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June 9, 2016

Kimbla Newsom

Texas Juvenile Justice Department

11209 Metric Blvd

Austin, Texas 78758

Dear Ms. Newsom,

In response to The Texas Juvenile Justice Departments Fiscal Year 2017 contract renewal process, G4S submits the following proposed revisions to the contract statement of work.

1. Revision of the 7 and 30 Day Assessment Tool:

Amended Contract Section:

Attachment 3 to TJJJ Contract R1132

Section M Treatment Services

The program would like to amend the current contract by introducing the R-Pact assessment format as its primary 7 and 30 day assessment tool. Thus, all therapists will complete the R-pact assessment on all youth entering the facility. The standardized interview will be completed within 7 days of admission. The R-Pact has a comprehensive evaluation through the Noble software program.

I thank you for your consideration in advance and for the successful partnership with the Texas Juvenile Justice Department in providing quality services.

Sincerely,

A handwritten signature in black ink, appearing to read 'Tyrene Green'.

Tyrene Green

Regional Director

G4S Youth Services, LLC



C. CLINICAL PROGRAM POLICIES AND PROCEDURES

G4S is willing and able to comply with all TJJJ Rules and all related Standards, in addition to any subsequent amendments to these policies and standards which apply to residential programs. The program Policies and Procedures also incorporate many elements of ACA and CARF accreditation standards. Our Health Care Policies and Procedures substantially incorporate the National Commission on Correctional Health Care Standards for Health Services in Juvenile detention and Confinement Facilities. G4S understands that TJJJ is required to follow the Federal Prison Rape Elimination Act (PREA) Standards and is prepared to be in compliance with the Act.

D. TARGET POPULATION

G4S will provide secure residential specialized program services for up to 60 male juveniles ages 10-16 referred by the Texas Juvenile Justice Department (TJJJ) who are in need of specialized mental health and substance abuse treatment services.

E. TRANSPORTATION

G4S Youth Services understands and accepts responsibility for providing local transportation services for program related purposes to youth in the program, including but not limited to, medical and dental appointments, emergency transportation, and other transportation necessities to meet the needs of the youth. Only staff that have valid driver's licenses and successfully complete the appropriate and required vehicle training will be authorized to provide transportation. Whenever youth are transported, a secure vehicle will be used and the appropriate staff-to-youth ratio will be followed. Requirements regarding searches and the use of restraints for transportation will be followed. At no time will a youth be left unsupervised in a vehicle or permitted to drive. During transportation, each youth and staff will be required to wear seatbelts, and horseplay will be prohibited. When facility vehicles are not in use, they will be locked and the keys placed in the facility's secure lock box provided for key storage.



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F. STAFF REQUIREMENTS AND TRAINING

G4S is experienced in providing a safe and secure environment through resilient systems that elicit respect for personal boundaries. Supervision will be provided twenty-four (24) hours a day that follows a minimum of 1 staff to 10 youth (1:10 ratio) during the day, which exceeds RFP ratio requirement of 1:12. During youth sleep hours, G4S will provide 1 staff to 15 youth (1:15 ratio), which exceeds RFP ratio requirement of 1:16. Supervision staff will be inclusive of those who are providing direct supervision to youth and will not include supervisors, case workers, and educators. Each FTE will represent a 40-hour work week. To meet staffing needs seven days a week and exceed required ratios, G4S will schedule direct care staff as follows:

- Monday – Sunday: 8.4 youth care workers on 1st shift
- Monday – Sunday: 8.4 youth care workers on 1st shift
- Monday – Sunday: 5.6 youth care workers on overnight shift

G4S takes seriously its role and responsibility in the classroom, regardless of whether the education program is provided by the School District or G4S. As required, youth care staff will be assigned to classrooms as required to provide care, custody and supervision and respond to the everyday needs of the youth. In all of our programs, we have been very successful in training youth care workers to become a member of the classroom team where they provide proper supervision and control in the classroom and assist with the education process.

G4S will provide one master's degree therapist for every 15 youth, which exceeds the RFP requirement of 24 youth. G4S will provide two licensed nurses who will each provide (40) hours a week, which exceeds RFP requirements of 40 hours of nursing services per week. Designated medical and clinical personnel will be available on-call 24 hours, seven days a week.

The Facility Administrator will post advanced schedules to provide adequate staffing coverage for all activities throughout the week that includes, but not limited to treatment groups, meals, transports, staff training, school,



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recreation, and other events to ensure 80% of activities are structured activities during awake hours, and ratios are maintained. During on-campus family day activities, staffing ratios will be increased to accommodate the activity. These staffing ratios will provide appropriate supervision, suitable and timely response to the youth's everyday needs, safety and security issues as they arise, and immediate response to emergencies.

The staffing plan is designed to provide 24 hours awake supervision each day of the year and maintain appropriate levels of staff to effectively supervise and maintain safety and security. G4S utilizes a weekly FTE monitoring strategy to ensure proper staff ratios are maintained, while tracking staffing patterns through the position control system. A shift relief factor (SRF) of 1.4 has been incorporated into the below staffing plan for youth care workers, master control and shift supervisors that provides for training, vacations, holidays, sick time, and other absences.

G4S will use a structured system to allow for staff to make advance time-off requests, and granted approvals will be under the authority of the Facility Administrator to cover staff absences, position vacancies, and to ensure staffing ratios are continuously maintained. As previously mentioned, HR maintains an active list of both PRN and part-time employees that not only supplement full-time workforce on an as-needed basis, but is a source to fill full-time vacancies with a fully trained employee. If further needed on an emergency basis, G4S can deploy clinical, case management and administrative staff to be scheduled to work weekends and holidays. Staffing levels will provide active supervision of youth, suitable and timely response to the youth's everyday needs, and immediate response to emergencies.

Hiring Process

G4S has strength in recruitment abilities, and maintains a comprehensive, multi-pronged recruitment and retention strategy hire qualified, diverse employees. Currently, G4S provides employment to over 1,734 individuals who are well trained and diverse in job specific skills. G4S maintains a plan to hire qualified staff and provide salaries based on G4S' experience in recruiting and satisfying for the specific position consistent in G4S programs, in addition to the



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current labor market conditions. The G4S Human Resources Department has the ability to expedite job offers the same day as TDDJ background screening clearance, which is accomplished through a comprehensive tracking system that triggers the ability to proceed with offers upon notification of clearance. As a result, G4S has been effective in maintaining sufficient number of staff to meet required ratios.

The recruitment strategy includes a comprehensive network of internet and print media outlets including: usajobs.g4s.com, G4S.com, Career Center, Jobing.com, Careerbuilder.com, The Brownwood Bulletin and the Brownwood News. In addition, HR will maintain an active list of both PRN and part-time employees, which will not only supplement full-time workforce on an as-needed basis, but will be a source to fill full-time vacancies with a fully trained employee. Volunteers will be pursued and screened in accordance with TJJJ requirements, as another level of support and mentoring.

The hiring design embodies G4S corporate values and ensures compliance with our Drug-Free Workplace requirements. G4S utilizes a candidate vetting system that pre-screens for suitability within our industry and establishes employment eligibility. Careful scrutiny of criminal checks, personal and professional references, education verification and school accreditation has proven vital for pre-screening applicants that are an appropriate match for the position.

