Building Positive, Healthy, Inclusive Communities
Using an Organization-wide Positive Behavior Support Framework across Human Service Programs

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University of Kansas
Today’s Agenda

• Community & Organization-wide Positive Behavior Support Project Introduction
  – Pilot Site Progress & Outcomes
• Implementation Science & Data Based Modifications
  – Systems, Practices, & Evaluation
• Therapeutic Communities
  – Implementation Story, TNT, & Data
  – Outcome Data
  – Case Study Data
• ACT
  – Implementation Story, TNT, & Data
  – Outcome Data
  – Case Study Data
• Conclusion & Questions
Community & Organization-wide Positive Behavior Support Project
Introduction

Artwork by Rachel Freeman, KIPBS Director 2000-2014
• Common Vision & Model
  – Achieving GOALS
  – Contextualized by Program
• Community, Organization, & School-wide Positive Behavior Support Multi-tiered Frameworks
  – Universal, Targeted, Intensive Supports
  – Systems, Practices, Evaluation
  – Behavior of Staff & Persons Served
• Systems & Continuum of Care
• Quality of Life Evaluation
• Research & Evidence Based Practices
CWPBS & OWPBS Project Research & Evidence Base

- Kansas Youth PRTF Prevention Project (2013-2016)
- Kansas Intensive PBS Training Project (2001-Present)

SCHOOL TO PRISON PIPELINE & OVER REPRESENTATION OF MINORITIES

COMMUNITY PUBLIC HEALTH & SW-PBS APPLICATIONS IN ALTERNATIVE SETTINGS

WRAPAROUND & SYSTEM OF CARE & INDIVIDUALIZED PBS INTERVENTIONS

REENTRY PRACTICES & RECIDIVISM & EXEMPLAR COMMUNITY AND STATE MODELS
Using a Community & Organization-wide PBS Framework to Build and Sustain Positive, Healthy, Inclusive Communities

Community-wide Multi-Tiered Positive Supports & Systems of Care

Scaling up in Johnson County
- Substance Abuse
- I/DD
- Mental Health
- Corrections
(Across Lifespan)

Minimize Corrections, Hospitalizations, & Segregation

Building Positive, Healthy, & Inclusive Communities

KIPBS 2019
Populations Disproportionately Represented within Restrictive, Expensive Programs Which Impede QOL...

Endorsed Intensive PBS Professionals Conduct FBAs and Build PC–PBS Plans for Adults, Families, Youth, and Children
Community-wide PBS Framework & Systems/Continuum of Care
OWPBS & CWPBS
Implementation Science & Scaling Up: 2013 to Present

(Adapted from Fixsen & Blase, 2005)

**Exploration & Adoption**
- We think we know what we need so we are planning to move forward (evidence-based)

**Installation**
- Let’s make sure we’re ready to implement (capacity infrastructure)

**Initial Implementation**
- Let’s give it a try & evaluate (demonstration)

**Full Implementation**
- That worked, let’s do it for real (investment)

**Sustainability & Continuous Regeneration**
- Let’s make it our way of doing business (Institutionalized use-Organization & County)

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**Implementation Framework: Critical Steps** (Meyer et al., 2012)

- **Phase One**
  - Initial Considerations Regarding the Host Settings
  - Assessing needs, fit, readiness
  - Adaptations, Buy-in, Org Capacity, Training Plan

- **Phase Two**
  - Creating a Structure for Implementation
  - Team & Plan Development

- **Phase Three**
  - Ongoing Structure Once Implementation Begins
  - Tech Assist & Support, Evaluation, Feedback & Support Loop

- **Phase Four**
  - Improving Future Applications Based On Experiences
Scaling Up in New Systems & Services: Contextualization & Safeguards

Primary Safeguard:
“Do No Harm” Across Tiers
Johnson County Government
Human Service Umbrella

★ 600,000 Residents ★ Large Tax Base ★ National Innovation Awards

- Intellectual & Developmental Disability Services
  - Across the Lifespan

- Community Mental Health Services
  - Across the Lifespan

- Substance Use Disorder Treatment
  - Adolescents & Adults

- Corrections & Court Services
  - Adolescents & Adults
Here In Johnson County We Achieve Our GOALS

**G**ive Respect to Self & Others

**O**pportunities to Work, Play, Learn, & Grow

**A**ccountable to & for Each Other

**L**eave Our Community Better than We Found It

**S**afe & Healthy Community for All

- Juvenile Summit
- LEAP
- HPO
- Pillars of Performance
Johnson County Community-wide PBS Pilot

County Wide Positive Behavior Support

What is County-wide PBS?

