

CLINICAL DEPARTMENT
Quarterly Review 10/1/15 to 12/31/15

Date: March 28, 2016

This report is a Quarterly Review of the clinical programming provided to the youth at CJTS. Each area has been previously evaluated and trends and data collected. Areas of focus within this report is as follows:

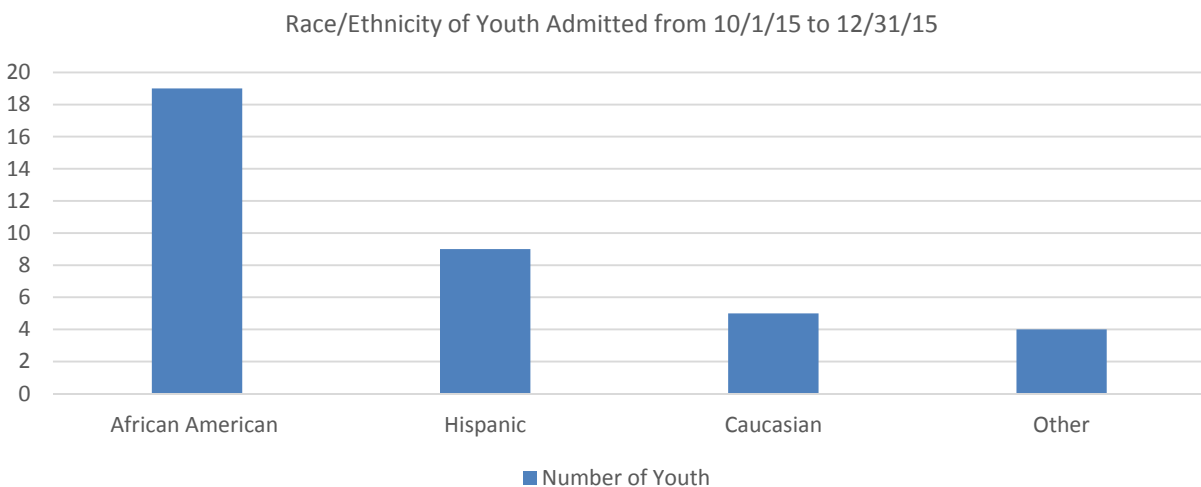
- Admissions
- Race/Ethnicity
- GAIN-SS
- Safety Watches
- Census
- Individual and Family Therapy
- Group Therapy
- Diagnosis
- Substance Abuse Outcomes
- Discharge Outcomes

ADMISSIONS

During the period 10/1/15 to 12/31/15, there were 37 admissions to CJTS. All admission screens were completed. The table below is a breakdown of admission types.

Admission Type (10/1/15 to 12/31/15)	Number of Youth
Congregate Care	6
New Commitments	13
Parole Admissions	17
Other (Returned from hospitalization)	1

