plans are developed and used to help youth develop self-control and learn to assume responsibility for their actions and behaviors. A Therefore, whenever a juvenile is showing inappropriate behaviors, it may be necessary for staff to separate that juvenile showing such behaviors.

A behavioral modification program plan will be used when an individual or group is showing patterns of increased behavior that pose a physical threat to themselves or others, damage of property, or serious disruption of the program. The behavior will be closely monitored in order for staff to teach the juveniles responsibility and self-discipline; therefore, natural consequences need to be in place for the juveniles. Special Programming is not used to punish and will not include any activity, which is intended to shame, humiliate, belittle, or reduce the self-esteem of the juvenile. Juveniles are never permitted to discipline or punish other residents.

At minimum, juveniles who are placed on behavioral modification program plans are expected to complete a learning experience. Examples of learning experience may include, but are not limited to; writing thinking reports concerning their inappropriate behavior, telling how it was unacceptable, actions they will take to prevent the behavior from reoccurring, and new behaviors they will adopt to replace the unacceptable behavior. Failure to comply with special programming may result in program termination when all attempts are exhausted. Behavior modification program plans must be explained to the resident and receive prior approval from the Director, Duty Officer, or Designee, Program Manager, Clinical Manager and contracting agency representative.

Prior to a juvenile being placed on a behavioral modification program plan, the following guidelines are to be followed:

1. The juvenile(s) must display inappropriate behaviors (major rule violations) and/or safety risk to self or others.)
2. It gives the juvenile showing the inappropriate behaviors time to work on his problems. (Being out of “check” does not necessarily constitute a special program; it depends upon the behaviors shown, the length of time the juvenile shows his inappropriate behaviors, and what interventions were given to change the behaviors.) Staff and the group

are to use all possible interventions in order to help the juvenile with his behavior before a special program is written and implemented.

3. The juvenile is to have the negative behaviors that he is displaying explained to him along with the consequences he may face if the behavior continue. The juvenile should be given a chance to stop the behavior(s).
4. The proposed Behavior Modification Plan is to be developed by the Treatment Review Team..
5. If the behaviors continue, staff completes an incident report form, indicating the specific conduct of the juvenile leading up to the behavioral contract, the consequences put in place for the juvenile, and the duration of the imposed behavioral contract.
6. Four copies will be made: The original put in the residents case management file, a copy placed in the group log, a copy put in the security log, and finally a copy to the contracting agency representative.

The behavioral modification plan and the juvenile's progress or lack of will be reviewed daily by a member of management.

Whenever behavioral modification plans is imposed, the resident can lose program privileges and access to certain activities through negative behavior. However, loss of privileges will not include restriction from academic course work, denial of food provided in the regular daily diet, physical exercise or any restriction that would violate the juvenile rights. The juvenile will be provided adequate breaks for food, bathroom visits, and exercise. The juvenile will be allowed and encouraged to work on behavioral modification assignments, education, and other programming assignments while on this status. Juvenile will be provided large muscle exercise (up to 1hr each day). Juveniles on this status will be given the opportunity to prove that they are ready to return to the group activity and to regular individual status.

The following are examples of inappropriate behaviors that may constitute a behavioral modification plan):

- a. Continues to demonstrate a safety and security risk to harm self or others.
- b. Continues failure to accept the responsibilities of the program.
- c. Continues displaying poor individual participation in any program component.
- d. Continues behavior that is not consistent with the expectations/rules of the program.
- e. .
- f. Makes an escape or attempted escape.

Appeal of Formal Disciplinary Penalties or Sanctions

A juvenile offender can appeal a disciplinary action and receive a review of the case. They may submit a grievance in writing to the Center Director at any time they feel their rights have been violated.

A juvenile must submit a written request for appeal to the Center staff. The Lead Center staff will notify a member of management immediately. After hours, the facility Duty officer will be notified immediately. The Duty Officer may direct staff to impose disciplinary sanctions as outlined and direct to advise the juvenile that a formal hearing will be scheduled to review the case.