Our Vision:

- Meaningful and purposeful learning experiences for all
- Positive behavior support

Our Mission:

- Promote positive behavior support
- Enhance opportunities for learning
- Support community-based transitions

What is PBS?

PBS is an approach to understanding and supporting children who display challenging behavior. It is based on the principles of positive behavior support, which aims to create environments where all children can succeed. PBS involves understanding the context of challenging behavior and using data-driven strategies to prevent and reduce behavior problems. PBS is implemented through a collaborative process involving families, educators, and other professionals.
### CWPBS Project Action Plan & Outcomes

#### Year One

- **Enhance Systems, Practices, and Evaluation within County Programs by using OWPBS**
  - Pilot OWPBS Program Leadership Teams Built & Implementation Planning

#### Year Two

- **County-wide PBS Leadership Team Developed & Action Plan Developed**
  - CWPBS PBS 8/24 Child Coord Pres Leadership Community Mapping and SOC Initiated

#### Year Three

- **SOC County Departments Operational**
  - Intensive PBS Training Completed
  - Ongoing Capacity Building of Intensive PBS Collaboration with other Agencies

#### Year Four

- **OWPBS Calibration Sustainable OETs**
  - OWPBS Expansion Continued Expansion
  - Ongoing Capacity Building of Intensive PBS Collaboration with other Agencies

#### Year Five

- **OWPBS in all County Programs Collaborative Training Systems for County Partners**
  - Ongoing Capacity Building of Intensive PBS Collaboration with other Agencies
  - Effective Collaboration Across Schools, Human Service, Corrections, and Foster Care

### Enhance Behavioral Expertise within Programs and County-wide

- **Identify Intensive PBS Needs and Potential Students**
  - Tertiary PBS Training Completed
  - Intensive PBS Capacity Ongoing Capacity Building of Intensive PBS Collaboration with other Agencies

### Evaluate Impact of PBS & SOC County-wide and within County Programs

- **Implementation**
  - Implementation & Identify Outcome Data
  - Return on Investment Cost Benefit Analysis Impact for OWPBS, Intensive, & SOC Case Studies
  - Return on Investment Cost Benefit Analysis Impact for OWPBS, Intensive, & SOC Case Studies
  - Return on Investment Cost Benefit Analysis Impact for OWPBS, Intensive, & SOC Case Studies
**Organization-wide PBS**

1. **Team Development**
   - Organization Profile
   - Terminology, Systems, Services, and Structure

2. **TIC & Action Plan**
   - Orientation & Staff Survey & Initiate Feedback Loop

3. **Universal Intervention Plan Development & Data System & Collect Baseline Data**

4. **Implement Universal Interventions w/Full Staff Trainings, Coaching, & Monitoring Data Closely**

5. **Initiate Intensive Training System**

6. **Team Continues to Evaluate Data & Tweaks Interventions & After Stable OET Completed**

7. **Consider Targeted Interventions Initiative Intensive Interventions Data Systems & Monitoring Across All 3 Tiers Systems of Care Transition Planning In Place**

---

Each Team Determines Pace “IKEA Furniture Principle”
Achieving Quality of Life Outcomes