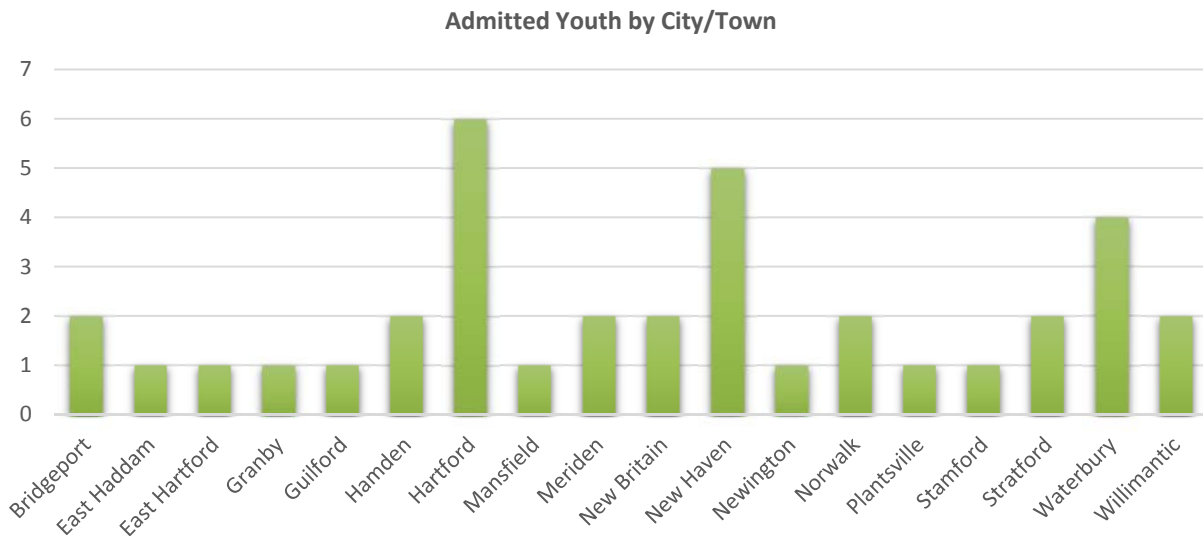
The charts below highlight the variance of the youth admitted to CJTS with respect to race, ethnicity and home town. Of the youth admitted 51% were African American; 24% were Hispanic; 14% were Caucasian; and 11% were of other ethnicity/race.



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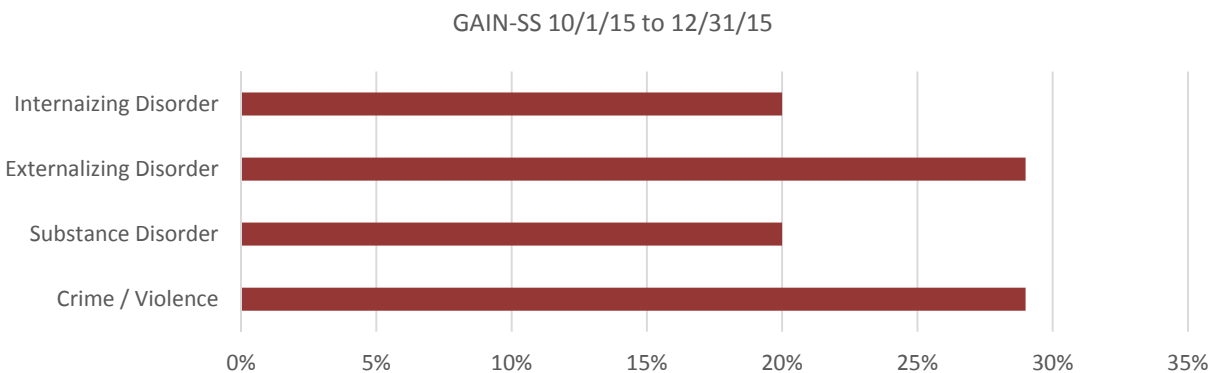
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Of the 37 youth admitted to CJTS during this quarterly review, 18 different home town/cities were represented as described in the chart below.



GAIN-SS

The chart below outlines the aggregate results of the GAIN-SS and what the youth endorsed at the time of admission. The following are percentages of “current highs” – the most significant areas of need to be addressed. Crime / Violence and Externalizing disorder rated as the highest, respectively each at 29%. Youth who present with crime / violence and externalizing disorders typically follow a more oppositional and/or aggressive profile. Over the course of the next year, starting January 2016, data is being collected for the GAIN-SS at the time of admission and the time of discharge to measure positive and/or negative behavioral change of youth being treated at CJTS.



