FROM THE DIRECTOR

JUSTIN JONES

Welcome to another edition of Pathways to Success. As you will ascertain from reading the wealth of information and updates in this newsletter, the Tulsa County Juvenile Bureau, also know as and re-branded as, The Family Center for Juvenile Justice, continues a dynamic process of change with incorporating evidence based practice and data driven management while also focusing on efficiencies during difficult budgetary times. Staff are engaged in work time studies and analysis of job functions to assist in future decision making on work load distribution. Policies continue to be developed to incorporate all we are learning in these areas.

Tremendous progress is being made with the new Juvenile Court House/ Detention Home location and construction preparation. Demolition of the buildings on the new site is scheduled in June.

Meetings have been held with Women in Recovery (WIR) to determine collaborative efforts with the Bureau on addressing needs of youth engaged with the Bureau and who have or have had mothers in WIR.

The Bureau continues to work with and has staff assigned to the county Stepping Up Committee Initiative exploring all aspects of mental health in Tulsa County.

The newly created Phoenix Rising Alternative School Foundation now has their inaugural Board of Directors. See further information in the newsletter.

Accolades to all Bureau staff for being the best in the business which is evident by all key measurements of successful organizations.
Congratulations goes out to Reggie Hillard on celebrating 24 years with the Bureau. Here’s to many more!

Way to go Michael Gabel on 15 years with the Bureau. Thank you for your hard-work and dedication!

The Probation department would like to introduce our newest staff member, Laura Hassell. Ms. Hassell will help the Probation Department fill a much needed gap in serving the Hispanic population, for she is bilingual. We are excited to have Ms. Hassell as part of the Juvenile Bureau team, and we ask that everyone help give her a warm welcome.

Detention welcomes our new therapist, Heidi Pham M.S., Ms. Pham will be working directly with youth and staff in the Detention facility. Please welcome Ms. Pham to our team!
Micco Freeman began his career with the Tulsa County Juvenile Bureau approximately ten years ago. Micco is dedicated to ensuring that all of the students at Phoenix Rising receive the attention, support, and resources needed to be academically and social/emotionally successful. Within the past year, Micco has created successful programs and partnerships beginning with the PR basketball and academic programs last summer. He established a partnership with the Boys and Girls Club, that has continued to grow into an incredible program encompassing not only the sport of basketball, but social skills development, conflict resolution, and coping skills for PR students. The second program that Micco was instrumental in reestablishing was the Work Study program. In collaboration with Oklahoma Department of Rehabilitative Services, Micco established a school-based program that encompasses job skills, work readiness, self-management, and daily community exposure to various jobs and/or careers.

Another major accomplishment to highlight is a cultural shift within the school, as he worked to utilize Restorative Practices at PR. Not only has this changed the way that students and staff view the process, but it has also given everyone a chance to repair harm. This practice has significantly reduced the amount of conducts issued to students by allowing alternatives to punitive consequences.