Leadership Team

Clinical Staff

Direct Support Staff

INDIVIDUAL

TARGETED

UNIVERSAL

Well-Being

Independence

Social Participation

Emotional Well-Being
Contentment with Life; Self-Concept; Lack of Stress

Material Well-Being
Financial Status, Employment, Housing

Physical Well-Being
Health, Activities, Leisure

Self-Determination
Autonomy, Choice Making, Goals and Personal Values

Personal Development
Education, Personal Competence, Performance

Rights
Basic Human Rights and Legal Rights

Interpersonal Relations
Interactions and Relationships with Others; Supports

Social Inclusion
Community Integration, Participation, Roles; Social Supports

KIPBS
Johnson County
Kansas
Multi-Tiered OWPBS Framework

Targeted & Individualized Supports

15 Total

OWPBS Universal County Pilot Programs:
ACT, JDC, CRC, ADU, TC, JCDS

INDIVIDUALIZED

TARGETED

UNIVERSAL

KIPBS 2019
Person-Centered Planning & Wraparound

Coursework Assessment
4 Months

Functional Behavioral Assessment

Function Based Interventions

Evaluation, Sustainability, & Transition Plans

Mock Case Study Portfolio
2 Months

Mock Case Study & Modifying Tools

Live Case Study Activities & Portfolio
3 Months

Live Case Study & OWPBS Team Collaboration

Coursework Assessment: 4 Months

Functional Behavioral Assessment

Function Based Interventions

Evaluation, Sustainability, & Transition Plans

Mock Case Study Portfolio: 2 Months

Mock Case Study & Modifying Tools

Live Case Study Activities & Portfolio: 3 Months

Live Case Study & OWPBS Team Collaboration

KIPBS 2019
<table>
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<tr>
<th>Services</th>
<th>OWPBS Evaluation</th>
<th>Team Implementation Checklist</th>
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<td>Juvenile Detention</td>
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<tr>
<td>Adolescent Center for SUD Treatment</td>
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<tr>
<td>Adult Corrections SUD Therapeutic Community</td>
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<tr>
<td>Mental Health Adult Crisis Recovery Center</td>
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<tr>
<td>Adult SUD Detox Unit</td>
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</tr>
<tr>
<td>Adult Developmental Disability Supports</td>
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</table>
Team Roles & Foundation

Foundation Elements
- Diversity & Buy In
- Policy & Finance
- Visibility & Access
- Partner Collaboration

“Active” Leadership Team Roles
- Calibrate w/Data
- Model & Mentor
- Train & Nurture
- Trust & Share
- Behavior Analysis & Support

Leadership Team Roles
- Train & Share
- Leadership Team Roles
- Model & Mentor
Clear, Consistent Expectations of Positive Behaviors Across Environments

•G.O.A.L.S
  •Program
  •Staff
  •Persons Served
Here at Johnson County, We Achieve Our Goals
County-wide Expectations

Give Respect to Self & Others
Opportunities to Work, Play, Learn, & Grow
Accountable to & for Each Other
Leave Our Community Better than We Found It
Safe & Healthy Community for All

Here at Johnson County JCDS We Achieve Our Goals
Give Respect
Opportunities to Learn & Grow
Advocate for Self & Others
Live Responsibly
Safe & Healthy Environments
Quality Ongoing Evaluation = Effective Data-Based Decision Making

• Team Implementation Checklist
• TIPBIS Protocols
• Staff & Stakeholder Surveys
• Reinforcement System
• Incident Reports
• Core Practices & Fidelity Observations
  • Interrater Agreement
• Organization-wide Evaluation Tools
Johnson County
OWPBS Pilot
Departments

- SUD Treatment
- Community Mental Health
- Developmental Disability Services
- Corrections Programs
- Developmental Supports

KIPBS 2019
Johnson County
OWPBS Pilot
Departments

SUD Treatment
Developmental Disability Services
Corrections Programs
Community Mental Health

Johnson County Systems & Continuum of Care

Public Schools
Court Services
Early Childhood
State Leaders

Public Libraries
Law Enforcement
Community Agencies

Social Justice Groups
Aging Services
Foster Care

Spiritual Communities
Community Businesses

JOCO Developmental Supports
Johnson County Mental Health Center

KIPBS 2019

KIPBS 2019
County-wide Positive Behavior Support Systems & Continuum of Care

<table>
<thead>
<tr>
<th>Monthly CWPBS SOC Meeting “Possible” Schedule</th>
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<tr>
<td>Morning Session 9am-12pm</td>
</tr>
<tr>
<td>Open PBS Leadership Team Meeting &amp; Systems of Care (PBS Leadership Team Meets Every Two Weeks and every other meeting would include SOC)</td>
</tr>
<tr>
<td>Lunch</td>
</tr>
<tr>
<td>Afternoon Session 1pm-4pm</td>
</tr>
<tr>
<td>Individual Scheduled Staffing for Children, Youth, Families, &amp; Individuals (Only Relevant Stakeholders Attend &amp; May Include Individual)</td>
</tr>
</tbody>
</table>

