



HIGH ACUITY PROGRAM

WHAT IS THE HIGH ACUITY PROGRAM?

- Designed to support residents that have barriers to available Sex Offender Treatment
 - Persistent mental illness
 - Developmental disability
 - Traumatic Brain Injury
 - Other medical or cognitive factors
- Encourages treatment collaboration between all departments
 - Residential
 - Clinical
 - Security
 - Medical



WHO IS THE TEAM?

- Therapies Supervisor
 - Adult Training Specialist
 - RRC3 – Activities Specialist
 - Occupational Therapist
 - RRC4
 - RRC3s
- Psychologist
 - Psychology Associates
- RPD
 - RRC2s



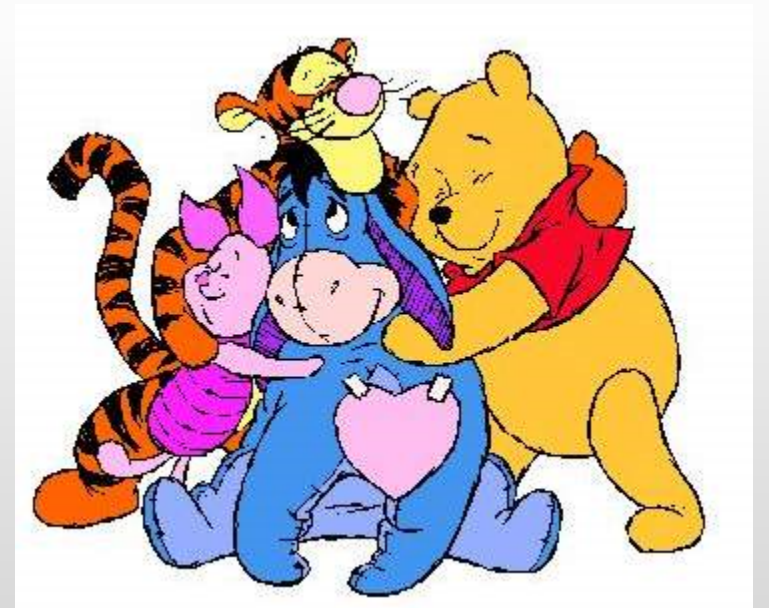
WHAT IS HIGH ACUITY PROGRAMMING?

- High Acuity offers **core groups** and **ancillary groups** designed to provide support with the following:
 - Emotion Regulation
 - Activities of Daily Living (ADLs)
 - Trauma Informed Safety
 - Relationships and Boundaries
 - Soft and Hard Skills Development



HIGH ACUITY PROGRAMMING

- All programming will occur directly in the milieu
- Core groups are led primarily by psychology associates
 - Dialectical Behavior Therapy (DBT)
 - Manualized Emotion Regulation
 - Safe Space Process Group
 - Healthy Boundaries and Relationships
 - Aggression Replacement Training (ART)
 - Activities of Daily Living
 - Classroom
 - Practical Application



ANCILLARY GROUPS

40 hours of group programming per week:

- Ancillary groups are designed to supplement core groups and target basic life and social skills, mindfulness, emotional regulation, and recreation.
- Groups include Seeking Solitude, Health and Self-Care, Elements of Communication, and Evolution of Music.



PSYCHOSOCIAL LEARNING

- Social economy

- FA/PBSP
- Bx data tracking
- Quality of staff interaction
- Peer to peer regulatory mechanisms
- Sensory rooms
- Milieu construction



GOALS OF HIGH ACUITY

- Support our residents in developing skills needed to successfully attend and complete Sex Offender Treatment
- Create a safer environment for residents and staff members