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Staffing Plan

EMPLOYEE	FTE	HOURS PER WEEK
Direct Administrative/Facility Administrator	1.0	40 hours per week
Direct Administrative/Asst. Facility Administrator	1.0	40 hours per week
Child Care Worker/Shift Supervisor	4.2	40 hours per week
Child Care Worker/Youth Care Worker	(22.4 Total)	
1st Shift	8.4	40 hours per week per FTE
2nd Shift	8.4	40 hours per week per FTE
Night	5.6	40 hours per week per FTE
Treatment & Counseling/Director of Clinical Svs	1.0	40 hours per week
Treatment & Counseling/Licensed Therapist	4.0	40 hours per week per FTE
RN/Health Services Administrator	1.0	40 hours per week
LVN/Licensed Vocational Nurse	1.0	40 hours per week
Case Worker/Case Manager	2.0	40 hours per week per FTE
Direct Administrative/Administrative Assistant	1.0	40 hours per week
Direct Administrative/HR Manager	1.0	40 hours per week
Direct Administrative/Business Manager	1.0	40 hours per week
Direct Administrative/Staff Development	1.0	40 hours per week
Coordinator/Compliance Manager		
Maintenance Staff/ Physical Plant Manager	1.0	40 hours per week
Transportation	1.0	40 hours per week
Physician/Health Services Authority		Weekly
Psychiatrist		As scheduled



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JOB DESCRIPTIONS

G4S has 16 years of experience in working with some of the toughest juvenile populations, ranging from low-risk to maximum risk males. We are confident of our ability to hire the right employees to mirror our vision, values and practices. It will be our preference to hire degreed and experienced employees who are at least 21 years of age, understand gender-specific populations, and are motivated to follow our required specialized treatment and care model.

Facility Administrator (Direct Administrative) is expected to have a resume that includes at least a bachelor's degree from an accredited college, and preferred to have at least five years of experience in management of juvenile programming. However, G4S makes exceptions to this, based on extraordinary experience of individuals who are committed to G4S and the Department, and committed to pursuing a degree while employed by G4S. The resume will support the person's ability to provide leadership in direct administration, program operations, adherence to contract requirements, budgets, TJJD Administrative Rules and develop relationships with TJJD, community, and family.

Assistant Facility Administrator (Direct Administrative) is expected to have at least a bachelor's degree in business, psychology or nursing; at least five years of experience working with specialized youth, with at least two years supervisory experience. However, G4S makes exceptions to this, based on extraordinary experience of individuals who are committed to G4S and the Department, and committed to pursuing a degree while employed by G4S. This position will be responsible for programming, implementing and monitoring daily operations; staff and program scheduling; financial management; disciplinary procedures; incident reporting; CCC reporting; risk management; behavior management; emergency preparedness; and facility operational procedures.

Health Services Administrator (RN) will be a Licensed Registered Nurse in the State of Texas and will facilitate triages in medical and non-medical situations; provide nurse supervision and training; oversee the daily operations of the health department.



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LVN/Nurse will be either a Licensed Vocational Nurse or Registered Nurse in the State of Texas; provide documentation in records; provide health education; provide required parental notifications; provide shift relief and secondary coverage, as needed, to provide health services 40 hours a week.

Director of Clinical Services (Treatment and Counseling) is preferred to be a licensed psychologist that meets professional standards of the Texas Occupations Code, Title 3, Chapter 501, Psychologists' Licensing Act. This person will ensure there is a direct line of communication with the mental health professionals; oversee the mental health evaluation and treatment process; provide clinical services when needed; ensure clinicians are qualified to provide services, based on their education, training and experience, and implement effective, evidence-based and researched interventions. The Director of Clinical Services will provide 24/7 emergency on-call coverage and provide oversight to the mental health professionals delivering mental health services.

Licensed Therapist (Treatment and Counseling) will be a fully licensed or certified professional in the State of Texas to meet the services needs of the population. Each professional will be experienced in working with adolescents; responsible to provide mental health, substance abuse, within the scope of license abilities, as detailed in Section B, "License and Certifications" above. The preferred licenses include:

- Licensed professional counselor (LPC) or licenced clinical social worker (LCSW) will hold a master's degree from an accredited university/college in the field of counseling, social work, psychology, or related human services field; qualified to provide services that include interviewing, assessment, planning, intervention, evaluation, case management; mediation, counseling, supportive counseling, direct practice, information and referral, problem solving, supervision, consultation, education, advocacy, community organization and the development, implementation, and administration of policies, programs and activities.
- Licensed Social Worker (LSW) will hold a master's degree from an accredited university/college in the field of social work qualified to provide services that include interviewing, assessment, planning, intervention, evaluation, case management, mediation, counseling, supportive counseling, direct practice, information



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and referral, problem solving, supervision, consultation, education, advocacy, community organization and the development, implementation, and administration of policies, programs and activities. A licensed master social worker (LMSW) or licensed clinical social worker (LCSW) may include the application of specialized clinical knowledge and advanced clinical skills in the areas of assessment, diagnosis, and treatment of mental, emotional, and behavioral disorders, conditions, and addictions, including severe mental illness in adults and serious emotional disturbances in children.

- Licensed Chemical Dependency Counselor (LCDC) for specifically addressing chemical dependency. This position must hold at least a two-year associate's degree with a course of study in human behavior/development and service delivery and must complete 4,000 hours of supervised experience working with chemically dependent persons.

Shift Supervisor (Child Care Worker) will have a high school diploma or GED, two years of direct care experience working with youth, one year of supervisory experience; will provide direct supervision to ensure shift-to-shift procedures are followed; oversee staff and campus schedules, incident reporting, volunteer/ visitor events, and behavior management procedures; and, proactively identify and correct any safety/security potentials.

Youth Care Worker (Child Care Worker) will be at least 21 years of age and have at least a high school diploma or equivalent and successful completion of a required training program; responsible to manage the general behavior of youth, serve as pro-social role models; provide custodial duties and housekeeping functions; monitor daily activities; demonstrate the ability to effectively work with adolescents; provide trauma-focused care; maintain a safe, healthy and structured environment; provide proper supervision at all times; and, provide unwavering interventions to shape youth behavior. Youth Care Worker I and II are differentiated by the YCW II being trained as backup to the Shift Supervisor.



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Case Manager (Case Worker) will have at least a bachelor's degree in criminology or related field and at least one year experience working with adolescents who have experienced emotional/mental health issues; responsible to provide a seamless connection and transition for the youth and community networks; will implement the G4S Faith and Community Based Delinquency Treatment Initiative Program model.

Human Resources Manager (Direct Administrative) will have bachelor's degree in business, human resources or related field or the equivalent amount of work experience in human resources. Prefer prior health care facility experience in human resources. The position will provide HR services to the corporate HR Department; provide the liaison, advisory, service, policy, and audit relationships and functions essential to the effective management of the staff; ensure that an effective staff development curriculum is established and implemented.

Physical Plant Manager (Maintenance Staff) will have at least a high school diploma or equivalent and successful completion of a required training program; three years of experience in work involving the inspection, repair, and maintenance, of household, office, and buildings, including equipment, appliances, machinery, and furnishings; provide routine and preventative maintenance/repairs.

Administrative Assistant will have at least a high school diploma or equivalent and successful completion of a required training program to provide administrative and human resource support needed to maintain continuity.

Business Manager will have a bachelor's degree in business, public or hospital administration, accounting, finance or economics. A valid certificate as a Certified Public Accountant (CPA) may substitute for the bachelor's degree. Job expectations will be to participate in policy development, programs, procedures and plans for the management of business activities at the facility; carry out plans for utilization of available facility funds, equipment, materials and supplies; complete functions relating to employment, payroll and time records; prepare statistical, financial, personnel, budget and other reports containing findings, conclusion and recommendations.



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Staff Development / Compliance Manager is preferred to have a bachelor's degree from an accredited college, university in business or resource management. This position will be trained in TJJD staff development standards; oversee the staff development process for compliance with training guidelines; ensure compliance with TJJD guidelines through establishment of training calendars and record management in connection with Human Resources Manager.