- **CWPBS Leadership Team**
- **Focus on Systems & “High Utilizers”**
- **Relevant Community “Providers” for Children, Youth, & Adults**
  - Schools
  - **14 Johnson County Libraries (Pilot Fall 2019)**
  - County Human Services
  - Community Service Providers
  - Advocates
  - Persons Served
Teach & Tap Application
Teach & Tap © Application

- Big Five: Youth/Adult, Staff, Location, Time, Behavior
- Matrix Expectations
- Teachable Moments
- Reinforcement System
OWPBS Teach & Tap® Application Pilot Findings

- Relationship with OET
- Staff Consistency
- Program Trends
- Person Served Trends
- Staff Trends
- Mindful of Possible Interference with
  - Staff Duties
  - Inclusion
  - Dignity
  - Natural Supports
Reward
Client
Behavior
Make Client Purchase
Record Teachable Moment
Adolescent Center for SUD Treatment (2 years) Findings
- OET (2): Youth & Staff Consistency
  - Therapeutic Emphasis
  - Targeted Interventions

Mental Health Adult Crisis Recovery Center Initial Findings (6 months)
- Improved Positive Culture
- Enhanced Consistency
- GOALS & Contingencies

Adult SUD Detox Unit Initial Findings (6 months)
- Staff, Environment, Client Variables
- Opportunities to Improve Data-based Decision Making

- OWPBS Evaluation & Team Checklist
- Team Fidelity Observations
- Universal, Targeted, Intensive Interventions

KIPBS 2019
Juvenile Detention Center (3 years) Findings
- OET (2) Enhanced Fidelity & Supervisor/Advocacy Support
- Innovation in TNT & Dashboard Technology
- Tertiary Innovation BIP & PCP & Transition Planning

Adult Corrections SUD Therapeutic Community (1 year) Findings
- OET (1) Impact on Clients & Culture, Tertiary Transition Case
- Removal of all Sanctions & Punitive Responses, Only Health & Safety Cardinal Rules

- OWPBS Evaluation & Team Checklist
- Team Fidelity Observations
- Universal, Targeted, Intensive Interventions
Adult Developmental Disability Supports

- Residential
  - Consistency of PBS
  - Person Centered
- Universal Supports
- Day Services
  - Consistency of PBS
  - Person Centered
- Community Worksite
  - Blended Environments & Benefit
  - Quick adaptations, improved outcomes

• OWPBS Evaluation & Team Checklist
• Team Fidelity Observations
• Universal, Targeted, Intensive Interventions
Adult SUD Veterans Treatment Court Case Study

- Applied Behavior Science (PBS & Contingency Management)
- Mindfulness, Self-Regulation, Ongoing SUD Treatment
- Person-Centered Planning & Quality of Life Focused Goals
- Collaboration with Veterans Treatment Court
  - Honesty Behavior
  - Self-monitoring Systems
- Adapt KIPBS 45 Item Checklist, Tools, & Procedures

PCP  FBA  BIP  QOL

- Goal Development
  - Strengths
  - Challenges
- FBA
  - Triggers
  - S-ABC
- Focus On Honesty Self Monitoring Contingency Mgmt.
- Sobriety Relationships Employment

- Male in Early 30s
- Veteran
- Individual of Color
- Chronic IV Drug User
- One Criminal Charge
- Parent (No Custody)
- Limited Employment
- VTC But Risk of Revoke

Sustain with Intrinsic Natural Supports
- Graduation from VTC
- Full Time Job with Insurance
- Visitation of Daughter

KIPBS 2019
Adult Corrections Therapeutic Community Case Study

- Male in 20s
- IEP, Drop Out at 14
- MH, ADHD, LD Diagnosis
- SUD Criminal Charges
- Parent (No Custody)
- Employed/Substances
- Unsuccessful in EVERY County Program

- Applied Behavior Science (PBS & Contingency Management)
- Mindfulness, Self-Regulation, Ongoing SUD Treatment
- Person-Centered Planning & Quality of Life Focused Goals
- Collaboration with Veterans Treatment Court
  - Honesty Behavior
  - Self-monitoring Systems
- Adapt KIPBS 45 Item Checklist, Tools, & Procedures