SAFETY WATCHES

During the period 10/1/15 to 12/31/15, the clinical department responded to 41 crisis occurrences where a clinician was asked to assess a youth specifically for safety. Of the 41 crisis occurrences,

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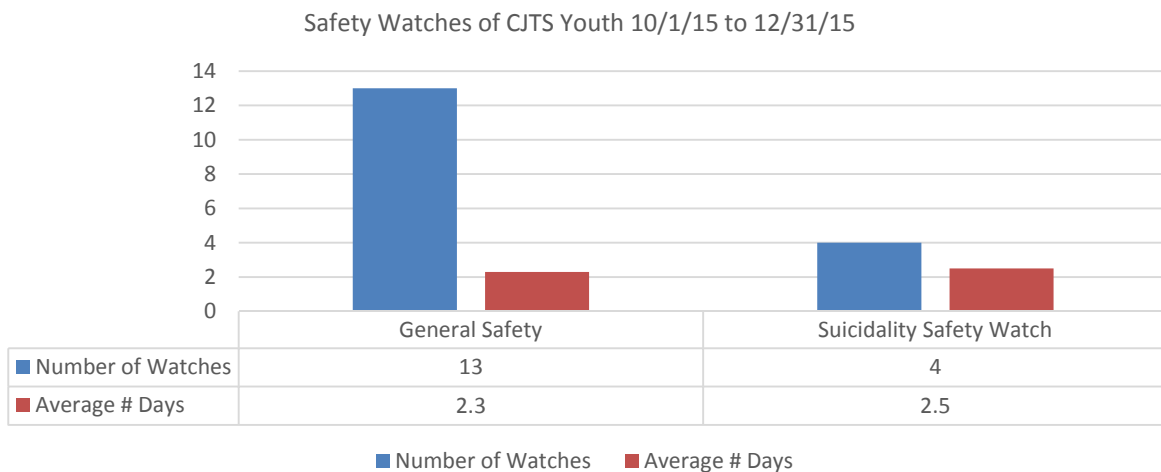
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approximately 59% or 24 of the youth did not require a safety watch; while 41% or 17 youth did require a safety watch.

Of the 24 youth who did not require a safety watch, the most common reason the youth asked for clinical intervention was the following:

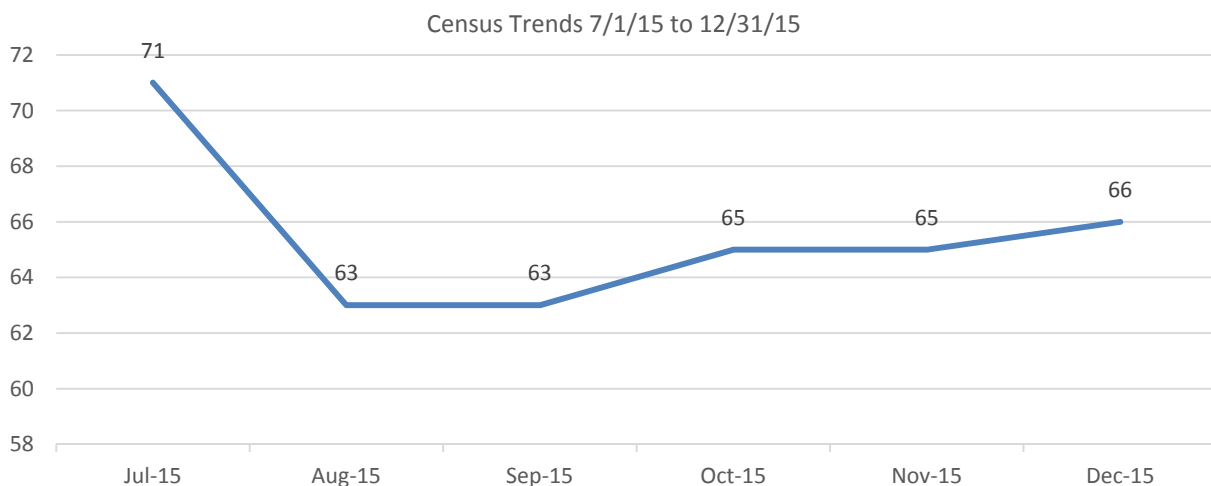
1. Angry and frustrated due to receiving a consequence—emotional reaction making a suicidal statement of “I’m going to hang it up.”
2. Made suicidal ideation statement to get out of class.
3. Made suicidal ideation statement for a reaction, admitting to “joking around.”