Transportation will be at least 21 years of age, possess a valid Texas driver's license and will complete specialized training; responsible for all youth transportations as assigned by program.

Health Service Authority will be a Texas Board Certified, licensed physician, preferably trained in Pediatrics, Family Practice or Internal Medicine to provide medical services and oversight of the health department.

Psychiatrist will be a Texas Board Certified, preferably certified in Child and/or Adolescent Psychiatry, to provide psychiatric services that include, but are not limited to, evaluations, medication management and monitoring, and treatment team involvement.

Training

Immediately being awarded the contract, G4S will begin training employees as quickly as the hiring and background screening processes are completed. Our goal is to have all training completed prior to receiving admissions. G4S is committed to providing comprehensive, high quality training as described in Tab 7. Training that incurs after youth are admitted to the program will guard shift ratios through the use of a 1.4 shift relief factor (SRF).

G4S understands that its success in working with juvenile justice male adolescents is directly related to how well we train and manage staff, in addition to the culture we establish in the environment. G4S' strength in training is evidenced by past Florida Department of Juvenile Justice Quality Assurance reports showing "Exceptional" ratings



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for training over the last year. G4S has reviewed and will comply with all core standards set forth by the Texas Juvenile Justice Department and Texas Administrative Code, Chapter 448.603.

All gender-specific, pre-service training will be provided within the first 30 days of hire. G4S will provide comprehensive training to ensure each staff understands how to respond to gender topics. The training modules will be cognitive behavioral in structure, which means they are experiential and require active demonstration of skills learned. In addition, an extensive on-the-job training (OJT) plan will be implemented for specific work-related responsibilities (i.e. youth care worker) to ensure the transfer of training from the classroom setting to the field of operations within the facility.

Job specific training will be implemented to meet the needs of specific position requirements. For example, case management staff will receive specialized training to work effectively with families, such as building trusting relationships, family-centered planning, competency assessment, and fostering positive behaviors. Mental health professions will receive training in working with youth with significant issues and lack of coping mechanism, group dynamics, suicide prevention, service delivery and documentation, evidence-based practices, gender-specific models and treatment, administration of screening and assessment tools, diagnosing, and techniques. Intake screening staff conducting intake/admission and screening will complete training applicable to the job responsibilities. Volunteers will receive sufficient orientation, training and supervision to enable knowledge of the program's purpose and services, the needs of youth and families, behavior motivation and the role and responsibilities to be assumed.

G. HOURS OF OPERATION AND PROGRAM SCHEDULE

G4S will provide supervision and required staffing ratios 24 hours a day, seven days a week, in a physically and emotionally safe and secure environment. Recognizing the need for admission flexibility, G4S will coordinate with the Department to provide admission services outside the regular business hours of Monday through Friday, 8:00 am to 5:00 pm. when the Department deems it necessary. Admissions will be coordinated in advance with the Department.



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G4S will carefully plan activities designed to maximize the probability that youth learn appropriate and pro-social behavior through regular practice and consistent staff role modeling. All youth will have basic requirements they must meet (e.g., hygiene, chores, treatment, recreation, homework, religious/spiritual opportunities and community service) that are a part of the daily routine of activities. The routine will require accountability for decisions made every day. G4S recognizes that education is an extremely important component of the youth's rehabilitation process and will include structured time for youth to complete and seek needed help with homework. The activity schedule will be posted in the program, provided to each youth during orientation, and provided to parents as part of the admission process.

Staff will be trained to proactively engage the youth in all scheduled therapeutic activities that are gender-specific and structured, such as the following samples that will be modified to ensure compliance with TJJD requirements:

Male Programming Sample Schedule

Time	Monday-Friday	Time	Saturday-Sunday
5:30-5:45 am	Wake-up/Hygiene	7:00-7:15 am	Wake-up/Hygiene
5:45-6:30 am	Breakfast/Meds/Sick Call	7:15-7:30 am	Goals Group
6:30-7:30 am	Break/Hygiene/Goals Group	7:30-8:15 am	Breakfast/Meds
7:30-11:15 am	School	8:15-8:30 am	Restroom Break
11:15-12:00 pm	Lunch Meds/Sick Call	8:30-10:00 am	Power Clean/Linen Exchange (Saturday) Power Clean/Spirituality (Sunday)
12:00-1:00 pm	Physical Education	10:00-11:00 am	Outside Recreation
1:00-2:30 pm	School	11:00-11:15 am	Hygiene
2:30-2:45 pm	Break/Rest Period	11:15-12:00 pm	Lunch/Meds
2:45-3:45 pm	Group Time/Recreation	12:00-2:00 pm	Group Time: Boys Council (Saturday)
3:45-4:45 pm	Recreation/Group Time	2:00-4:00 pm	Visitation/Indoor activities
4:45-5:30 pm	Dinner/Meds	4:00-4:30 pm	Outside Recreation
5:30-6:00 pm	Showers	4:30-4:45 pm	Hygiene
6:00-7:00 pm	Group (self-help recovery)	4:45-5:30 pm	Dinner/ Meds
7:00-8:00 pm	Incentive activity/phone/letters Treatment work/homework	5:30-6:00 pm	Showers Phone/Letters
8:00-8:45 pm	Reading/Special Events	6:00-7:00 pm	Group (self-help recovery)
8:45-9:00 pm	Reflections Group Prepare for Bed	7:30-8:45 pm	Incentive activity/phone/letters/snacks Treatment work/homework
9:00 pm	Bedtime	8:45-9:30 pm	Clean up Detail/Reflections group
		9:30 pm	Bedtime

- On a monthly basis, health education will be provided by the licensed health care staff to all youth.



Tracking System to Monitor Compliance to Program Schedule

G4S will maintain a comprehensive tracking system that has proven to yield compliance to activities designed to meet the educational and behavioral treatment needs of the youth. Adherence to structured activities will include specific checks and balances, mentioned below, to ensure activities occupy over 80% of the awake hours, seven days per week. The Assistant Facility Administrator will have the ultimate responsibility for ensuring the schedule is followed throughout the day. The G4S comprehensive tracking techniques to ensure adherence to the schedules will be as follows:

TRACKING MECHANISMS	
Daily Monitoring	<ul style="list-style-type: none"> ▪ Shift Reports, completed by supervisors and staff, then reviewed each morning by the FA and AFA during management meetings ▪ Behavior Cards, reviewed daily by the case manager and AFA ▪ Activity Tracking System reviewed by direct care, with notification to the Director of Clinical Services if there is a breach in schedule events ▪ Group Check Sheet signed by the youth, reviewed by the Director of Clinical Services and communicated to the Facility Administrator to ensure youth receive daily therapeutic services and psychosocial activities ▪ Daily Points incorporate the allocation of daily points that are earned based upon the youth's performance and adherence to scheduled activities. The total points are evaluated by the Facility Administrator weekly then sent to the Treatment Team and parents for review. ▪ Monitoring effectiveness of services is done by the Director of Clinical Services, with follow-up communication to the management team during daily management meeting
Weekly Monitoring	<ul style="list-style-type: none"> ▪ Trends are reviewed during weekly management meeting to improve services / interventions ▪ Compliance of daily schedules is reviewed by the Quality Assurance Specialist and relayed to the Compliance Manager ▪ Group Monitoring by the Director of Clinical Services to ensure adherence to schedule, and quality of services ▪ Review of above by corporate support personnel
Monthly Monitoring	<ul style="list-style-type: none"> ▪ Adherence to activity schedule, points, progress, and adherence is reviewed by the multidisciplinary Treatment Team during formal monthly staffing to determine how the youth is responding to treatment ▪ Adherence to activity schedule is monitored and evaluated by the Quality Assurance Manager as part of the "Scorecard process" and reviewed in the monthly facility verification and regional meetings. ▪ Monthly Facility Systems Review Sheet is completed by the Facility Department Director to "keep score" of compliance



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H. ASSESSMENT TOOLS

In order to identify the youth's risk factors and needs, it is necessary to assess each youth to determine strengths and weaknesses. Assessment instruments, more fully described later in this tab, will be at a minimum:

- Structured Assessment of Violence Risk in Youth
- Reynolds Adolescent Depression Scale
- Trauma Symptom Checklist for Children (TSCC) or Trauma Symptom Inventory
- Adolescent Substance Abuse Subtle Screening Instrument (SASSI)
- Assessment of Suicide Risk
- Skills Assessment (education and vocational)
- Comprehensive Bio-psychosocial Evaluation: The bio-psychosocial evaluation identifies physical health, mental health, substance abuse, academic, educational, or vocational problems that will be integrated into the treatment planning process.