PCP  FBA  BIP  QOL

Goal Development
- Strengths
- Challenges

FBA
- Triggers
- S-ABC

Program Modifications
- Self Monitoring
- Transition Plan

Sobriety
- Relationships
- Employment

Sustain with Intrinsic Natural Supports
- TC Graduation
- 0 Behavior Post Intervention
- PCP/WA Benefits

KIPBS 2019
• Characteristics
  • Significant Childhood Trauma
  • Learning Disabilities, Mental Illness
  • Substance Usage Since Early Teens
  • Dropped Out of H.S. in Early Teens
  • Now in Mid-Twenties

• Previous Restrictive Institutions
  • Significant School Discipline
  • Psychiatric Residential Facilities
  • Juvenile Detention Centers
  • Adolescent Center for SUD Treatment
  • County Jail
  • Therapeutic Communities Multiple Times

Everyone Knows “Tom”
Community & Organization-wide Positive Behavior Support

- Multi-tiered Organization-wide PBS Framework
  - Universal: Fidelity w/PBS Core Universal Practices
  - Targeted: Modified Daily Check In/Self Assessment Tool
  - Intensive: PCP, FBA, LOTIS Wheel Resulted in Function-Based Interventions, Quality of Life Focused Goals/Transition Plan
- OWPBS Team Supporting Practices, Data, Systems: Staff received additional training regarding Function-Based Targeted & Intensive Interventions. Ongoing evaluation assisted with monitoring and transition Planning. The standard systems of transition process/environment was modified based on person-centered, QOL focus AND FBA.

- Community-wide PBS Framework & Systems of Care (SOC)
  - Universal, Targeted, & Intensive: Despite efforts, absent a completed SOC, serious community system challenges have put Tom at risk.
  - CWPBS Team Supporting Practices, Data, Systems: All ramping up in 2019!

5 Months Prior to Interventions
3.5 Avg. Incidents/Month

3 Months Post Interventions
0 Avg. Incidents/Month

First Successful Program Graduation!

Intensive Case Studies Across Human Services Shared at APBS 2020 in Miami!
OWPBS Pilots Notable Areas: 2019 Focus

- Enhancement of **Trauma & Culturally** Informed Practices
  - Almost 100% Chronic Trauma Rate & Disproportionate Representation
  - **Integrate with PBS** Framework
- Modifications & Additional Fidelity Tools
  - **Supervisor/Advocacy** Emphasis for Sustainability
  - OWPBS Teams & Advocacy/Mentor Teams
  - **Vital Impact of Teach & Tap on OWPBS Evaluation and Fidelity**
- Token Economy Relationship to Length of Stay
- Token Economy vs. Verbal Praise
- Significant Evaluation Finding of **Positive Culture Shift & Staff Consistency** Across Programs
- **Targeted Training Inclusion** & Benefits for Tertiary Professionals
- Effectiveness of **Contingency Management Across Populations**
- Tertiary Case Modifications in Different Programs & **Population Specific Considerations**
- **Need for Community Systems/Continuum of Care**
Chelsa Hunter

Johnson County Therapeutic Community
Description of the TC

The Therapeutic Community is a long-term (12 months) addiction treatment program with three (3) phases:

• The first six (6) months are spent in the Therapeutic Community treatment program focusing on criminal and addiction issues.

• TC graduates then transition into approximately two (2) additional months in the Residential Center Program and complete an Aftercare program.

• Finally, TC graduates move into the Intensive Supervision Program. A client will be expected to live in sobriety oriented transitional living for a minimum of 90 days upon completion of the Residential Center program.
Origins of the Therapeutic Community

• The Therapeutic Community milieu began in 1960’s behind prison walls here in the US.
• The Jo. Co. Therapeutic Community was founded in the late 1990’s and was originally funded by a grant.
• When the grant ended the county decided to take over funding and running the program.
• It is the only running TC in the state of Kansas and now is a highly modified TC program.
TC Vision

To provide a safe and positive environment for the education and practice of pro-social behaviors in the development of a drug and crime-free lifestyle.
Turning the Titanic

• Timeline of Change
  • 2016 – Began discussions about the use of shame-base practices and switching to more evidence base practices.
    • Began to overhaul various aspects of the program but kept the discipline practices in place.
    • Began to work on figuring out the best way to collect data that would capture a picture of client change.
  • 2017 - Was asked to implement PBS in the Therapeutic Community
    • Created a team for implementation and continued to work on creating an atmosphere of positivity within the Therapeutic Community.
    • Began to collect data: Clinical Progress and CTS
  • 2018 - Trained staff and implemented PBS practices
    • Removed our traditional discipline practices
    • Continue to encourage staff to be open minded to a new way of interacting with clients
Did the building blow up?