Phoenix Rising staff, students, and families are fortunate to have Micco Freeman as a peer, colleague, inventive collaborator, and a trusted risk taker.
The Tulsa County Juvenile Detention Center has existed in its current location since 1969. Almost fifty years have passed, but one thing remains the same, the need to change. Mr. Walter Diroin was the Superintendent of Detention at that time and he is credited with the idea that if we treat kids with dignity and respect, they will respond. This is the core of what we believe today. It represented a new way of thinking and called for a new way of operating a short-term juvenile detention facility. This embraced the idea of meaningful programming and the responsibility of direct care staff creating an environment conducive to youth learning new skills and making positive changes in their lives. Today we find the need to adapt new skills and make positive changes happen again. Juvenile Detention was conceived as a short-term hold for youth too dangerous to be left in the public, but we have evolved to much more than that today. In the 1990's, most detentions dealt predominately with gang-related youth and with a few focusing on mental health. Or so we thought. As we have begun to learn more about the nature of trauma and how it affects children, it has become obvious that “those kids” in detention facilities are not just gang involved youth. They are young people from all lifestyles that have experienced trauma directly or indirectly and are kids that may be in need of psychological help. Most juvenile detention facilities in Oklahoma are beginning to feel overwhelmed by the level of residents with mental health issues. There are more and more youth in detention facilities dealing with these issues and it appears we can only expect that trend to increase. What can leaders and administrators do to support direct care staff as they offer support to youth with mental health illnesses? We can accept a new mission and change to adapt to this reality. It has always been the role of juvenile detention facilities to serve courts by holding youth who have committed serious acts until a Judge orders them to be released. The time between those two events is what is most critical in staff training. To that end, the Tulsa County Juvenile Detention Home has sought and is near completion of Trauma Informed Care Training for every direct care staff member and administrator. Trauma Informed Care provides staff the knowledge they require to make informed decisions when addressing with complex behaviors. The specific skills it teaches in identifying trauma, which can masquerade as anything from self-isolating, to night sweats, to extreme violence, are key in avoiding a youth's triggers. Trauma Informed Care is only one-step. It helps us shape the environment, but we need more. The Detention Home has recently afforded two staff members to complete Mental Health First Aid Training. Training Supervisor, Doug Currington, and Shift Supervisor, Elaine Day, will begin the
process of certifying each direct care staff member in this vital skill that will help them deal effectively with residents in acute mental health crisis. This should also aid staff in strengthening our suicide prevention efforts. In addition to the above training, the facility is currently working on integrating a new therapist and a new therapy dog. Our new therapy dog Lucy, was trained through the Friends for Folks program at Mabel Bassett Correctional Facility. Lucy has already started spending time with the youth in Detention on a daily basis. The goal of the therapy dog program is two-fold. First, research suggests that the presence of a therapy dog reduces the stress and anxiety youth feel when in a secure placement. Second, Lucy will be able to spend some time directly with the residents who need her most—the goal being to help ease some of the trauma they have experienced in their lives. Our new therapist, Heidi Pham M.S., is now serving as the embedded therapist in the Juvenile Detention Home. She has been tasked with working directly with the youth and staff on each unit. Her duties include meeting with youth daily, some through a self-referral process, others referred by the nurse or detention leadership. Essentially, Residents can now request to be placed on a list if they feel the need to talk to a trained therapist. Heidi started her time here by attending the Juvenile Detention Training Academy for new staff. She is a welcomed addition to our program and her training and experience is another tool that will help our facility meet the needs of children placed in our care. Many would never have thought that they would see the day when Detention staff would be called to work with so many children with mental health needs. I have often said that I believe our staff are the best in the business when it comes to taking care of the youth we serve. The new training, the addition of a therapy dog, and an embedded therapist is a new reality in Detention to meet the challenges detention facilities face in Oklahoma.

-Alondo D. Edwards, MHR
Superintendent, Tulsa County Juvenile Detention Home
Spring is in the air and with Spring comes a host of changes, from weather, to daylight savings time, to rain and flowers, and new growth. The Tulsa Area Community Intervention Center (TACIC) continues in this concept of change as we move through Spring and into Summer planning. With the assistance of the Tulsa County Juvenile Bureau Director, and others, Oklahoma Senate Bill 228 has been authored and proposed by Senator Griffin. This bill, which has been introduced to the current State Legislatures, proposes several changes to Title 10a of Oklahoma Juvenile Code affecting the operation of CICs and Juvenile Detention Centers statewide. The bill would allow juvenile bureaus and municipalities to operate CICs without a direct contract or over-site by the Office of Juvenile Affairs (OJA). OJA would continue to act as a certification agency for CICs, and would continue to be involved with promulgating rules of operation for the certification process. The Office of Public Integrity (OPI) would also continue to conduct audits of detentions centers and CICs in the future.

TACIC anticipates the fiscal year 2017 audit will occur in August. In preparation for the audit, staff have worked toward completing the required continuing education credits by attending several local training sessions. These training sessions have included preparedness training facilitated by the Tulsa County Sheriff’s Office and Tulsa Police Department personnel, “CPI” Crisis Prevention Modules, CPR/1st Aid, supervisory skill building (advanced and beginning levels), and Bridges Out of Poverty. These trainings help staff to provide better responses to crisis situations and provide staff with the tools needed for career growth. With the CIC working with clients who are usually in a heightened emotional state, the ability to successfully deescalate a situation is critical.
In the past, TACIC has had successful OPI audits, with no critical areas of noncompliance. The TACIC continues to serve multiple municipalities within the Tulsa County area. The operational budget is strained by the loss of state support. continue to use the center, thereby allowing officers back into the community to respond to emergencies in a more timely fashion.