I. HEALTH CARE/MEDICAL SERVICES

G4S is committed to providing quality, gender-specific, health care services in accordance with the Texas Juvenile Justice Department Administrative Rules. Evidence of our commitment to excellence is verifiable by past 2012 reports of 14-G4S residential programs earning "Commendable" or "Exceptional" health services ratings by the Florida Department of Juvenile Justice Bureau of Quality Assurance, now known as the FJDD Bureau of Quality Improvement. We commit to complying with all TDDJ annual reviews. G4S has developed policy in preparation of providing health care on a daily basis that exceeds requirements.

Health care services and training will be provided to the male population within a trauma informed care context. Our experience has shown that individuals suffering from traumatic events are often seen in sick call and express themselves through psychosomatic complaints. It will be the role of health care providers to incorporate evidence-based Motivational Interviewing to encourage youth communication and help distinguish between physical and emotional complaints, while providing an environment that encourages trust and safety. With consistency in



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motivating the youth toward progress, medical personnel will work in concert with all G4S staff to provide a healthy, family-like environment that continuously stabilizes and refocuses the developmental challenged adolescent.

Comprehensive On-Site Medical Services

The provision of health care services will be available seven days a week with on-call availability 24 hours a day, seven days a week. The Medical Department will be fully equipped to provide comprehensive, on-site, routine care to provide accountability and rapid response to the specialized health needs of adolescent boys. The on-site medical and nursing capabilities will include the capacity to provide:

- Primary medical care for acute and chronic health issues and follow up;
- Psychiatric services for pre-existing and newly diagnosed disorders;
- Preventive health care (immunizations, health education, accident prevention, dental screening);
- Sick call process that is accessible daily;
- Comprehensive system for monitoring on-going health conditions, follow-up for sick call encounters, community medical and dental consultations, emergency department visits and other hospitalizations (episodic care); and,
- Structured system of care for on-site assessment and management of acute and chronic health conditions, as well as preventive health care.

A physician will serve as the Health Service Authority, and provides basic, primary medical care, and will be available by telephone for medical, mental health emergencies, and consultations 24 hours a day, seven days a week. The Health Service Authority will provide oversight of the program's health and medical care, and will be responsible for the overall clinical direction, policies and protocols, and supervision of all medical personnel. The physician's agreement will define the role of the Health Service Authority and will include services and frequency, extent of available emergency and on-call services, and specification of other duties. Final clinical judgments will rest with the Health Service Authority who will meet the clinical needs of the population. The Health Service Authority will perform



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all necessary comprehensive physical assessments, periodic evaluation, chronic care services, medication management, sick call referrals and other services.

G4S is committed to a comprehensive plan of care to meet each youth's needs. Over the counter medications, medical supplies, First Aid care, in addition to detailed services described below are standing practices of G4S. We will provide local transportation to and from health care appointments and other appointments that are deemed necessary for his welfare. In the event it is necessary for a youth to be hospitalized, G4S commits to providing a staff to supervise him during the hospital stay. We understand that TJJD will directly reimburse for care and treatment, and we commit to efforts to obtain authorizations and an encumbrance number from TJJD prior to the delivery of services, except in the case of an emergency.

Staff and Ancillary Service Agreements

In addition to the contracted Health Service Authority, 80 hours of on-site nursing coverage will be provided by two full-time nurses, which exceeds the required 40 hours. These positions will include a Health Services Administrator (Licensed Registered Nurse), in addition to a second licensed Vocational Nurse (LVN) or Registered Nurse (RN). The Health Services Administrator will be responsible for the oversight of health services and as the liaison between the facility and local health agencies. The LVN or RN will be responsible for health services and support to the Health Services Administrator. Mary Frances Magan, G4S Corporate Director of Health Services/RN, will provide on-going training and support to health care medical staff. If necessary, G4S will utilize the G4S Correctional Health Care Consultant, Dr. Dianne Rehtine, MD, FAAFP, CCHP-A, for expert medical opinion. G4S will provide 24 hours/day response to health needs. G4S will ensure that uninterrupted physician and nursing services will be provided in the event of absences by authorizing overtime hours for available staff or having part-time medical staff on-call as needed. A licensed psychiatrist will provide medication management services for youth on psychotropic medication.



Health Care Staff Training

G4S maintains numerous specialized training academies and corporate training staff to ensure comprehensive training is provided to all employees in all programs. Required First Aid, Basic Cardiopulmonary Resuscitation (CPR) and Automated External Defibrillator (AED) training will be provided to new employees having direct contact with the youth. In addition, comprehensive health training for pre-service and in-service training will be facilitated by licensed medical staff or certified trainers. Licensed health care staff will maintain current certification in Basic Cardiopulmonary Resuscitation (with AED training, as applicable). Further, G4S will post visuals for immediate information and training, and most importantly, provide an environment where youth will feel their health is important.

Monitoring Continuity of Care

In order to ensure continuity of care, the management team will conduct a daily meeting to review any medical/medication management issues, mental health and substance abuse issues, gang related activities and security concerns. Additionally, the members of the multidisciplinary Treatment Team, including the Psychiatrist, will conduct a clinical meeting to discuss individual youth cases regarding medication management issues, issues/changes regarding DSM-IV TR diagnoses, mental health/substance abuse issues, mental health alerts, and safety/security concerns.

Health Care Services

1. Screening and Evaluation: The admission health screening will be completed by medical staff or trained non-licensed health care staff at the time of admission to the program. The Health Service Authority will be notified of all admissions, regardless of medical conditions. All youth entering the program will receive health care services and evaluations for health related conditions. The screening will not take the place of the required medical evaluations completed upon admission, but will include at a minimum:

- Initial Health Screening
- Thorough assessment of all body systems and an assessment of nutritional status, growth and development;



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- Implement Body Mass Index Protocol designed by the Health Service Authority specifically for adolescents;
- Screening for sexually transmitted diseases;
- HIV Risk Assessment;
- Assessment for chronic conditions and medical concerns requiring immediate medical attention;
- Assessment of tuberculosis status;
- Assessment of immunization status and subsequent inoculations as required;
- Assessment of dental health with a referral to the dentist as necessary; and vision screening;
- Health Service Authority notification for new admissions and orders obtained, as applicable (i.e. routine standing orders, medication continuance).

2. Health Assessments: Every youth entering the facility will receive a new Health Assessment completed within twenty (20) calendar days of admission, regardless if one had been completed within the year or not, and annually thereafter regardless of the assigned medical grade. This Health Assessment will be placed in the youth's medical file and will establish a clinical database for each youth. Referrals to the physician as indicated.