The juvenile will be informed that a formal hearing will be scheduled 24hrs (holidays/weekends excluded) in advance of the hearing taking place. The juvenile offender will be informed that the juvenile service coordinator may be included in the disciplinary process at the juvenile's choice. A juvenile may request a formal appeal: Appeals Process Pg. 39" of the discipline to involve his Juvenile Service Coordinator, a staff member not directly involved in the incident.

Physical Intervention:

When a person presents a threat to self, others, or property, is attempting to escape, or is creating a general disturbance which threatens the safety of residents and/or staff (Suppression of Disorder) they may be physically restrained. Only used as a last resort, physical interventions will be STAFF only restraints. Staff will be expected to follow Five County Policies regarding controlling acting-out behaviors. Staff will be expected to first utilize the techniques of Verbal De-escalation training, and DBT Coaching in an effort to deescalate the behavior.

Staff will carry two-way radios and will be able to call for assistance when necessary. All staff will be expected to respond in accordance with policy to these calls for assistance.

Staff is trained in Appropriate Use of Force (AUF), which will only be used after all other interventions have not been successful.

Staff ONLY initiates a physical restraint. **Juveniles may never apply this control measure. There are no peer assisted restraints allowed.** This is a matter for staff intervention and direction only. At all times, during a restraint, care is taken to prevent physical injury to any resident or staff involved. A restraint is ended when the juvenile indicates a willingness to end the inappropriate behavior.

Resident Expectations

Juveniles have the right to use designated program property and equipment, but must do so appropriately. Failure to do so may result in one or more of the following:

1. May be required to repair damaged property.



2. May be required to pay restitution to repair or replace damaged or destroyed property.
3. May be given restricted use of property in the future.
4. May be charged with an offense filed with juvenile court.

Juveniles may leave the Center facility only when authorized and when properly escorted. Unauthorized absence, failure to return from a home pass, work, school, or leaving the supervision of staff without permission is considered an “escape” and may result in one or more of the following:

1. May be charged with an offense filed with juvenile court.
2. May be reduced to a lower phase in the program or remain in the current phase for an additional period of time or be reassessed to another facility.
3. May have transition plans withdrawn or be reassessed to another facility.
4. May lose home pass privileges and/or work privileges for a specified time.
5. May be required to pay restitution for expenses incurred.
6. Release may be deferred for a period of time not to exceed 30 days unless otherwise approved by the Director of the facility

If a juvenile has one of the listed restrictions placed on him, he has the right to have the restriction explained. He will also be allowed to explain all the circumstances regarding the incident that caused his restriction.

It is the policy of Center that any form of corporal punishment or denial of “critical care” needs is absolutely prohibited.

Rewards for Positive Behavior:

Reward DBT Cards

Residents are evaluated by treatment staff during each activity identified on the daily schedule. Throughout the shift, treatment staff will identify residents that are effectively using Dialectical Behavior Therapy Skills. Staff will reward residents that are demonstrating the use of DBT/Program Skills, displaying positive leadership skills, or encouraging/coaching, and supporting peers.

Staff will stamp or initial a resident’s rewards card after observing a resident use a Cognitive Behavioral/DBT Skill and praise/re-enforce positive behaviors. Residents may use a completed card(s) for additional privileges that are available daily and weekly. Consistent positive behaviors and use of positive coping skills over time assist the resident in addressing primary and secondary problems in their treatment plan and aid in meeting the requirements for phase advancement. Reward Cards are turned into line staff for extra privileges on a daily basis once they are fully stamped. Line staff will mark that the card had been redeemed and indicate the extra privilege/reward that the card was redeemed for. An example of the reward card is listed below. Residents may redeem cards for commissary items. Examples are snacks, special hygiene items, clothes, gel, makeup, mp3 player and art supplies.

