



ST. CLAIR YOUTH TREATMENT CENTER

Program Statement / Service Description

Saint Clair Youth Treatment Center is a residential treatment program licensed by Michigan Department of Health and Human Services as a Child Care Institution (CCI), Evidence-Based Mental Health Program (EBMH), serving up to 20 male youth . The youth will be between the ages of 13-20.

Saint Clair Youth Treatment Center (SCYTC) is a secure program that offers a full range of therapeutic, educational, support and recreational services, operated by Rite of Passage in partnership with Michigan Department of Health and Human Services (MDHHS).

Overview

Saint Clair Youth Treatment Center serves male youth with a history of delinquent behaviors, mental health issues, abuse, neglect, and trauma needs, as well as students who did not thrive in less-restrictive settings.

The Saint Clair program features:

- Academy model program with trauma-informed, strengths-based approach and therapeutic, educational, and community opportunities.
- Rich minimum staff ratio of 1:4 during day and 1:8 during the evening will be utilized to meet the needs of the residents for the continual safety, protection, and direct care and supervision of residents.
- Evidence-based, cognitive behavioral curricula including Aggression Replacement Training (ART), UCCI Cognitive Behavioral Interventions for Substance Abuse and Thinking for a Change (T4C). Seeking Safety groups, and individual sessions will be provided to students based on trauma symptomology.
- Positive organizational culture, which emphasizes positive reinforcement, de-escalation, individual soothing/regulation plans, safety plans if necessary, and behavioral interventions without the use of seclusion.
- Located within the Macomb County Juvenile Justice Center with full access to Clinical, Medical, Dining Hall, Library, Gymnasium and outdoor grounds.

Program statements will be available to parents, residents, and referral sources. A copy of the student handbook is provided to students, parents, and referring agencies upon intake.

Admissions/Facility Assignments

All students considered for admission to Saint Clair Youth Treatment Center shall be assigned by the Juvenile Justice Assignment Unit (JJAU), Care Managed Organizations (CMOs), or through a court order to ensure a youth's age, gender, and indicated treatment needs align with this Service Description and EBMH programming. Placement matches are further based on results of approved Michigan Juvenile Justice Assessment System Dispositional Assessment and the most recently completed Juvenile Justice Strengths and Needs Assessment. These assessments, in conjunction with established placement selection criteria, are the basis for the final assignment for the youth. The purpose of this process is to ensure that all youth are placed in the most appropriate and safe environment for their individual and specific needs. This allowed for safety as well as appropriate care and service. For example, medically fragile youth should not be admitted and should be referred to acute medical care as this program is not designed to be a medical model facility. During this process, referrals will be reviewed by the Admissions Manager, Program Director, and Clinical Department on a case-by-case basis in conjunction with the placing entity to ensure the best fit, culture and treatment needs of the youth will be met. All youth will be considered given the level of risk they pose to themselves and others, and their ability to respond positively to the treatment being offered. Exclusionary criteria will apply specialized services provided in EMBH programming and valid risk assessments will be reviewed during the admissions process.

Target Population

Youth entering the program will have a history of delinquent behaviors, disruptive behavior disorders, moderate mental health disorders (not requiring in-patient care), exposure to violence and trauma, family dysfunction, and co-occurring substance abuse disorders. In addition, youth may present with:

- Oppositional defiance, conduct disorder, anger management, and history of low impulse control
- Educational underachievement
- Gang involvement/gang-related activity
- Previous failed therapeutic options both in the community and residential

1. St. Clair Youth Treatment Center is a EBMH program, and there may be other State or private specialized programs that can best treat youth that present with the following symptomatology or history. Specifically, St. Clair does not have treatment modalities or specialties to serve the following youth: Developmentally Delayed/Cognitively Impaired: A child presenting with developmental problems that prevents him or her from benefiting from Cognitive Based treatment. Those children being referred with a measured Intelligence or Ability Quotient below 85 and above 70 may be subjected to further assessment prior to an admissions decision being made, and if accepted may need to be placed on a modified treatment program where the cognitive intervention is geared to their ability level. Children presenting with a valid Full-Scale IQs below 70 and who are considered to have significant limitation in intellectual function will be excluded in general, however a youth scoring below a 70 may be staffed and considered

for placement if vetted for appropriate fit and from an ecological perspective on a case-by-case basis.