3. Sick Call Care: The Health Services Administrator will schedule sick call times and post the schedule in public and common locations. Youth may submit a sick call request seven days per week. The licensed health care staff will ensure Sick Call Request forms are collected from the secured sick call drop boxes on the units daily. A nurse will triage nursing, medical, dental, and mental health sick call requests daily. Youth with non-emergency medical complaints will be seen at the next scheduled nursing sick call. Youth with urgent complaints will be seen as soon as possible and referred to the appropriate health care professional as indicated. A nurse conducts sick call at least once per day, seven days per week, to evaluate and treat non-emergency illnesses or injuries. A nurse will triage the complaint and provide appropriate care and/or refer the youth to the physician if indicated. If indicated, the youth will be evaluated by a provider within seven days of referral. If the youth complaint is recurrent (three or more times over



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a 14-day period) and the youth has not seen the physician, the youth will be scheduled for an appointment with the physician.

When a health care staff is not on-site, all sick requests are turned into the Shift Manager/designee for review within two hours, which exceeds requirements. The Shift Manager/designee determines when a sick call request requires immediate attention. If he/she cannot determine the need, the healthcare staff will be notified and consulted via telephone to determine if the sick call requires immediate attention and/or for instructions. Any youth complaining of severe pain (including dental), which a staff member is unfamiliar and cannot determine the severity, will be treated as an emergency and require immediate referrals to a licensed health care professional. If the symptoms appear life threatening, the staff is required to call 9-1-1, and then notify the manager on duty and the healthcare provider on call. Procedures will be developed for off-site referral when the complaint warrants evaluation beyond the scope of on-site personnel.

4. Emergency Response Preparedness: The Health Services Administrator will maintain an annual medical drills calendar outlining monthly drills to be conducted by the health care staff. These drills will include, but not limited to: cardiopulmonary arrest, unconsciousness, choking, bleeding, seizures, dental trauma, first aid, sudden mental status changes, chest pain, shortness of breath, open head injury, fractures or potential fractures, and suicide attempt. In addition, health care staff and management team will plan the drills, critique its effectiveness, determine if further training if deemed necessary, and maintain related records, which exceeds requirements. The Facility Administrator and health care staff facilitating the drills will critique the effectiveness of the drill and determine if further training is deemed necessary. To ensure emergency and first aid equipment and supplies are always available to staff, daily inspections of the first aid kits will be conducted by staff, with weekly inspections by health care staff. Any kits that are found to be open will be immediately refilled and sealed. These, in addition to the Automated External Defibrillator (AED), Knife-for Life, and safety/security tools will be stored in centralized, specific locations.



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5. Acute and Chronic Conditions: The frequency of the periodic evaluation will be determined by the youth's condition, clinical needs and clinically appropriate medical standards. For those having a chronic condition or communicable disease and are receiving prescription medications, excluding anti-tuberculosis medications and psychotropic medications, a periodic evaluation will be conducted at least every three months by the licensed physician. Healthcare staff will utilize a medical services tracking system to document the list of youth with chronic medical conditions and track and schedule follow up/periodic evaluations. Additionally, the Health Services Administrator will perform regular chart and system audits to determine if the youth's health care needs are met within required timeframes. If lapses are identified, the Health Services Administrator re-evaluates the system and implements a corrective action plan for identified deficiencies. These periodic evaluations will be documented.

6. Immunizations: Immunization records must be obtained on each juvenile prior to their admission into the post-adjudicated program. A review for needed immunizations will be conducted to determine if he has received all appropriate immunizations, with follow up documentation of findings. For youth lacking immunizations, parents will be notified to obtain consents, with follow-up administering of immunizations.

7. Transitional Health Care Planning: If requested, Upon discharge from the program, G4S will provide the parent/guardian with the youth's current medication(s), a 30-day prescription for psychotropic medication(s), and all non-psychotropic medication currently prescribed. Transitional health care planning will target the last 45-60 days prior to the youth's anticipated release to the community, and include the youth, parents, and any other parties that will provide supervision or services when the youth returns to the community. Health care staff will ensure communication is relayed at the transition and exit conferences about pending health related issues and when applicable facilitate linkages, scheduling appointments with community providers, summary of health-related needs (pending scheduled appointments, the need for medication, information about community resources and the links), and the enrollment of eligible youth in the Medicaid System. Documentation will be maintained in the medical file. Any statutorily protected



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health information will be reviewed with the youth, unless consent has been given to release the information to the parent/guardian.

8. Infection Control Measures: A site-specific Exposure Control Plan will follow guidelines and recommendations of the Center for Disease Control and Prevention (CDC), Occupational Safety and Health Administration and State and Federal Standards recommendations related to infection control. This includes, but not limited to, the Occupational Exposure to Blood borne Pathogens Compliance Manual, OSHA Rule 29 CFR Part 1910.1030 and guidelines from the CDC for testing, decontamination, sterilization and proper disposal of sharps and bio-hazardous wastes. Personal Protective Equipment, such as specialized clothing or equipment, will be readily available and worn by an employee for protection against a hazard material. G4S will maintain a contract for the removal of biomedical waste. Exposure/infection control matters will be regular agenda items in administrative meetings, continuous program planning and evaluation meetings. Health care staff will complete and file all reports regarding infectious diseases consistent with local, state and federal laws and regulations. All youth admitted to the facility will be screened by the facility health care staff. During the initial evaluation, the youth will be screened via facility entry physical health screening for symptoms of Tuberculosis. If the youth has been tested in the last year and exhibits no signs and/or symptoms of Tuberculosis, he will not be re-tested. All other youth receive a Tuberculin Skin Test unless contraindicated by the Health Service Authority. Any youth with communicable diseases will be isolated, as clinically indicated.

9. Medication Administration: Medication administration protocols will ensure the oversight by the Health Service Authority and by outside consultation when deemed necessary, as described below. A local pharmacy will be used to fulfill new or existing medications.

Medication Management: Prescription medication will be administered per direction of the Health Service Authority pursuant to Physician, PA or ARNP order, and/or Dentist order or per instruction on a youth's current prescription



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container with a current patient specific label. The written prescription is copied and placed in the youth's IHCR prior to filling at the pharmacy. A youth may arrive with a current prescription; if the medication(s) are administered from a current individual prescription container/bubble pack with a current patient-specific label. All prescribed medications (including insulin) will be ordered in a timely manner with no lapses occurring between ordering and administering. All prescribed non- psychotropic medications for chronic conditions will be integrated into the youth's medical treatment plan via the physician progress notes, treatment orders and medication orders by the Health Service Authority through the periodic evaluation process. The licensed nurses will be primarily responsible for medication administration, and will perform and document medication administration, and maintain strict accountability and inventory of all medications.

During hours when no nurse is on-site and ordered doses of medication are required to be taken by the youth, trained staff will monitor the self-administration of medication. Annual training of applicable staff in medication observation and documentation will be completed by the RN, utilizing a curriculum developed by the Director of Health Services and approved by the Health Service Authority. All training will be documented in the applicable employee training files. If audits of medication records reveal error patterns, retraining will take place until competency is achieved. All trained staff will follow the restricted key control procedure to ensure security. The nurse will be responsible for maintaining the inventory of required medications and for following procedures to maintain accountability for controlled substances.