Out of the 17 watches, 13 were General Safety Watches and 4 were Suicidality Safety Watches. Average length of time a youth spent on a safety watch was 2.5 days. The chart below outlines type of watch compared to average numbers of days spent on the watch.



CENSUS / CLIENTS SERVED AT CJTS

During the period of 10/1/15 to 12/31/15, the average census at CJTS during this three months period was 65 youth. Average census for October 2015 was 65; November 2015 was 65; and December 2015 was 66.



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INDIVIDUAL AND FAMILY THERAPY

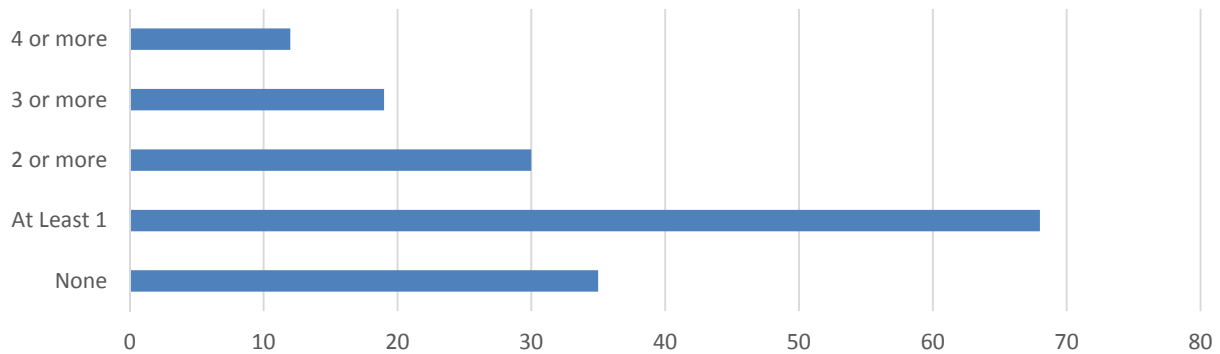
During the period of 10/1/15 to 12/31/15, each youth at CJTS, on average, received 5.9 sessions of individual therapy per month. On average, each youth received 0.79 of a session of family therapy per month (see chart below).

Type of Intervention	Number of Sessions	Average Census Per Month	Average Sessions Per Month/Per Youth	Goal – Average Sessions Per Month/Per Youth
Individual Therapy	1153	65	5.9	4
Family Therapy	155	65	0.79	1

Of note, there was a slight decrease in individual therapy rate from 6.5 to 5.9 when compared to the last quarterly review period; and an increase of family engagement 0.62 to 0.79 per youth.

Of note, during the period of 10/1/15 to 12/31/15, CJTS served 104 males. During this period 66% of the youth received at least one family therapy session over the three month period; 18% of the youth received at least one family therapy session per month over the three month period; and 34% did not receive any family therapy (see chart below for additional information).