Name _____					Redeemed

Name _____					Redeemed

JUVENILE RIGHTS AND RESPONSIBILITIES

Your Rights:

You will have the right to participate in residential programming. You will need to be open and honest while assisting staff in gaining information regarding your beliefs and actions.

You and your parent(s) or guardian may see the case record that we keep on you if deemed appropriate by your specific program needs. Before anything in your record can be given to anybody other than you or your parent(s) or guardian, or juvenile probation officer, we will obtain written permission from you and your parent(s), guardian, legal custodian.

The doctor or nursing staff will inform you about your health condition. You may take part in plans for your medical treatment, and you may refuse recommended treatment.

You will be free of physical restraint so long as you are not in danger of hurting yourself, others, destroying property, or attempt to escape. If it is necessary for staff to physically control you, then you will be held safely and for only as long as you are out of control physically. Mechanical restraint that keeps you from moving freely may only be used with prior approval from the center director or designee.

If you are given medicine, it shall be only after a doctor or nurse approves it and only under the circumstances they define. Medicine will not be given to you to punish, to make things easier for you, or in place of your program.

You will be served three nutritious meals a day. You cannot be denied a meal as punishment.

You will be treated with respect by staff even when you are being held accountable or otherwise corrected. You will not be cursed at or called names.

You will be free of physical, mental, and sexual abuse from staff or other residents. In the event you see or experience abuse of any type, please report this immediately to staff and file a written grievance.

You will be allowed to have appropriate visitors at reasonable times—that is, at times when you are not expected to be sleeping, eating, or doing activities that interfere with program.

You may receive and send outgoing mail without it being read by anyone but you, except in circumstances that the program manager, director, probation officer, or courts determines there is a risk to the safety and security and integrity of the program. Mail will routinely be inspected for contraband in your presence.

Contraband is defined as Paraphernalia, Drugs-Illegal or Non-Illegal, Alcohol, Tobacco, Medication not prescribed to resident, Weapons (including self-manufactured) and any other item approved or not approved that has been altered or in possession without permission. Your dayroom or individual room will be searched on occasion or if there is concern there may be contraband. Staff will take reasonable precautions not disturb you property during a search. If contraband is found, it will be removed and management will review the situation to determine the consequences and refocus options. If damage is found in your cell, that is a violation of Center policy, new charges may be filed against you for damaging or destruction of Center property, physical assault to anyone or attempted escape.

You may use the telephone at reasonable times. You may visit with your family as outlined in your program as long as there is no danger to yourself and the visit does not interfere with your program.

You will be allowed personal time as long as it does not interfere with your program.

You will be required only to do the work expected to maintain center cleanliness and to share duties such as keeping your personal living area neat and helping with other institutional needs.

Religious programming will be made available to you.

Juveniles in the facility, regardless of age under 21 have the right to an appropriate education.

If you feel that you have been treated unfairly or your rights have been violated, you can file a grievance. The grievance process has been previously outlined in this handbook.

Your Responsibilities

You are expected to follow the rules, procedures, schedules, and directives of staff while at this center.

It is your responsibility to see that your behavior and language do not discriminate or show prejudice or disrespect against other persons.

You are responsible for helping to clean and maintain your living area.

You are to conduct yourself properly during visits.

You must not accept or bring into or take out of the center items that are illegal or not allowed by this center.

You must not violate the law.
You must keep yourself clean and odor free.

You must follow grievance procedures in making any complaint.

You must use the appeal process when you feel any unfair disciplinary action has been taken against you.

PREA **Prison Rape Elimination Act Information Given to Residents/Juveniles**

In September 2003 the Prison Rape Elimination (PREA) act was enacted by Congress to address the problem of sexual abuse of those in the custody of correctional agencies. PREA applies to all public and private institutions that house adult or juvenile offenders.

PREA demands a **zero** tolerance policy towards sexual activity (sexual abuse and sexual harassment) between youth and between staff and youth. This facility strictly adheres to this policy and any sexual activity in the facility will not be tolerated.