Health Education Programming

G4S health department will provide a monthly health education program that may include topics such as the emotional, physiological, physical development of males; prevention of accidents; eating disorders and body image; self-esteem; seat belt usage; transitional health care planning for applicable youth with chronic health problems that require arrangements to ensure continuity of care upon discharge; Alcohol and drug related problems; HIV/AIDS infection; sexually transmitted diseases and prevention of STDs; smoking effects and cessation; tobacco use



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products; dental hygiene and preventative dental care; basic personal hygiene; immunizations; nutrition; prevention of sexual and other physical violence; infection control: hand-washing, understanding Hepatitis and TB; physical fitness; breast and testicle self-exams; family planning: contraception, exercise, and parenting skills. Further, child care workers/youth care workers will provide additional, daily support to teach boys basic cleanliness, in order to combat the common lack of understanding simple, basic skills for daily hygiene.

J. EDUCATIONAL SERVICES

It is currently anticipated that the education program will be provided by the local independent school district (ISD), as was the case when the facility was operated by TYC. We will work collaboratively with school personnel to build a daily schedule that provides the required 360 minutes of instructional time and structured study hours for homework and out of class assignments, year round. This will include ensuring that the education program is fully integrated into the operational components of the G4S program, including treatment, interventions, and behavior management. We will also ensure that all staff will support each youth's individualized goal of obtaining a high school diploma or GED, as appropriate.

Collaboration

We have considerable experience in working under agreements with School Districts and Local Education Agencies (LEAs) and will develop a strong relationship with the ISD. These collaborative relationships with local School Districts have consistently presented a seamless transition for the youth. At all of our juvenile justice programs, we have built an effective partnership with the local School District and/or LEA by:

- meeting regularly with school personnel, both those assigned to the program, as well as the central office
- including school staff as part of the management team for planning and monitoring
- encouraging school personnel's participation in Treatment Team meetings
- opening all program staff training sessions to school staff
- coordinating assemblies, parent days, etc. to support education and program goals



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- ensuring classroom supervision scheduling
- ensuring crisis intervention practices

Most importantly, we have found that frequent discussions and meetings to ensure there are no conflicts in program and bell schedules, school holidays, and program activities are critical to success. Of equal importance, and further mentioned below, is the development of and daily adherence to a joint behavior management plan that includes consistent reinforcers and logical consequences. We will work with ISD to develop a single behavior management system, based on Social Learning Theory, at the program that will be used throughout the day, including school.

Working together with the ISD, G4S will ensure that reading materials will be provided to youth outside of the educational program with appropriately approved newspapers, magazines and books, and other approved media materials. Youth care workers will be encouraged to promote reading and other educational pursuits for youth during non-school hours. G4S programs and schools typically honor and celebrate numerous calendar dates of historical and political importance throughout the year. In collaboration with the school program, celebrations and special events will be thematic so that core learning concepts are shared across program and school activities for special and historical events. These thematic events typically include youth sponsored contests, e.g., an essay or poster contest that requires reading and research outside the classroom.

Staff Assignment

G4S takes seriously its role and responsibility in the classroom, regardless of whether the education program is provided by G4S and the ISD. Youth care staff will be assigned to classrooms to provide care, custody and supervision and respond to the everyday needs of the youth. In all of our programs, we have been very successful in training youth care workers to become a member of the classroom team where they provide proper supervision and control in the classroom and assist with the education process. Youth care workers who are involved in the



educational process, under the direction of the teacher, have proven that they provide better supervision than if their only assignment is to supervise and control the youth.

G4S staff and school staff are most effective when they participate in joint trainings that emphasize the behavior management and motivation system mutually agreed to by G4S and the ISD. Youth who are disruptive in the classroom will be immediately removed and counseled by the youth care worker, regarding their behavior. When the youth accepts accountability for his behavior and commits to remaining orderly, he will be allowed by the teacher to return to the classroom. Either the teacher or the youth care worker can prompt a youth, award a reinforcer for good behavior, or sanction a negative behavior.

K. CLOTHING, NUTRITION AND HYGIENE ITEMS

G4S has developed policy to ensure hygiene, clean facility clothing shall be issued to all residents upon admission into the facility. The clothing will be climate-appropriate, clean, in good repair, fit properly, not threadbare and provide easy identification to meet security, treatment and programming systems. The uniform will have a professional appearance similar to khaki pants and polo shirts, and will not be an impediment to the developmental progress of the youth. The clothing supply will exceed requirements so immediate replacement may occur when necessary. Although clothing may rotate, each youth will be assigned his own underwear and socks. Upon discharge, youth will be provided clothing to wear from the program that includes their personal underwear and socks accumulated during their program stay. The clothing supply will consist of:

▪ Socks	▪ Underwear	▪ Shirts and Pants
▪ Shoes	▪ Recreational Clothing	▪ Sweatshirts/jackets (seasonally appropriate)



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Clean and disinfected undergarments and socks shall be issued daily. All other clothing, such as uniforms, will be issued to all residents at a minimum of twice a week. Climate appropriate clothing shall be provided to all residents in the facility for any outdoor programming or activities. Should a resident be placed on any suicide supervision/watch and are in a solitary room, clothing may be modified to include a suicide smock, however, no resident at any time, shall be left in unnecessary state of undress.

To maintain good personal hygiene, youth will be provided personal gender-specific care items. Boys receive items such as bath soap/body wash, shampoo, toothpaste (crest/colgate), toothbrush, soap (dial, ivory), deodorant (secret, old spice), lotion (cocoa butter, Vaseline, Axe), ethnic hair and skin products, mouthwash, deodorant, hair brush, deodorant, and toilet paper. Basic supplies will be distributed during admission. In addition, the program will designate item replacement at least bi-weekly. It is customary for the youth to provide empty containers in exchange for a new item container.

G4S requires daily showers unless medically contraindicated and requires youth to maintain clean and clipped fingernails. Shaving equipment will be available, distributed and monitored under strict staff supervision. Youth will be encouraged and permitted to brush their teeth in the morning when they wake up and prior to going to bed. Youth will be allowed to shampoo their hair each day and prompted to groom themselves after strenuous activity and prior to meals, court, visitation, etc. Instruction in personal hygiene and general sanitation habits will be part of the youth's healthy living program that will be developed under the supervision of the Facility Administrator. Youth will receive clean bed linens at least once weekly, towels at least daily and clean blankets as appropriate to the season. Laundry will be done on a daily basis for clothing and towels. Clothing and bedding laundry will be done on the weekend.

G4S will ensure each youth is provided nutritional meals that meet all licensing standards (discussed under "food services" in the next section).



L. FOOD SERVICES

G4S will provide meals that are nutritious and well balanced, served at the proper temperature, presented in a caring manner and in a pleasant atmosphere. Meals will meet or exceed dietary standards required under the U.S. Department of Agriculture's National School Lunch Program (NSLP) guidelines. Menus for Breakfast, Lunch and Snack will be planned according to the Food Based Menu Planning Packet from the Florida Department of Agriculture and Consumer Services. G4S will ensure meals are nutritional and meet licensing standards and the TJJJD Nutrition and Food Services policies and procedures. The program will maintain a food establishment permit (if applicable) and will follow all applicable state and local sanitation and health standards. Menus will be prepared by a Registered and Licensed Dietitian, and approved on an annual basis. Approved menus will be posted in conspicuous places. Calorie ranges will be as follows:

- Breakfast: 500-600 calories
- Lunch: 770-860 calories
- Dinner: 780-960 calories
- Snack: 190-360 calories

Food production records will be completed for each meal and snack and portions of food served will follow those indicated on the menu. Any food substitutions will be recorded and kept on file for three years. Temperature records for food storage, preparation and service will be maintained. At least two health department inspections will occur during the school year or as required by NSLP/SBP.

Each day, youth will receive three meals (a minimum of two hot meals), in addition to a nutritious evening snack. All meals will be served at reasonable times with no more than 14 hours between the evening meal and breakfast. Special arrangements will be made to provide youth with meals when events outside their control prevent them from eating at normal meal times (e.g., court appearances, admissions). Youth preferences, nutritional needs, and the



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flavor, texture, temperature, appearance and palatability of the food will meet the requirements of TJJD youth according to age, gender, and activity level.