STAFF DEVELOPMENT





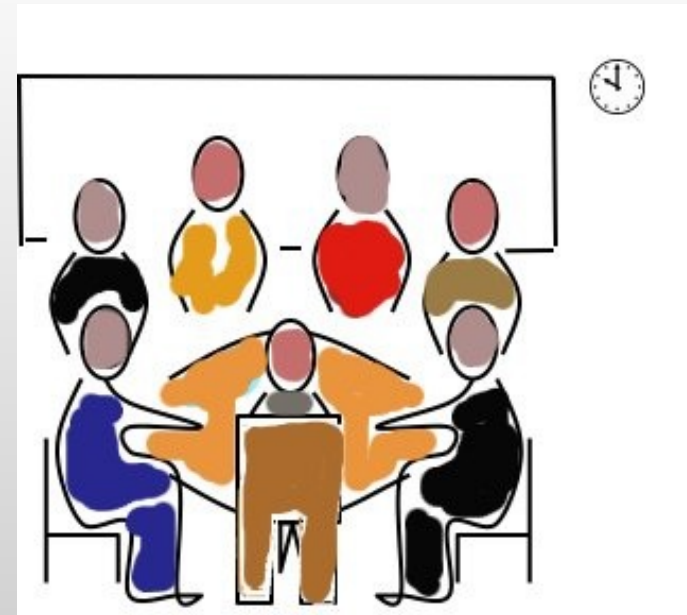
PROGRAM NEEDS

- Residents considered high acuity require a specialized milieu
- RRC (paraprofessional) staff assigned to the unit may need additional training
- To identify champions of the institution a promotional opportunity was developed (RRC2 to RRC3) with a specialization geared toward treatment
- RRC4 position was created for additional supervisory support
- Occupational, Recreational, Vocational, and Specialized Clinical support as well



POSITION DESCRIPTION DEVELOPMENT

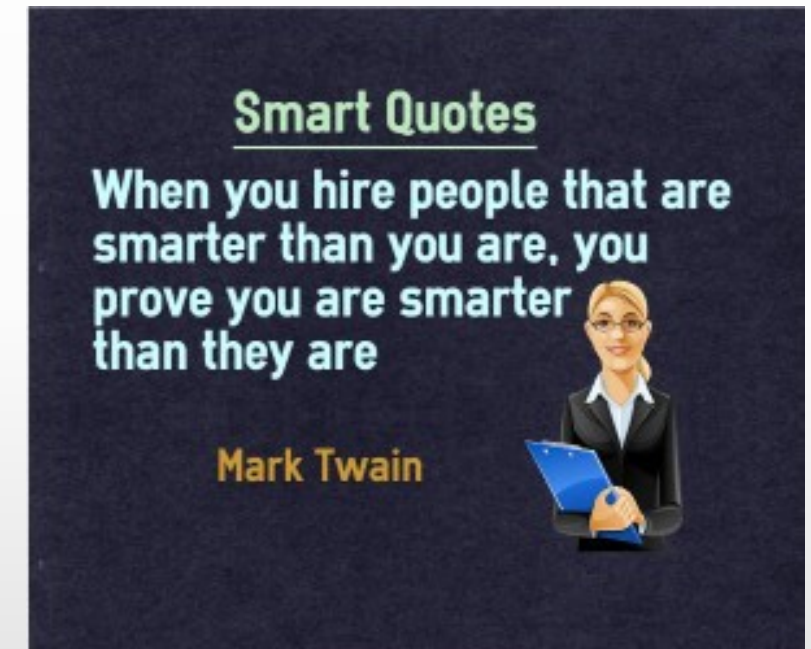
- High Acuity Workgroup (circa 2014)
- Staff in each job class developed a skeleton PDF to address the particular needs of residents that may be considered high acuity
- Therapies supervisor reviewed, revised, and submitted PDF changes to appointing authority
- Class, Comp, Union



HIRING FLOW

- RRC4
- RRC3 x 7
- Psychology Associates
- Psychologist 4
- Recreation Specialist
- Adult training Specialist
- Occupational Therapist

*Notes on targeted selection



RRC3 MILIEU SPECIALIST 6 WEEK TRAINING

Core Training:

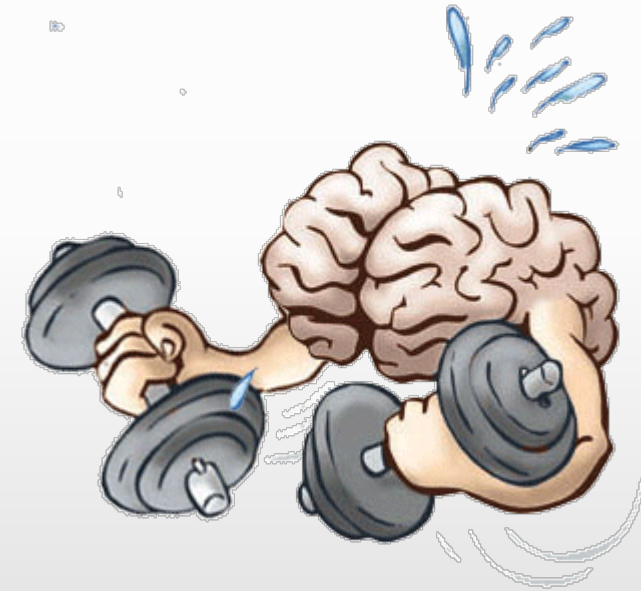
- Psychiatric Emergency Response Team
- Psychosocial Treatment Methods (SMART, SLP)
- Mental Health First Aid
- Motivational Interviewing
- Dialectical Behavior Therapy
- Non-violent communication
- Life Space Crisis Intervention
- Aggression Replacement Training (WSART)
- Developmental Disabilities Administration Specialty Certification