2. Youth presenting with an acuity requiring in-patient services, such as substance abuse addiction and withdrawal treatment; and/or in-patient psychiatric care if the youth is in imminent danger of hurting themselves or others for reasons such as being actively suicidal or presenting with active psychosis.
3. Safety and DEI (Diversity, Equity, and Inclusion) must also be considered during the program's admission process. The need to identify youth associations, gangs, clicks, sets, relationships, and partnerships may impact the programs' ability to maintain a stable culture and safe environment. We will be conducting admissions from across the state of Michigan and will monitor to maintain statewide DEI and multi county placement options.
4. Medically fragile youth, or medical conditions that compromise the safety of the youth, the program or the staff's ability to manage the child or participate in physical activity required by the program.
5. Youth with severe sexually maladaptive and/or sexually reactive behaviors, including those who have been adjudicated for a sexual offense and/or youth presenting with a history of sex offenses, will be reviewed on a case-by-case basis. The following will be taken into consideration: the severity of their offense(s), extensiveness of their record, circumstances surrounding the offense(s), and if they have completed a specific sex offense treatment program.

Once a student is accepted into care at Saint Clair Youth Treatment Center, we begin an intake process that includes emotional and ability assessments. Additionally, an age-appropriate Child and Adolescent Needs and Strengths (CANS) comprehensive assessment tool is administered within 7 days of admission to help guide development of the individual Treatment Plan.

Each new student participates in a highly structured orientation assessment program that assists the multi-disciplinary team (MDT) in developing the appropriate individualized program objectives and skills development plan to meet the needs of each student.

Youth admitted to this program have demonstrated a need for supervised care provided for them at all times as well as available therapeutic interventions when appropriate. Said interventions allow the youth to learn the ability to properly communicate their needs and make life choices based on positive interventions and encouragement. These interventions allow the youth the best opportunity to be prepared for a transition into their home environment or when applicable a less restrictive placement.

- The program will maintain and implement procedures to determine whether to admit or deny admission to a child referred to the facility, which meets the requirements specified in this section.
- When a child is referred for placement, the program shall document the referral.

Documentation of referrals shall include but not be limited to the following:

- The placing agency making the referral request;
- The date and time that the referral was received;
- The name, age, and gender identity of the child being referred.

The program shall specify the procedures by which a determination is made in response to a referral from a placing agency.

Determination procedures shall demonstrate the willingness and capacity to assess and determine the appropriateness of placement within the program, consistent with the population to be served on an individualized basis for each child referred by the placing agency.

The program shall specify the procedures by which such a review would occur in the following ways.

- If the program determines that the program is not capable of meeting the child's needs without additional services and/or supports, the program shall request such assistance from the placing agency, Community Based Organization, or any other resource, and shall document this request.
- If the program determines that the program is not capable of meeting the child's needs, even with additional services and/or supports, or if the identified services and supports are not available, the program shall document this denial, including the reason for denial.
- If the child is accepted for Treatment the program shall follow intake procedures as specified within the program description
- All documentation required by this section shall be made available to the Department upon request.

Intake Procedures

- The program shall develop, maintain, and implement intake procedures which meet the requirements specified in this section.
- The youth will be brought to SCYTC by the placing agency after a designated time and date has been agreed upon and all documentation has been provided.
- When a child who is being considered has been accepted for treatment in the program, the following requirements shall be met prior to the child's placement in the facility:

Each record must contain information including, but not limited to, the following:

- Name of client.
- Birthdate.
- Sex.
- Date of Admission.
- Names, addresses, and telephone numbers of the authorized representative.

- Name, address and telephone number of physician and dentist, and other medical and mental health providers, if any.
- Medical assessment, including ambulatory status.
- Record of current medications, including the name of the prescribing physician, and instructions, if any, regarding control and custody of medications.”

The following information regarding the child shall be obtained and maintained in the child's record:

- The name, address, and telephone number of all adults with whom the child was living immediately prior to the current placement.
- The name, address, and telephone number of the child's parent(s), if known.
- The name, address, and telephone number of the placement worker and placement agency.
- Educational records, if available, describing the child's present academic level, including his/her grade or performance level, and any previous school-related problems.
- Dental and medical history, if available, including immunization records; and physician's orders for any medically necessary diet.
- The child's court status, if applicable, including a copy of any custody orders and agreements with parent(s) or person(s) having legal custody.
- The placement agency's list of persons who should or should not be allowed to visit.
- Medical and dental insurance coverage information, or information regarding the agency or person responsible for medical and dental costs.
- Consent forms, completed by the child's authorized representative(s), to permit the facility to authorize medical care.
- A copy of any court order or parental authorization form if the child is currently taking psychotropic medication.