Special diets will be provided for youth with physical or medical needs as prescribed by the treating physician or dentist, and under the consultation of the registered dietician. Provisions will also be made to meet religious dietary requirements. All special diet prescriptions will be in writing and kept on file. On occasion, the program will provide special event meals such as incentives, special events and family fun days.

Quality food service is essential to the care, treatment and custody of youth at the facility and youth participate more fully in the total program when they are satisfied with the food. Youth will be encouraged to participate in the development of menu planning. One single menu will be available, and staff will be encouraged to eat the same meals as the youth. This will provide an opportunity to interact, model and reinforce positive social skill development to the youth. During mealtime, staff will serve as role models for proper mealtime etiquette and behavior. Youth will not be permitted to trade or give away food, and food will never be withheld as punishment. The menu will not be modified as a result of behavior.

Kitchen staff will be required to sign kitchen tools and knives in and out, which will be inventoried three times daily, after breakfast, lunch and dinner, as per G4S procedures. Tool and chemical control procedures will be monitored daily via the chemical inventory form to ensure food safety and maintain compliance. The G4S Food Safety Manual and policies are available upon request.

M. TREATMENT SERVICES AND QUALIFICATIONS OF PROVIDER

G4S will provide an environment that is conducive to effective learning, supports treatment and presents trauma-informed care throughout all components of the program. It will be individualized in services to meet the special needs of the youth, staffing patterns for continuity of safety, security, and support, and will provide 24-hour response



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capability with access to an acute care setting and emergency management services. Treatment services will be provided by G4S professionals and will include mental health, substance abuse, and co-occurring disorders. Treatment will be evidence-based and appropriate for the population, and all facilitators will be effectively trained by Dr. Deena Green (G4S trainer and implementation specialist for evidence-based programming practices); a licensed mental health professional who is trained in the curriculum; or, a professional that is certified or qualified to train that curriculum.

We are committed to providing a learning environment to help boys and their families understand the importance of healthy communication and relationships, the importance of education, and the importance of learning how to effectively respond to trauma, violence and delinquency. We will provide the tools to influence risk factors associated with accepting responsibility for behaviors, victim empathy, understanding precursors and influences that allowed deviant behavior, and thinking errors. Mental health and substance abuse services will utilize trauma-informed practices. through cognitive and behavioral perspectives to address issues, such as addiction, co-occurring disorders and effects, depression, post-traumatic stress disorder, and physical or sexual abuse, neglect or domestic violence. Additionally, residents will learn the importance of setting personal boundaries, focus on gender identity development, and target appropriate communication skills and response to anger.

We will comply with TJJJ's Quality Assurance and Monitoring Standards, and welcome TJJJ staff to observe clinical services at any time. All records will be maintained by the facility and produced upon request.

Approach to Treatment Motivation

Motivational Interviewing (MI) is an evidence-based approach that employs strategies and techniques designed to engage and encourage motivation for change in hostile and resistant males. Staff will be trained and coached by Certified MI trainers to effectively communicate and interact with the intensive population. Effective use of MI techniques will provide a safe and non-confrontational environment to explore and resolve ambivalence toward



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changing behavior. Its responsivity approach inherently considers factors that can block ability to respond to treatment, such as age, intelligence, mental health, learning styles, temperament, and other relevant characteristics. Further, MI skills will be used by all levels of personnel, in addition to being used by the Treatment Team, to motivate change rather than persuade or coerce change. Consistent daily use of MI techniques by all staff will help youth resolve ambivalence and increase their ability to progress through the stages of change therefore reducing the likelihood of recidivating back to negative behaviors.

Evidence-Based Theory and Treatment

Cognitive Behavioral Therapy (CBT) will be utilized as the G4S evidence-based course of treatment and intertwined in the numerous intervention styles to help identify and change dysfunctional beliefs, thoughts and patterns of behavior contributing to problems. The goals of CBT are to develop and teach cognitive restructuring skills and impart social learning interventions for re-socialization. CBT objectives are diverse in the ability to identify "risk" thinking males have experienced, employ new techniques to change past thinking and behavior, teach new thinking skills that support new behavior, and provide ways to practice new pro-social behaviors through training and role plays. Additional treatments that come from a cognitive framework and found to be effective for this population:

Trauma Focused Cognitive Behavioral Therapy (TF-CBT) (Cohen, Mannarino, and Deblinger, 2003) is a psychosocial treatment model recognized by SAMHSA's National Registry of Evidence-Based Programs and Practices, and is designed to treat posttraumatic stress and related emotional and behavioral problems with children and adolescents. For those with a history of trauma, cognitive behavioral strategies and psychoeducational interventions address stress management; affect expression, cognitive coping, cognitive processing, behavior management, emotion identification, anxiety management, interpersonal communication, identification and change of maladaptive cognition. TF-CBT is recommended for 12-16 sessions of individual and parent-child therapy; however, this will be modified by the Director of Clinical Services/psychologist to meet the needs of the youth and will be delivered by the therapist.



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Evidence-Based and Researched Mental Health and Substance Abuse Treatment Curricula

Our experience has demonstrated to provide specific tracks of service to ensure the mental health and substance abuse needs of residents are met. G4S has developed three comprehensive tracks to be delivered, based on each youth's plan of need: substance abuse track, co-occurring track and mental health track. Regardless of the track, substance abuse treatment will be included in each as the common underlying course of action for this population. Described in detail below are the curricula for each track, with the matching table description that depicts our plan for group frequency, size, duration and delivery.

G4S will use curriculum specifically as "core" programs that all youth will receive, based on their specific risk/need evaluation. Additionally, supplementary curriculum will be available to support additional programmatic needs of youth, based on duration of stay, intensity needs, and risk level of the youth. Core and supplementary curriculum are described in the following Track 1 (substance abuse disorder) and Track 2 (co-occurring disorder).

Track 1: Substance Abuse Disorder

Alcohol or drug abuse can easily interfere with a youth's functioning at work, school, and in social relationships, and often creates or worsens a medical condition. A more severe condition than alcohol/drug abuse is the detection of alcohol or drug dependence. Common characteristics of dependence are failure to abstain from or control the use of substances, existence of physiological dependence that exacerbates the needs for more of a substance to get the same effect, and withdrawals such as tremors or nausea when substance use has stopped. G4S has developed a menu of interventions for male adolescents who meet criteria for Track #1 Substance Abuse:

1. **The Council for Boys and Young Men** (One Circle Foundation, a Project of the Tides Center) will be the gender-specific model for males. It will be integrated into group sessions one day a week to address inner conflict, including gender-identity development. The Council is a strength-based group approach for boys and young men, ages 9-18. The Council strengthens boys' emotional, social and cultural literacy by engaging them in activities, dialogue, and self-expression to question and explore stereotypical concepts,



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both healthy and unhealthy, regarding "what it means to be male." Gender Role Strain is a term used to describe the extensive stress that males undergo as their internal experiences and needs conflict with the social pressures defining traditional masculinity characteristics. This curriculum strives to help those that may have been victims of violence, racism, sexual identity, poverty, or emotional neglect, and helps develop self-acceptance and appropriate self-expression. At its core, The Council is based on Relational-Cultural Theory and Resiliency principles. Repeated or chronic disconnections lead to problems in development that affect all aspects of an individual's life and typically manifest in failure of empathy, bullying, aggression and violence, oppression, restrictive emotionality resulting in highly conflicted families and relationships, educational and economic under achievement, racism, addiction or substance abuse, anger, fear or hatred of homosexuals and sexual identity/orientation abuse or confusion, and extreme self-reliance (Bergman, 1991; Spencer, 2002). Through use of cognitive behavioral techniques that include reflections, dialogue, group challenges, games, skits, role plays, arts, and worksheets, the youth will explore healthy relationship expectations, conflict resolution, anger and emotions management, acceptance and discrimination, healthy leadership, male messages and media, role models and heroes.