- **2017 Removals – 18**
  - 10 – Multiple rule violations
  - 3 – Surrender probation
  - 2 – New law violation
  - 1 – Violent behavior
  - 2 – Male/Female Interaction

- **2018 Removals – 30 (11 prior to PBS implementation)**
  - 12 – Substance usage of some type
  - 10 - Multiple rule violations
  - 1 – Surrender probation
  - 2 – New law violation
  - 5 – Cardinal rule violations
How do we administer PBS services within the Therapeutic Comm..

Rates of Utilization by Staff & Hour

<table>
<thead>
<tr>
<th>Staff Name</th>
<th>Month, Year of Date</th>
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<tbody>
<tr>
<td>All</td>
<td>All</td>
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Teachable Mo.. Behavior Buc..

1,028 48,263

Expectations
- Act Responsibly: 15.079
- Offer Recovery: 10.072
- Give Respect to Self and O: 9.896
- Learn skills and Share Kno: 9.008
- Safe and Supportive Comm: 5.236

Days of the Week

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<tr>
<td>Sun: 144,679</td>
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<tr>
<td>Mon: 5,615</td>
</tr>
<tr>
<td>Tue: 7,511</td>
</tr>
<tr>
<td>Wed: 9,409</td>
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<tr>
<td>Thu: 9,428</td>
</tr>
<tr>
<td>Fri: 7,764</td>
</tr>
<tr>
<td>5K: 9,428</td>
</tr>
<tr>
<td>10K: 5,597</td>
</tr>
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Behaviors
- Be on time: 4,316
- Stay focused: 2,789
- Follow instructions: 2,788
- Focus on recovery: 2,295
- Use respectful language and voice: 2,189
- Be a positive role model: 2,957
- Keep living space clean: 2,008
- Share thoughts/concerns respect: 1,897
- Participate: 1,635
- Be patient: 1,502

Utilization Timeline

<table>
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<th>Number of Room</th>
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<tr>
<td>0K-5K: 1,854</td>
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<tr>
<td>5K-10K: 1,199</td>
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<tr>
<td>10K-15K: 500</td>
</tr>
<tr>
<td>15K-20K: 352</td>
</tr>
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Location

- Day Room
- Facilitated Classes
- Small Group Activities
- Individual Rooms
- Dinning Room
How does the Therapeutic Community quantify clinical progress?

Number of R. Avg. TX Score Avg. Comm. Avg. Combo
690  2.88  2.81  2.88

Expectations in Treatment & Classes

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<th>2017</th>
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<tbody>
<tr>
<td>Moderate</td>
<td>51.3%</td>
<td>15.5%</td>
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<tr>
<td>Successful</td>
<td>24.5%</td>
<td>26.9%</td>
</tr>
<tr>
<td>Minimal</td>
<td>19.1%</td>
<td>6.2%</td>
</tr>
<tr>
<td>None</td>
<td>7.6%</td>
<td>6.2%</td>
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Expectations in the Community

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<td>49.2%</td>
<td>20.5%</td>
</tr>
<tr>
<td>Minimal</td>
<td>49.3%</td>
<td>26.9%</td>
</tr>
<tr>
<td>Successful</td>
<td>28.1%</td>
<td>13.0%</td>
</tr>
<tr>
<td>None</td>
<td>10.1%</td>
<td>10.9%</td>
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Combined Expectations

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<th>2018</th>
<th>2017</th>
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<tr>
<td>Moderate</td>
<td>54.4%</td>
<td>26.4%</td>
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<tr>
<td>Minimal</td>
<td>18.1%</td>
<td>20.3%</td>
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<tr>
<td>Successful</td>
<td>18.1%</td>
<td>9.3%</td>
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<tr>
<td>None</td>
<td>8.9%</td>
<td>9.8%</td>
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What do the results of the Criminal Thinking Scale (CTS) tell us about the TC population?