(A) If the information is not completed by a placement agency, the program shall make telephone and/or written requests for the information to the child's placement agency and/or authorized representative; and shall record and retain the details of those requests.

(B) If the information is not received within 15 days of the requests specified in (A) above, the program shall obtain the information necessary to complete a standard appraisal form from other sources.

(C) When the information is received, student services staff shall complete a standard appraisal for the child on a form approved and/or furnished by the licensing agency.

Facility Description

Saint Clair Youth Treatment Center is within of the Macomb County Juvenile Justice Center in Mt. Clemens, Michigan. Saint Clair Youth Treatment Center occupies the west side of the facility.

Saint Clair Youth Treatment Center has 60 single rooms for students that are broken into six Halls of 10 rooms each. Sinks, toilets, and showers are available for ten students in each Hall. Washers and dryers are also provided in each Hall. The dayroom and living areas are well lit with direct natural light, electric lights, and high ceilings. The Treatment Center has use of an indoor gym, library classroom space, dining hall and outdoor basketball courts. There is an outdoor green space area available for picnics or leisure in accordance with youth programming.

In addition, there are seven classrooms designed for educational instruction and treatment groups. A pleasant dining room with appropriate seating capacity is provided within the treatment center as well as a large kitchen on-site meal preparation.

Integrated Care Model

Saint Clair’s Integrated Care Model illustrates how we can transform young lives. It is within a multi-tiered Integrated Care Model framework that St. Clair will provide specific methods, practices, and services to youth that fulfill their treatment needs.

This is an operational framework that is based on the following:

Foundation of Safety

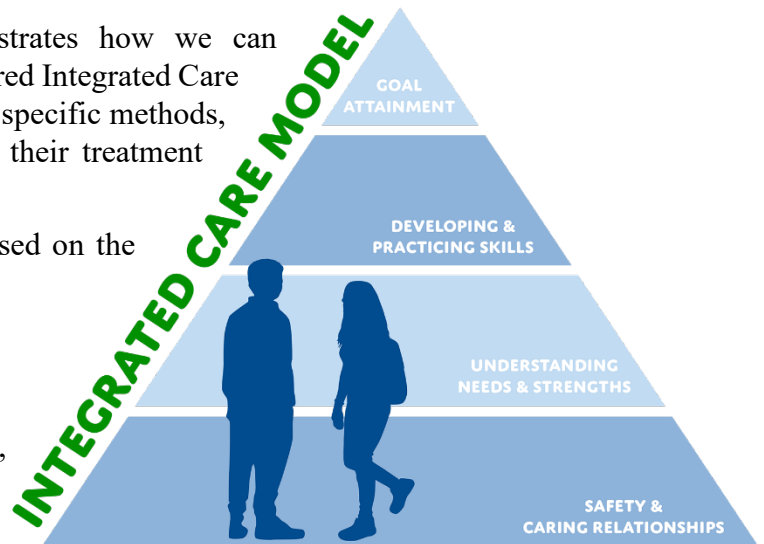
We emphasize therapeutic rapport, engagement, and trust in a structured and predictable environment as a means of responding to and guiding all interactions with youth. Our trauma-responsive services form the basis of safe and caring relationships with staff.

Understanding Needs and Strengths

We use nationally-recognized, validated assessments (including Michigan Juvenile Justice Assessment System, MAYSI-2, CANS, and other assessments as required) to evaluate each youth’s individual needs and strengths through the Multi-Disciplinary Team (MDT) process. Youth’s risk level is accurately assessed, and evidence-based and promising interventions are prescribed based on risk and needs assessment principles. This is how St. Clair creates an Individualized Treatment Plan for each youth, tailoring treatment inventions and other programmatic elements to the youth, addressing specific mental health, substance abuse and specialized juvenile needs.

Developing and Practicing Skills

Developing and Practicing Skills is how youth learn a full complement of essential life skills,



ranging from self-care to self-advocacy. ROP will use evidence-based, cognitive-behavioral approaches, which target criminogenic risk factors while developing new skills and pro-social behaviors. Therapeutic modalities shall include individual, family and group as prescribed by the Treatment Plan. All skills are practiced within the trauma-responsive environment that focuses on youth strengths and Positive Youth Development (PYD). Examples of skill development and PYD approaches include recreation/sports, cultural/spiritual activities, community service, and student council.