RRC3 MILIEU SPECIALIST 6 WEEK TRAINING

Ancillary Training:

- Rapport Building with Consumers
- Professionalism in the Workplace
- Suicide Prevention
- Ethics in Clinical Practice
- Personality Pathology and Methods
- Group Dynamics
- Neurocognitive Disorders
- Developmental Drivers for Aggressive Behavior
- Empathic and Active Listening
- Developing Healthy Relationships with Institutionalized People
- Using Role Play in a Group Setting
- Boundary Setting
- Wellness and Life Balance



TEAM BUILDING AND CULTURAL CONSIDERATIONS

- Autonomy
- Involvement
- Relatedness
- Competence
- Team Development
- Authenticity and Genuineness of Leadership
- Buy-in from Existing and Veteran Staff
 - Staff training – One week core training



CASE STUDY

Resident Challenges:

- Indecent Exposure (2013 = 24; 2014 = 13; 2015 = 16; 2016 = 16; 2017 = 2; 2018 = 0)
- Persistent Psychotic Symptoms
- Psychotic Aggression
- Limited to 30 – 60 minutes a day off-unit escorted movement
- Very Little Meaningful Social Engagement
- Considered Unamenable to Treatment for over a Decade



CASE STUDY

- Free from indecent exposure since April 2017
- Fewer observation reports indicating psychotic symptoms
- No current evidence of psychotic aggression or ideation
- Free movement throughout the facility
- Daily social engagement
- Enrolled in Sex Offender Treatment for first time in over a decade



CASE STUDY

Methods:

- Behavioral tracking system
- Peer socialization
- Milieu – less restrictive environment
- Targeted habilitation treatment
- Medication Monitoring
- Therapeutic Interaction with staff



PROGRAM METRICS

- 17 out of 26 residents enrolled in Sex Offender treatment
- 7 residents enrolled for the first time ever (4-20 years)
- 1 LRA 3 Slated for LRA

2017

Total Hours Offered Whole Program by Month

Resident #490	JAN-17	FEB-17	MAR-17	APR-17	MAY-17	JUN-17	JUL-17	AUG-17	SEP-17	OCT-17	NOV-17	DEC-17
Type of Program	TREND											
Habilitative									35.50	160.50	186.75	145.00
Recreational									-			
Vocational												
Sex Offense									17.00	17.00	17.00	17.00
Education/Life Skill												
TOTALS	-	-	-	-	-	-	-	-	52.50	177.50	203.75	162.00

2017

Total Hours Offered Whole Program by Month

Resident #490		JAN-18	FEB-18	MAR-18	APR-18	MAY-18	JUN-18	JUL-18	AUG-18	SEP-18	OCT-18	NOV-18	DEC-18
Type of Program	TREND												
Habilitative		134.25	174.00	174.00									
Recreational		2.00											
Vocational		-											
Sex Offense		19.50	26.00	40.00									
Education/Life Skill		-											
TOTALS		155.75	200.00	214.00	-	-	-	-	-				

All Hours of Habilitation Programming Offered per High Acuity Resident

measured by months

		JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
RESIDENT #	TREND												
	↗									11.00	65.00	73.50	44.25
	↗									8.00	31.00	24.00	18.00
	↗									19.50	72.50	67.75	47.25
	↗									22.50	99.75	102.75	71.25
	↗									8.00	24.00	20.00	15.00
	↗									21.50	99.75	83.00	64.25
	↗									19.50	59.00	53.00	41.25
	↗									25.50	70.00	59.00	47.00
	↗									23.50	71.50	70.00	51.25
	↗									23.50	57.00	64.00	47.25
	↗									16.00	84.00	85.00	57.00
	↗									2.00	5.00	4.00	3.00
	↗									12.50	36.00	32.00	24.00
	↗									10.00	36.00	32.00	24.00
	↗									4.00	15.00	12.00	9.00
	↗									13.50	50.00	46.00	35.25
	↗									8.00	16.00	16.00	12.00
	↗									15.50	47.00	63.00	47.25
	↗									10.00	23.00	20.00	15.00
	↗									17.50	65.75	65.00	49.25
	↗									6.00	16.00	20.00	14.00
	↗									12.00	29.00	29.00	18.00
	↗									23.50	94.00	89.00	67.25
	↗									15.50	40.00	40.00	30.00
HIGH ACUITY TOTALS	↘	-	-	-	-	-	-	-	-	348.50	1,206.25	1,170.00	851.75

All Hours of Habilitation Programming Offered per High Acuity Resident

measured by months

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