If you have knowledge that sexual activity is occurring or you are feeling sexually uncomfortable around staff or other youth, it is important that you immediately let a staff know and/or follow the grievance procedure to report what is occurring.

Any and all sexual acts will be reported to the Director, Designee, PREA Coordinator and other facility management for preliminary investigation. Further, if any crime appears to have been committed or sexual abuse has occurred, a report will be made to law enforcement as provided by law. Confidentiality will be maintained to the extent possible. (Idaho Dept. of Corrections)

You will be asked to sign an acknowledgement form indicating that you have read and understand the Prison Rape Elimination Act and Five County Policy.

SEXUAL ASSAULT AWARENESS

Facts: Rape and sexual assault happens to females and males of all ages. Sexual assault has nothing to do with the victim's sexual orientation. The fact that a female victim became sexually aroused does not mean they were not raped. These are normal, involuntary physiological reactions. A survivor of sexual assault is not at fault for the rape. It is common for survivors to have feeling of embarrassment, anger, guilt, panic, depression, and fear even long after the attack.

Rape Avoidance: Be aware of situations that make you feel uncomfortable. Trust your instincts. If it feels wrong it probably is. Avoid situations that put you at risk.

- Do not gamble or enter games of skill or chance
- Do not become indebted to anyone for money or favors
- Do not engage in sexual activity

Most cases of sexual activity while in treatment involve manipulation, pressure or other coercion. Do not involve yourself in this activity. Any physical contact with another individual while in treatment is forbidden.

What to do: If you or someone else has been inappropriately touched or sexually assaulted while in treatment:

- **Report It!! Tell a staff, tell a friend, tell someone you trust!**
- Report the attack to a staff member, supervisor, the director, medical staff, Chaplin or any other adult immediately. The longer you wait the more difficult it is to obtain the evidence necessary for a criminal investigation.
- You may report it to an outside agency. Family Crisis Center (208-356-0065)
- The number is also provided on the PREA PREVENTION POSTERS hung throughout the Center, i.e. in the Dayroom Unit, and on the PREA Report Forms (orange Forms) provided in the Dayroom Units.
- Request immediate medical attention! You may have injuries you are not aware of and any sexual contact can expose you to sexually transmitted diseases.
- Do not shower, brush your teeth, drink or eat, use the restroom or change your clothes. You may destroy important evidence.
- If you are unwilling or afraid to tell a staff, ask a parent or another trusted person to report the assault to the administration.

Consequences of Sexually Assault to others: An investigation will be conducted by law enforcement. Perpetrators will be prosecuted. You will be placed in a special housing status, your movement and privileges will be limited. Other consequences may apply. You increase your risk of exposing yourself to sexually transmitted diseases.

False Allegations: Anyone making false allegations will be sanctioned /disciplined and shall be aggressively prosecuted.

REMEMBER

- SEXUAL ASSAULT IS A CRIME
- ALL SEXUAL CONTACT BETWEEN RESIDENTS IS PROHIBITED

- ALL SEXUAL CONTACT BETWEEN STAFF AND RESIDENTS IS PROHIBITED
- ALL ALLEGATIONS WILL BE INVESTIGATED

Upon intake in the facility, the Case Manager will meet with each juvenile and explain the Prison Rape Elimination Act (PREA) to them. After it has been explained to them, they will be asked to sign the PREA form, indicating they fully understand the act and what has been explained to them.

Your Case Manager is available to meet with you upon request to help answer questions you may have about the facility and program. A detailed Residential Program Manual will be sent to your parent/legal guardian, and is available for your review in the Dayroom Unit.

Five County Attachments May Include:

5-C Incident Form
Combined Service Plan—example
Relapse Prevention Outline
Behavioral Modification Program Plan—example
Behavior Chain Analysis
Current Programming Schedules
Sex Offender Specific Programming
Transition Out of Center Tracking Form
Out of Center Activity Request Form