Goal Attainment

Goal attainment is celebrated. The Integrated Care Model is goal-oriented and once youth meet individual Treatment Plan goals, we celebrate those accomplishments with them. Setting clear goals within specific Treatment Plans and benchmarking progress with detailed Daily Progress Notes allows us to track and reward all competencies gained.

Outcomes

SCYTC maintains records to track trends, identify program issues, measure program performance in specific areas, and track services provided. The data for these records is derived from Key Performance Indicators (KPIs), which provide a mechanism for outcome measurements.

Using the Key Performance Indicators, performance measures may include:

- *Treatment.* The treatment category includes the number of students and hours the program provided evidence-based treatment as well as other interventions such as individual therapy, multifamily psychoeducation groups, etc. This section also tracks the number of assessments provided.
- *Education Outcomes.* Research has proven that one of the biggest factors in the post placement success (or failure) of a youth is their educational achievements. ROP will ensure educational pre and post testing is conducted to measure progress. ROP will also track diploma and GED achievement.
- *Positive Youth Development.* At SCYTC, positive youth development activities are important for creating a normalized high school environment. We track the number of religious/cultural services, sports, club/recreational activities provided in our programs.
- *Exits.* ROP can report on positive releases, negative releases, escapes, as well as students who may be removed from the program. In addition, SCYTC reports on the education level at time of exit (college credit, high school diploma, GED, etc.) and the vocational certification the young man may have received.
- *Family and Placing Agency Contacts.* SCYTC records the number of family visitors, telephone contacts, family treatment (family participants, individual family therapy, treatment planning, etc.) as well as placing agency contacts and facility tours provided.
- *Incidents.* Every incident is reported upon at SCYTC – from allegations of abuse to injuries, to restraints.

- *Staff Training.* Tracking staff training hours helps us ensure every staff member is well-qualified and informed of the best practices. It also ensures we remain compliant with licensing requirements.

Evidence Based Models

Research indicates that youth classified as high-risk to reoffend should receive a treatment dosage of 300 hours in cognitive-based interventions. Driven by each student's service plan, and in concert with cognitive approach, Saint Clair Youth Treatment Center offers a variety of education and skill-building groups for students, which provide them the appropriate dosage of cognitive-based interventions to reduce risk factors.

The curricula and skills used to deliver these services include:

- ***Seeking Safety for Adolescents.*** A present-focused, coping skills therapy to help adolescents to attain safety from trauma and/or substance abuse. The treatment is available as a book, providing both client handouts and clinician guidelines. The treatment may be conducted in group or individual format for adolescents in various settings (e.g., outpatient, inpatient, residential, home care, and schools). (Note: See attached exception that was granted to use this program in lieu of TF-CBT.)
- ***Thinking for a Change (T4C).*** Thinking for a Change is an integrated cognitive behavioral change program that draws from best practices that have evolved over recent decades in the educational, mental health, and juvenile justice fields. These practices have been shown by research to be strongly linked to success in moving young people out of the juvenile justice system and keeping them out by reducing aggression and rates of re-arrest.
- ***Aggression Replacement Training (ART).*** Growing research indicates the necessity of social emotional learning in the educational programming of students in order for them to achieve academic and behavioral success. The four curricular components of ART are empathy, anger management, social skills, and character education.
- ***UCCI Cognitive Behavioral Interventions for Substance Abuse.*** This curriculum is designed for individuals who are moderate to high need in the area of substance abuse. It was developed by the University of Cincinnati Corrections Institute (UCCI); therefore, it refers frequently to the legal effects of substance abuse, and is well-suited for a criminal justice population. This curriculum relies on a cognitive-behavioral approach to teach participants strategies for avoiding substance abuse. The program places heavy emphasis on skill-building activities to assist with cognitive, social, emotional, and coping skill development.
- ***Motivational Interviewing (MI).*** MI techniques are to enhance intrinsic motivation for change within each student. These skills are effective in one-on-one situations with our staff and students, especially when guiding the student through the problem solving process and encouraging self-actualization.
- ***Other Effective Practices that become relevant within the population needs over time.*** Risk-Need-Responsivity (RNR) principles will be reviewed for appropriate groups and skilldevelopment.