### Gender
- **Percent of Total Scores:**
  - Male: 81.9%
  - Female: 16.2%

### Race
- **Percent of Total Scores:**
  - White: 96.7%
  - Black: 9.5%
  - Hispanic: 3.4%
  - Other: 0.7%

### Substance Abuse Counselor
- **Scores:**
  - Male: 3rd
  - Female: 2nd
  - Counselor: 1st

### Average Initial & Reassessment Scores (with difference)
- **Entitlement - Initial:** 10.81
- **Entitlement - Reassessment:** 8.67
- **Entitlement - Difference:** -2.14
- **Justification - Initial:** 19.08
- **Justification - Reassessment:** 17.13
- **Justification - Difference:** -1.95
- **Personal Irresponsibility - Initial:** 22.28
- **Personal Irresponsibility - Reassessment:** 21.82
- **Personal Irresponsibility - Difference:** -0.46
- **Power Orientation - Initial:** 21.85
- **Power Orientation - Reassessment:** 21.07
- **Power Orientation - Difference:** -0.78
- **Criminal Rationalization - Initial:** 18.48
- **Criminal Rationalization - Reassessment:** 17.06
- **Criminal Rationalization - Difference:** -1.42
- **Cold Heartedness - Initial:** 29.94
- **Cold Heartedness - Reassessment:** 22.81
- **Cold Heartedness - Difference:** -7.13
Anecdotal Evidence

- Increased client motivation
- Improved atmosphere in the building
- Better relationships between staff and clients
- My counselors spend less time on problematic behavior and more time on challenging the thinking necessary for long-term behavior change.
- Consistent Response to Extraordinary Crisis & Inconsistency in Procedural Challenging Behavior Response
- Data Analysis Sharing with All Staff
“I was in the TC previously. They used to shun you, they put signs on you, and it was very negative. Last time I was here I had self-harming behaviors and I was suicidal. This time I am 100% for the system. I love the positive. So many people in Corrections reflect negatively of addicts. This program is not negative, it’s been positive and I’m doing something good. Last time I was in a lot of trouble. Positivity is key to change. The way things are brought to me allow me to change, not just chopping my head off.”

“I have attended other programs that were all negative based. They brought me so low that I was scared to ask for help. I didn’t want to come here initially but heard about the changes and wanted to come. I experienced a lot of trauma growing up and I was always kicked when I was down.”
“The first time I was offered TC I chose an almost two year prison sentence because of how bad it was out here. The staff behavior and curriculum changed to more positive. If I hadn’t heard about the changes, I’m not sure I would have chosen to come here. A lot of us have a dual diagnosis and abuse in our past. The positive makes you want to work harder and change; it’s very necessary. It feels like it’s actually possible because why try if you keep getting knocked down. It’s going well.”
OWPBS TC Evaluation Client Interviews

“I like it. The structure is different, but it looks like its working. I’ve seen a lot of enthusiasm. I’ve seen a lot of people challenging themselves and helping each other out. It changed to the better.”

“I did the old TC. This is great and I love it. The stick never worked for me it was always the carrot. When you have staff that care and listen, it really makes a huge difference. Some staff need more training, about 40-60 percent are trained well but I understand they are short staffed.”
OWPBS TC Evaluation Client Interviews

“It’s good. Keeps people on track instead of getting in trouble/trashed for bad behavior. We get rewarded for good.”

“I’ve been to the center 4 times, it used to be scary. Most probationers in Johnson County are guaranteed to do every day of back up time. I feel like I actually have a chance to change my life and I’m not just waiting for my prison sentence. The CAs don’t always give as many points as I like but it’s cool. We can focus on the positive part of life. We need this for recovery. We have already been judged and we need to rebuild. The old TC used to tear you down and then build you up. Now we start where we are and only build up. I asked to come to the TC this time because I knew it was different.”
At the Therapeutic Community,
We Achieve Our “GOALS”

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<td>S</td>
<td>afe and Supportive Community</td>
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JOHNSON COUNTY MENTAL HEALTH
ADOLESCENT CENTER FOR TREATMENT
History of ACT

• In 1985 The BOCC asked UCS to prepare a report concerning the need for residential SUD services for adolescents in Johnson County, Kansas.
  • In Response:
    • By November of 1985 ACT was established to provide “affordable” services to Johnson County residence.

• As a condition of receiving State Funds, ACT was required to serve youth from across the entire state and not just Johnson County.