Family Therapy Per Youth 10/1/15 to 12/31/15

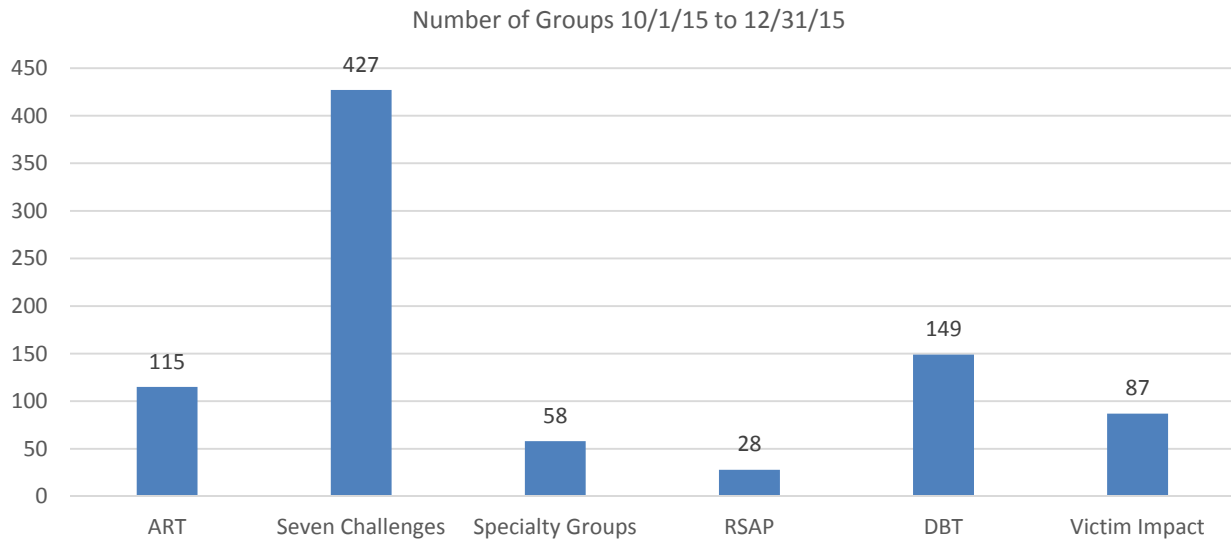


GROUP THERAPY

The clinical department provided a number of group therapy interventions during this review period – ART, Seven Challenges, Victim Impact, DBT, RSAP and other specialty groups. Of note, the Seven Challenges and ART data/outcomes has been previously evaluated for 2013, 2014 and part of 2015.

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Aggression Replacement Training – ART specifically the anger control training was offered in 3 residential units (5C, 5D, and 6D) during this quarterly review. A total of 115 therapy groups were provided - 43 groups in 6D, 37 groups in 5D and 35 groups in 5C.