In tandem with lowering risk factors is the goal of strengthening protective factors. Protective factors are traits in a youth's life that reduce the likelihood of a youth committing another crime. Pro-social relationships, a functional family environment, and a positive outlook towards the future are just a few of these protective factors.

The program features at Saint Clair Youth Treatment Center to strengthen protective factors include:

- ***Positive Skill Development Groups (PSD)***. Students engage in positive skill development group at least three times a week. The staff facilitates the learning of specific social skills given the treatment needs of the students.

During PSD groups, students and staff can talk about problems, challenges and goals and identify a social skill that will help students replace the old, undesired behavior, then practice by role-playing the skill in a group. Staff will help students learn how use this new skill in real life situations.

- ***Positive Organizational Community Group (POC)***. Community Groups allow students of a living unit the opportunity to process issues, behaviors and actions within the living group that are counter to the positive organization culture. This group teaches and reinforces social skills development and requires students to commit to behavioral expectations.
- ***SMART Daily/Weekly/Monthly Goals (SMART)***. Appropriate goals will be created by youth and reviewed by staff on a regular and re-occurring basis. Goals will be tracked using the Student Concept Manuals and individual goals will be included on daily progress notes.

Daily Schedule

A structured day supports expectations, accountability and helps establish trust. It also ensures the availability of time to provide students with necessary services and interventions.

Weekday:

7:15am - 7:55am	Wake up/roll call at the door / bed checks end/Clean Up
7:55 am – 8:10 am	Team Meeting; review of daily schedule; personal goal setting
8:15am – 8:40am	Breakfast & Medication Administration
8:45am – 9:45am	Block 1 – Core Academic Period
9:50am - 10:50am	Block 2 - Core Academic Period
10:55am - 11:55am	Block 3 – Treatment Groups
12:00 noon –12:25pm	Lunch and medication
12:30pm - 1:30pm	Block 4 – Core Academic Period
1:35pm - 2:35pm	Block 5 – Core Academic Period
2:40pm – 3:40pm	Block 6 – Core Academic Period
3:45pm – 4:45pm	Block 7 – Health & Wellness
4:50pm – 5:25pm	Block 8 - PSD Group (Positive Skill Development)/ POC Group (Positive Organizational Group)
5:30pm – 6:30pm	Block 9 -Vocational Training/ Athletics/ Life Skills Instruction
6:35pm – 7:05pm	Dinner & Medication
7:05pm – 8:25pm	Evening Program: Status Student Activities / Academic & Voc Study Hall / Showers / Hygiene / Letter Writing / Phone Calls / Personal Constructive Time / Media Time / Family Therapy
8:25pm – 8:40pm	Team Meeting; review of the day
8:45pm	Bedtime (Orientation and Rookies/Novices) Begin bed checks Bedtime (Interns)
9:00pm	
9:15pm	Bedtime (RAMS/Contributors)
9:15pm – 10:00pm	Staff complete daily documentation and bed checks
10:00pm	Night watch change over and debrief

Saturday Schedule

7:15am – 7:45am	Students wake up / Hygiene / Chores
7:45am - 8:00am	Team Meeting – Review Daily Activities / Personal Goal Setting
8:00am - 8:30am	Breakfast & Medication Administration
8:30am - 9:30am	Religious Services / Moral & Ethical Training / Bible Study
9:30am – 10:30am	Health and Wellness
10:30am - 11:30am	Positive Organization Community Group
11:30am – 12:00pm	Site Clean Up / Area of Responsibility (AOR)
12:00pm – 12:30pm	Lunch & Medication
12:30pm – 3:00pm	Sports Competition / Gym / Leisure Time / Individual Family Therapy
3:00 – 4:15 pm	Reading time/ Student Resource Guide/ Study Hall - Homework
4:15pm – 5:15pm	Shower Program
5:15pm – 5:45pm	Dinner & Medication
5:45pm – 8:45pm	Evening Program: Snack / Status Student Activities / Status Student Movie / Letter Writing / Phone Calls / Personal Constructive Time / News or Sports
8:45pm – 9:00pm	Team Meeting
9:00pm	Bedtime (Orientation, Rookies/Novices & Interns) (bed checks begin)
9:15pm	Bedtime (RAMS/Contributors)
	<i>*Holiday Schedule will follow Saturday schedule unless changed by Shift Supervisor or Administrator on Duty.</i>