2. **Pathways to Self-Discovery and Change: Criminal Conduct and Substance Abuse Treatment for Adolescents** (Milkman, H. and Wangerb) will be provided two days a week. The curriculum provides a comprehensive and developmentally appropriate program that identifies psychological, biological, and social factors that contribute to the onset of adolescent substance abuse and deviance. The 32-session treatment curriculum is designed to rehabilitate adolescents with co-occurring substance abuse and criminal conduct.
3. **Skillstreaming the Adolescent** (Ellen McGinnis and Arnold P. Goldstein) will be integrated in group sessions one day a week, as an intervention for aggression, anger, anxiety, impulsivity, and skills. The training curriculum has shown effective results with chronically aggressive, mentally retarded, and autism spectrum disorders of children and adolescents. Results from the Lerner and Mikami research (July 9, 2012)



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showed an increase in peer liking, interaction and social skills. Due to emotional or behavioral issues, such as aggression, anxiety or impulsivity, the curriculum effectively employs a four-art training approach through modeling, role-playing, performance feedback, and generalization, and targets criminogenic needs of antisocial attitudes, values and beliefs.

4. **Anger Management for Substance Abuse and Mental Health Clients: A Cognitive Behavioral Therapy Manual** (Reilly and Shopshire) is a manual recognized by SAMHSA's National Registry of Evidence-Based Programs and Practices. This is a 12-session cognitive behavioral anger management group treatment curriculum that will be delivered one day per week. The treatment model is a combined cognitive behavioral therapy approach that employs relaxation, cognitive, and communication skills interventions, and presents the participant with options to develop individualized anger control plans, using different interventions and techniques. Post-treatment studies have shown significant reductions in self-reported anger and violence, as well as decreased substance use. Further, it has been used successfully with non-substance abusing clients.

5. **Seeking Safety** (Lisa Najavits) is listed on SAMHSA's National Registry of Evidence-based Programs and Practices, and has been in residential, inpatient and outpatient environments, within individual and group formats, with males and females. It will be integrated in group and individual sessions at least one day a week to address substance abuse and trauma issues. Seeking Safety is a present-focused therapy to help attain safety as a first priority. The expected outcome will decrease substance use, decrease PTSD symptoms, improve social adjustment, improve general psychiatric symptoms, decrease suicidal plans and ideations, improve problem-solving skills, and improve the overall quality of life.

6. **Young Men's Work** (Allen Creighton and Paul Kivel) will be provided one day a week. This is a program for young men, ages 14 to 19, and teaches how to work together and solve problems without violence. This curriculum was specifically developed to address young male issues within the male socialization process.



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The 26-session curriculum addresses a myriad of gender-identify topics ranging from power, violence, bullying, anger, fear, frustration, women and the interpersonal relationships between men, dealing with loss, creating family, and planning for future.

- The Teen Relationships Workbook (Kerry Moles) will be provided one day a week. The activity-based workbook helps guide the development and understanding of healthy boundaries and relationships. The group work is divided into sections of: evaluating your relationships, understanding abuse, social influences, building healthy relationships, and making good decisions.

Track #1 Substance Abuse Disorder Curriculum Delivery

Curriculum and Method of Delivery	Pathways to Self-Discovery and Change	SkillStreaming the Adolescent	Anger Management for Substance Abuse and Mental Health Clients	Seeking Safety
Frequency of group per week	Two days per week	One day per week	One day per week	Two days per week
Group size	Up to 10 youth	Up to 10 youth	Up to 10 youth	Up to 10 youth
Length of group	60 minutes	60 minutes	60 minutes	60 minutes
Group Delivery	32 treatment sessions	50 pro social skills with individual lessons (six blocks to be delivered within clinical plan)	12 sessions (number of weeks and pace vary based on youth progression)	25 lessons
Notes	Open Group <u>Specialty Substance Abuse Curricula</u> Developmentally appropriate treatment program for substance abuse. Pathways is geared toward a range of reading and conceptual abilities, and guides through three discrete phases of resiliency and success.	Open Group <u>Skills Development</u> A four-part pro-social approach to skills-building through modeling, role playing, performance feedback and generalization. Youth empowerment to self-identify strengths and weaknesses, then use patience and motivation when a skill does not bring about a desired outcome.	Open Group <u>Anger Management</u> SAMHSA's National Registry of Evidenced Based Programs and Practices. The group is a combined CBT approach that employs relaxation, cognitive and communication skills interventions, as well as use of individualized anger control plans, using different interventions and techniques.	Open Group <u>Substance Abuse and Trauma</u> SAMHSA's National Registry of Evidenced Based Programs and Practices. Seven lessons on interpersonal, behavioral and cognitive topics, with four additional lessons on combination topics. The curriculum teaches healthy success skills and healing techniques.
Curriculum and Method of Delivery	Boys Council	Young Men's Work	Teen Relationships	
Frequency of group per week	One day per week	One day per week	One day per week	
Group size	Up to 10 youth	Up to 10 youth	Up to 10 youth	
Length of group	120 minutes	60 minutes	60 minutes	
Group Delivery	10 sessions (10-12 weeks)	26 sessions, 38 exercises	12 sessions (number of weeks and pace vary based on youth progression)	



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Notes	Closed Group <u>Gender-specific</u>	Open Group <u>Gender-specific</u>	Open Group <u>Gender-specific</u>
	This program strengthens emotional, social and cultural literacy by engaging boys in activities, dialogue, and self-expression to question and explore healthy and unhealthy stereotypical concepts regarding "what it means to be male." It addresses inner conflict gender-identity development.	A program for young men, ages 14-19, which teaches how to work together and solve problems without violence. This curriculum was specifically developed to address young male issues taking into consideration the male socialization process.	An activity-based curriculum designed to develop healthy, intimate relationships and prevent dating abuse and domestic violence. This offers both educational and experimental components pertaining to teen relationships

Track #2: Co-Occurring Disorders

Adolescents with mental health disorders often become involved with use of substances to feel better. This may be to reduce anxiety, improve depression, reduce inhibition, or numb psychological pain. As a result, this worsens the mental health disorder and prevents the youth developing effective coping skills, having satisfying relationships, and self-satisfaction. G4S will deliver an array of interventions that treat both the substance abuse/dependence and mental health problem. The continuity in delivery of treatment by the same team and environment will expedite the process of treatment. For those youth best fitting Track #2, the treatment curriculum consists of:

1. **Adolescent Coping with Depression Course** (Clarke, G., Lewinsohn, P., and Hops, H., 1990) will be provided one day a week. This is a manual recognized by SAMHSA's National Registry of Evidence-Based Programs and Practices and a psychoeducational, cognitive-behavioral intervention for adolescent depression, closely modeled after the Adult coping with Depression Course (Lewinsohn, Antonuccio, Steinmetz-Breckenridge, and Teri, 1984). It consists of 16 sessions and it can be modified for use on an individual basis. Treatment sessions include teaching adolescents skills for controlling depression; areas covered include relaxation, pleasant events, communication, negative thoughts, social skills, and problem solving. The curriculum has been researched on the efficacy of the treatment program has demonstrated that more than 70% of the adolescents who have participated in the course have significantly improved one month after termination, and that gains are maintained up to 12 months after treatment.