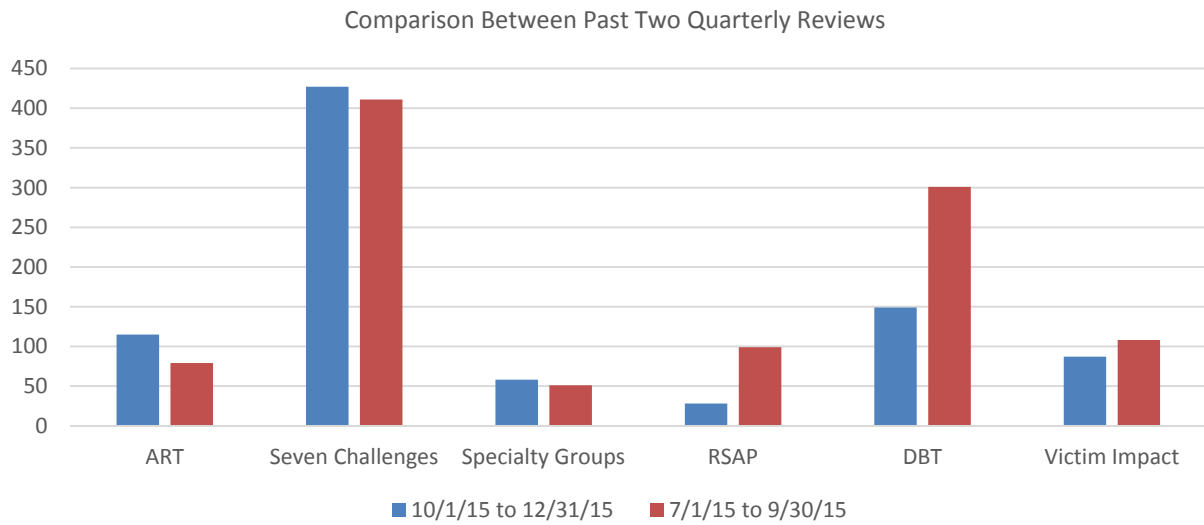


- Seven Challenges was held on residential units 5B, 5C, 5D, 6B, and 6D. During this review period 427 groups were held.
- Residential Student Assistance Program, RSAP was run on the intake unit. During this review period, 28 RSAP groups were held for new admissions to CJTS. Of significance, only 13% (5 out of 37) of the youth admitted received RSAP.
- Victim Impact was offered in three units – 5C, 5D and 6B. A total of 87 victim impact groups were held.
- Dialectical Behavior Therapy group was held on residential units 5B, 5C, and 6D. During this review period, 149 DBT groups were held.

Type of Intervention	Number of Sessions	Average Census Per Month	Average Sessions Per Month/Per Youth	Goal – Average Sessions Per Month/Per Youth
Group Therapy	864	65	4.3	8

Overall a total of 864 clinical groups were held campus wide during the period of 10/1/15 to 12/31/15. On average, each youth received 4.3 clinical groups per month during this review period. There was a reduction in groups compared to the previous quarterly review where the average session per month per youth dropped from 5.3 to 4.3.

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YOUTH DISCHARGED FROM CJTS

There were 36 youth discharged from CJTS from 10/1/15 to 12/31/15. The average length of stay of those youth was 175 days or 5.8 months; compared to the last review period where the average LOS was 129 days or 4.3 months. The table below outlines the breakdown of diagnosis and the complexities of the youth discharged. Diagnosis categories are broken down by behavioral, substance abuse, psychiatric and neurodevelopmental disorders; last column compares youth from previous quarter.

Breakdown of Disorders by Category for Youth Discharged	Number of Youth	Percentage	Last Quarter
Behavioral Disorders	4	11%	15%
Behavioral and Substance Abuse Disorders	6	17%	17%
Behavioral, Substance, and Psychiatric Disorders	4	11%	9%
Behavioral, Substance Abuse and Neurodevelopmental Disorders	9	25%	23%
Behavioral, Psychiatric and Neurodevelopmental Disorders	3	8%	9%
Behavioral, Substance, Psychiatric, and Neurodevelopmental Disorders	3	8%	6%
Substance and Psychiatric Disorders	2	6%	1%
Substance, Psychiatric and Neurodevelopmental Disorders	2	6%	0%
Other various combinations	3	8%	17%

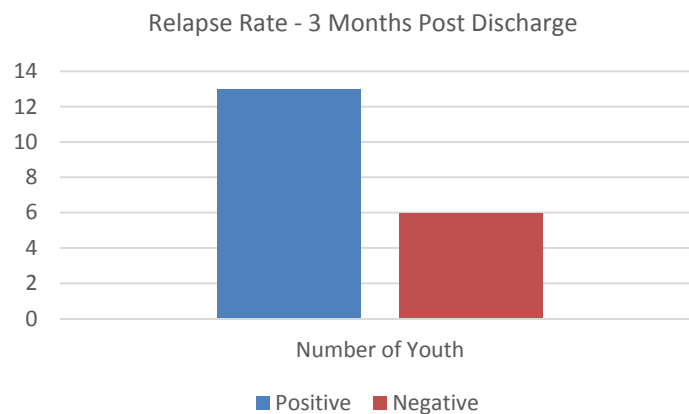
RELAPSE OUTCOMES

Of the 36 youth discharged, 26 youth carried a substance abuse diagnosis. Below is a more detailed breakdown of the substance use diagnosis of the youth discharged during this review period. Of note, youth can carry and often carry more than one substance abuse diagnosis.