Sunday Schedule

7:15am – 7:45am	Students wake up / Hygiene / Chores
7:45am - 8:00am	Team Meeting – Review daily activities / Personal goal setting
8:00am - 8:30am	Breakfast & Medication
8:30am - 9:30am	Religious Services / Moral & Ethical Training / Bible Study
9:30am – 10:30am	Health and Wellness
10:30am - 11:30am	Positive Organization Community Group
11:30am – 12:00pm	Site Clean Up / Area of Responsibility (AOR)
12:00pm – 12:30pm	Lunch & Medication
12:30pm – 3:00pm	Sports Competition / Gym / Sports Court / Leisure Time
3:00 – 4:15 pm	Reading time/ Student Resource Guide/ Study Hall - Homework
4:15pm – 5:15pm	Shower Program
5:15pm – 5:45pm	Dinner & Medication
5:45pm – 8:45pm	Evening Program: Status Student Activities / Study Hall / Letter Writing / Phone Calls / Personal Constructive Time / News or Sports/Movie
8:45pm – 9:00pm	Team Meeting
9:00pm	Bedtime (Orientation, Rookies/Novices & Interns)
9:15pm	Bedtime (RAMS/Contributors)

Activities

Community Service. The community has played a critical role in shaping a youth's behavior. So too, must these community resources and assets be accessed to help re-shape a youth's delinquent behavior into pro-social behavior. Community service and service learning activities are part of the Restorative Justice model adopted by Saint Clair Youth Treatment Center. Using this approach, Saint Clair Youth Treatment Center strives to rebuild the relationships youth have with their community by positively connecting them to resources and providing community service opportunities. In turn, we want youth to be viewed as a resource to their community and youth to develop a sense of social responsibility and competency.

Health and Wellness. Saint Clair Youth Treatment Center is committed to educating youth in the importance of both physical and mental wellness. Daily, students will be provided the opportunity to participate in at least one hour of large muscle exercise with participation structured with consideration for any individual limitations.

Recreation: The Saint Clair Youth Treatment Center recreation program is designed to improve physical fitness and promote healthy, positive lifestyle choices. Recreation and leisure time activities play a role in the daily schedule and learning to positively fill leisure time is an important life skill. Saint Clair Youth Treatment Center's youth learn how to use their time positively and productively through participation in many different activities including intramural sports, art, music, board games, etc. Many of these activities will take place at Saint Clair Youth Treatment Center and when appropriate in the community.

Education

Saint Clair Youth Treatment Center is committed to student learning, and a quality education program places students at the center of the process. Our goal is to provide quality education and academic support for youth to successfully gain academic skills, accumulate credits, and gain independence and self-reliance. The education program will build upon each student's strengths while encouraging them to succeed.

Staff

Quality employees are critical ingredients in operating an effective program. Managing by teamwork and focusing on a unified mission allows youth to see adults modeling cooperation, respect, and good communication skills.

Supervision. SCYTC utilizes interactive supervision methods to promote relationships between staff and youth. Staff engage in as many activities with the youth as possible, including eating meals together and exercising together when appropriate. Staff members are age-appropriate role models, and by staying involved with the youth in their care, they are more able to ascertain the attitudes, mental states, personalities and needs of the youth in their care. A basic tenet of Saint Clair Youth Treatment Center's supervision is involvement.

Ratios. Saint Clair Youth Treatment Center utilizes a rich 1:4 staff to student ratio during the day and 1:8 during the night.

Qualifications. Staff are hired based on their work experience, educational level, and their motivation

to work with youth. Requirements specific to each position is outlined in the individual job descriptions but the following requirements are applicable to all Direct Care Staff:

- Care about and for the students
- Ensure the health, safety and welfare of all students and staff.
- Model and ensure all program norms are upheld without compromise
- Treat others with respect and dignity
- Adhere to the daily schedule
- Interactive supervision of students

Training. Commitment to training and information sharing allows Saint Clair Youth Treatment Center to better serve the young people in our care. Training consists of three categories:

- ***Pre-Service.*** Saint Clair Youth Treatment Center provides 40-hours of pre-service training for all direct care staff within two weeks of their start date. The training curriculum includes topics required by the DCS and federal regulatory guidelines, Rite of Passage's policies and procedures, evidence-based and best practice research.
- ***In-Service Training.*** Direct care staff complete an additional 40 hours of training each year. Saint Clair Youth Treatment Center provides re-certifications on First Aid/CPR, SCM, etc., as well as training on multiple topics including ROP and DCS policies and evidence-based practices.
- ***On-the-Job Training.*** This training method broadens employee skills that they learned in the initial pre-service. This training is included as part of in-service training and includes documented mentoring/on-site training by supervisors and relates to operating policies and skill development groups.