• The first location was located in a former Military housing unit and services were contracted out to DePaul Health Systems. In 1987 Joco Mental Health took over clinical oversight.
History of ACT Cont.

• ACT operated for 28 years as a single entity until the summer of 2016 when ACT merged services with Joco Department of Corrections to increase census size (# of beds) and to decrease the waitlist of Kansas youth.

• **Services Provided**
  - Individual / Group / Family Counseling
  - Family / Parent Education
  - Medication Management
  - Case Management
  - Recovery/Relapse Prevention
  - Community Based Support Groups
  - Drug Testing
Behavioral Management System

• For nearly 30 years, ACT utilized a 4 Tier Behavioral Level System. The Level system was based on points earned and Recovery Focused Observations. This worked for some, but for many they found themselves trapped at a level or engaged in “all or nothing” thinking.

• ACT as a treatment provider was failing to meet the needs of the youth:
  • Daily interactions were focused more on catching them being “bad,” rather than celebrating their successes. Consequences resulted in freezing of levels and ultimately impacted a youth’s ability to move up in the level system.
PBS at ACT

• PBS was implemented in February of 2017.

• Since the implementation, the look/feel of PBS has been adjusted/modified to meet the needs of ACT Youth residing in short term residential treatment program.
Recent Adjustments

Trust Dollars

- Demonstrating Respectful behaviors
- Staying focused in group
- Using good social skills
- Cleaning up after self/group
- Respecting Boundaries of others
- Using respectful language

Recovery Dollars

- Reading their NA book
- Sharing their plan for recovery at dinner
- Completing Recovery Assignment during free time
- Sharing new insights during group
Client Profile

- 17 yr old Caucasian Male
- In/out of Foster Care most of his life. Removed at 1 y.o. neglect/abuse.
- In/out of foster homes, on the run, detention centers, group homes, residential treatment
- Gangs, guns, drugs,
- Criminal history
PBS Data 2018- 28 days

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Grand Total: 360
### PBS Data 2018- 28 days

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**Grand Total**

| Count of Behavior | 1 | 1 | 13 | 12 | 1 | 30 | 12 | 70 |

**Clinical Trust Dollars**

- **Staff Name**
  - Cunningham, Mitchelene
  - Edwards, Sue
  - HughNey, Teresa
  - Lankford, Leo
  - Ray, Wanda
  - March, Jimmy
  - Kufeldt, Kevin
PBS Data 2018-28 days

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![All Staff Teachable Moments Chart](chart.png)
PBS Data 2018- 28 days
2nd PBS Data 2018- 21 days
### Count of Behavior

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### Clinical Trust Dollars

- **Act Responsibly**
- **Give Respect to Self and Others**
- **Lead By Example**
- **Safe and Supportive Community**
- **On Task with Recovery**

![Graph showing Clinical Trust Dollars for different categories and staff members.](image)
2nd PBS Data 2018-21 days

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<td>Botwinik, Malinda</td>
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<td>Law, Paul</td>
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**Teachable Moment Location**

- **Location**: Community Area, Community/Transportation, Counseling and Group, Housing Unit

- **Count of Behavior**

- Flaherty, Svea: 2
- Worrall, Shawna: 1
- Botwinik, Malinda: 1
- Law, Paul: 1
- Gatewood, Stuart: 1
- Williamson, Randolph: 1
- Denney, Mark: 2
- Hughley, Teresa: 1

- **Teachable Moment Location**

  - Community Area: 2
  - Community/Transportation: 2
  - Counseling and Group: 2
  - Housing Unit: 1
2nd PBS Data 2018- 21 days
PBS DATA Comparison

• 28 day Treatment = First Stay
  • Total Trust Dollars: 360
  • Clinical Staff Trust Dollars: 70
  • Teachable Moments: 50
  • (TM) Locations:
    • *Housing: 28, Classroom: 13

• 21 Day Treatment = Second Stay
  • Total Trust Dollars: 356
  • Clinical Staff Trust Dollars: 134
  • Teachable Moments: 17
  • (TM) Locations:
    • *Housing: 7, Classroom: Not used

• *Adjusted staff in the housing units, provided more breaks from the unit, paired youth up differently, placed him in specialty groups (rather than school)
Conclusion & Discussion

Artwork by Rachel Freeman