Specific Substance Abuse Diagnosis of Youth Discharged	Percentage Carrying Diagnosis
Cannabis Use Disorder	88%
Alcohol Use Disorder	35%
Cannabis Dependence	4%
Cocaine Use Disorder	15%
Opioid Use Disorder	8%
Sedative, Hypnotic, or Anxiolytic Use Disorder	8%

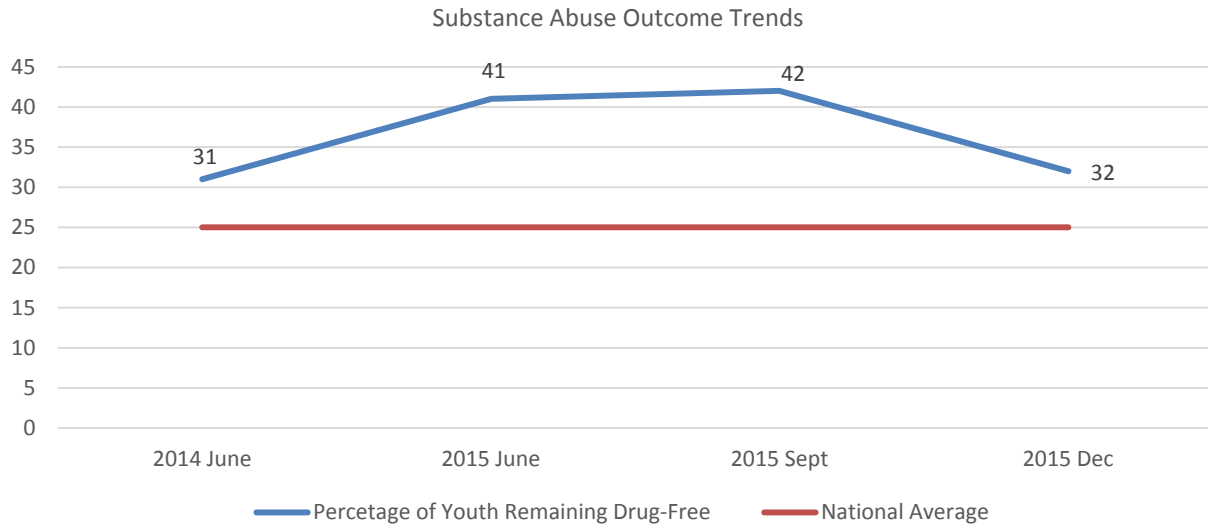
All 26 youth diagnosed with a substance abuse disorder actively participated in the Seven Challenges program during their stay at CJTS. After a review of the case records, there was documentation on 19 of the 26 youth regarding their substance use/abstinence in the community.

Of the youth discharged from CJTS during the 10/1/15 to 12/31/15 Quarterly Review, 32% of the youth tested negative during the first 3 months in the community post discharge. Of note, there was a decrease in the percentage of youth who remained drug free as compared to the previous quarter which was reported at 42% for the first 3 months post discharge.



Over the past few years, youth discharging from CJTS having received treatment in the Seven Challenges program continue to have positive outcomes when compared to the national average. National trends of adolescents (not juvenile delinquents) who were in recovery—that is, living in the community without current substance use or substance use problems—ranged from 17 percent to 34 percent. An important factor to note is that the relapse rates are consistent over the past two years which would suggest that the outcomes are not an anomaly.

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DISCHARGE OUTCOMES

Of the 36 youth discharged from the period 10/1/15 to 12/31/15, the table below identifies the status of the youth 3 months after their discharge from CJTS.

Overall, almost 80% of the youth discharged from CJTS have either successfully completed their parole, are in congregate care, or are currently in the community on parole.

Current Status (10/1/15 to 12/31/15)	Number of Youth	Percentage
Congregate Care	1	3%
AWOL	2	6%
In the Community on Parole	20	56%
Successfully Discharged from Parole	5	14%
MYI	3	7%
Returned to CJTS	5	14%