Student Rights and Privileges

Providing our services and programming in a safe environment is our objective. Rite of Passage strives to do this by fostering an environment where motivation and positive reinforcement offset the need for restrictive disciplinary measures.

Saint Clair Youth Treatment Center will utilize treatment interventions and the ROP "Problem Resolution Process" to intervene when student behaviors pose a threat to others or pose a significant disruption to the program. The goal will be to limit conflict, refocus the student, and provide him with guidance on how to avoid harmful or destructive behavior and keep issues from escalating into major problems by teaching students to use social skills to problem solve and resolve conflicts.

Once it has been determined that a student has violated a major rule, and prior to any disciplinary intervention being taken, the student will have the reasons for the disciplinary intervention explained to him. ROP believes that interventions are the most important part of the disciplinary process because they offer the opportunity to learn practical new skills. Interventions will:

- Include cognitive skill development assignments and practices that assist the student in changing his behavior.
- Be strengths-based, individualized, and specifically related to the incident.
- Promote pro-social interactions, develop problem solving skills and utilize self-control.
- Include a restorative justice component that addresses repairing the harm to the victim/community that resulted from the student's behavior (e.g. apology letter, face-to-face apology, victim empathy assignment, restitution/chores to assist in the repair of damage to the facility).

Interventions will not violate a student's basic rights. Completion of the intervention will be documented as a case note in the student's file. Successful completion of post-hearing intervention components will reduce the duration and/or intensity of the interventions, when appropriate.

Grievance: During Orientation, youth will receive a student handbook and learn about their grievance rights. ROP staff will inform students of their right to grieve any circumstance or action considered to be unfair and/or unjust that a youth wants to dispute. Throughout their stay, students will be encouraged to tell staff about any problem or grievance they have so that the issue can be immediately addressed.

Levels/ Phases

Positive Organizational Culture. At Saint Clair Youth Treatment Center, staff role-model positive behavioral expectations and use social learning theory and cognitive behavioral approaches to reinforce students' positive behavior.

Using these two approaches, positive behavior is role-modeled across the organization – this is called Saint Clair Youth Treatment Center's Positive Organizational Culture. The positive organizational culture is based on an environment that fosters trust, individual responsibility, mutual respect, achievement and learning. The positive organizational culture also means:

- Staff will positively model and provide productive, constructive and helpful skill-building training that will develop each student's skills using proven, cognitive-based techniques to process through high-risk thoughts.
- Youth will positively develop their talents, assets, and skills in decision-making. Rite of Passage promotes positive youth development by building on these strengths instead of focusing on weaknesses.

Behavior Management System. A positive organizational culture utilizes the powerful influence of reinforcers to assist students in changing behaviors that detract from their ability to progress in their treatment plan. The norms of our positive organizational culture drive all positive reinforcers (i.e. progression in status, which allows a student more frequent home passes, television time, movies, site visits, etc.), and negative reinforcers, (loss of privileges, essays, suspended status, disciplinary reviews, etc.) As a student progresses within the culture and gains "status" he is afforded more responsibilities and freedom of choice. Conversely, if a student does not progress, staff reevaluate the student's goals and determine more effective processes for the student's success.

Variations from the culture norms are processed by the staff as they occur. Positive/Negative reinforcers are used to reward/reprove behaviors based on the behavior being exhibited.

Student Status Progression: Students entering Saint Clair Youth Treatment Center are placed in the assessment/orientation phase. During this phase, students learn the norms, rules, and expectations of the program. Student resource manuals and student handbooks are taught and reviewed. Assessments are completed and the individualized service plans are developed.

Once a student's Service Plan has been established and the student completes a general orientation of the norms, rules, and expectations, he/she will progress to Rookie/Novice status as long as he/she is demonstrating safe and productive behaviors. While a Rookie/Novice, students will demonstrate behaviors that are consistent with new student learning. In order to progress to the next phase, students must demonstrate a commitment to follow and abide by the milieu's basic norms, make progress towards their individual treatment goals and contribute to the Treatment Center in a positive and safe manner.

As an Intern, the student will apply what he/she is being taught. Staff will reinforce positive changes in a student's thoughts, attitudes and beliefs, and a student's actions should be reflective of these changes. Intern status students also should be learning, practicing, and applying new skills. Interns will be looked upon to role model and reinforce positive behaviors throughout the campus.

When a student earns the status of RAM/Contributor, they have progressed to the point in the program where they begin to establish and develop their leadership skills in a consistent and positive manner. RAM/Contributor students consistently role model the norms, rules and expectations. They are willing to accept feedback on their behaviors and actions, as well as provide feedback to others in a helpful and contributing manner. RAMs/Contributors continue to work towards accomplishing the goals and objectives of their service plans. They become ambassadors for the campus, and they are actively working towards self-efficacy.

Family Services

Family therapy and services will be provided by Therapists and promote attachment, positive behavior, conflict resolution/reduction and development of strategies for reconciliation and reunification. At minimum, family therapy will be provided monthly (when safe for the youth and/or family and clinically indicated). Family therapy will be available during the weekends and on scheduled weekdays via teletherapy. Parents are encouraged to be involved in their child's lives through participation in treatment, involvement in the MDT and treatment planning process, and by being active participants in the planning and implementation of the youth's transition to their home community. ROP will train Therapists to use a Structural Family Therapy approach, which is a technique to understand patterns of behavior and family interactions.

St. Clair encourages families to fully participate in every aspect of their son's treatment, education, programming, and discharge to include:

- Families receive information about the program prior to their child's placement.
- Families will be active participants of the Multidisciplinary Team.

- When a Soothing/Regulation plan is indicated, the family will also participate in its development.
- Families will have a specific Case Manager as a point-of-contact, so that communication is always maintained.
- Family visitation (including sibling visits), home passes, and daily contact (when safe/therapeutically indicated) via phone calls.
- Family therapy at least once per month (as therapeutically indicated).
- Scheduled open houses.
- Quarterly Parent-teacher conferences (in conjunction with the school)
- Invitation to attend facility events (such as guest speakers, graduation ceremonies, etc.)

Discharge Planning

Discharge planning begins upon admission, and St. Clair staff will maintain communication and coordination with Community Mental Health (CMH) or coordinate with the primary caseworker. At least 180 days prior, St. Clair will make a referral to CMH for assessment and case management/wraparound services and continue coordination with CMH until release. Prior to the youth's discharge, the MDT (including family, guardian, caregiver, supportive adults) will solidify the Discharge Plan to include the services to be provided for six months after exiting the program. Specifically, St. Clair will provide 6 months of post-discharge aftercare, prescribed to youth based on two service level options.

Fidelity

With the objective of enabling youth to succeed in the community and live a crime free, and drug-free lifestyle, Saint Clair Youth Treatment Center measures outcomes and results of the services provided. At Saint Clair Youth Treatment Center, our focus on fidelity means the extent to which our interventions were delivered as designed.

To make sure Saint Clair Youth Treatment Center's program elements are delivered with fidelity and integrity, the following are utilized:

- ***Key Performance Indicators (KPIs)***. Staff keep records each month known as "Key Performance Indicators" (KPIs). The KPIs are a blend of process and outcome indicators used to monitor the quality or performance of a program or service. This tool will track trends, identify program issues, measure program performance in specific areas, and measure services provided.
- ***In Program Data & Analysis (Metrics)***. As a team we will monitor, evaluate, and make program adjustments over time. To meet the ever-changing needs of the youth and the changing culture we will evaluate internal data points to integrated best practices and new information to continually evolve the program.

- ***Scope of Services.*** The services described in this document will be provided from the admissions date through the last date of placement inside the program. Additional services may be identified in discharge planning for referral upon exit and will be addressed on a case-by-case basis.
- ***Continuous Quality Improvement (CQI).*** Saint Clair Youth Treatment Center uses a third-generation system of measuring program quality through a Continuous Quality Improvement (CQI) approach. The CQI is a method of continuously examining processes and making them better. This method uses a team approach, involves the entire organization, and has a strong emphasis on customer and client satisfaction.
- ***Training.*** Staff is trained through pre-service and in-service to ensure that they understand and are competent in delivering the cognitive-based services. Supervision and coaching are used to develop staff's skills.