-Cortez Tunley, TACIC Program Administrator

Employee Recognition

Earlier this year, Alex Aleksey was named “COORDINATOR OF THE YEAR!” for the Tulsa Area Community Intervention Center. Aleksey is being recognized for his distinctive performance in the field of duty to TACIC staff and clients. Aleksey has shown discipline, integrity, excellent job knowledge and has been a great teacher and trainer of his co-workers. Aleksey is a solution oriented individual and continues to grow with the diverse needs of the program. Congratulations on your award!
In 2016, the Bureau was chosen by the Robert F. Kennedy Foundation to receive technical assistance in improving the Dual Status Docket. After working with staff to customize training to match the needs of Tulsa County youth, trainers from the RFK Foundation traveled to Tulsa to hold a two day training.

Participants included staff from Oklahoma Juvenile Affairs, Department of Human Services, Tulsa County Juvenile Bureau, attorneys, Judges, and more.

This was a wonderful opportunity for brainstorming and creating a plan to improve the way we deliver services to Dual Status Youth. During the follow-up meeting in March, the team developed a flow chart and committees to continue the work toward a new Dual Status Special Program.
Phoenix Rising Alternative School Art Creations

This artwork was some of the pieces created by Phoenix Rising students that was on display at Wilson Teaching and Learning Academy in the Tulsa Public School's 36th Annual District Art Show. The art show included artwork from all TPS High schools. Four PR pieces were chosen and entered into the Levitt section of the Art Show. This section was for advanced pieces that are judged and awarded increased prizes. Although we did not win any awards this year, one of our student's pieces last year was chosen by Dr. Gist and is displayed in her office.

- On February 28th, the Foundation and Phoenix Rising Alternative School hosted the screening of Bad Kids as part of the Indie Lens Pop Up at Circle Cinema. Over 50 people attended the event and a great discussion about the school followed. Panelists included Lindsay Goldfarb (PRAS Administrator), Cassandra Baird (PRAS Teacher), Jania Wester (Communities in Schools), and a PRAS student.

- In March the Foundation held their first Board meeting. Board members include local attorneys, elected officials, and non-profit leaders. The Board is excited to start making a difference in the PRAS students lives.
- The PRASF submitted their first grant request to the QuikTrip Corporation.
- If you know anyone interested in getting involved with the board, please contact hgarrison@tulsacounty.org
Psychiatric Advance Directives

Judicial Notebook-APA Monitor February 2017 Issue

By Kathryn A. LaFortune, J.D., Ph.D.

Psychiatric advance directives (PADs) are a topic that have received negligible attention in the legal system, including the Supreme Court, but is one ripe for championing patient autonomy for persons with severe mental illnesses. PADs are documents created by clients while competent, directing their preferences for mental health treatment whenever they become unable to make those decisions.

Surprisingly, in American law, only one case, Hargrave v. Vermont, 340 F. 3d 27 (2nd Cir. 2003), has ever addressed legal aspects of PADs. Although there is a dearth of litigation, research suggests mental health consumers have enormous interest in accessing assistance to create such documents for themselves.

Supermajorities of consumers indicated they would like to complete a PAD if given the opportunity and assistance to do so (Swanson et al., 2006). Other studies demonstrate that providing assistance to generate PADs may actually boost consumer competence to make beneficial treatment decisions, and ultimately increase the likelihood that their directives will be implemented. Taken as a whole, this evidence should sound the clarion call for psychologists and mental health professionals alike to become educated about this process and to take initiative to awaken this “sleeping tiger” in their respective jurisdictions for the benefit of the clients with whom they work.

The legal landscape remains tense, controversial, and uncharted. PADs place at issue the prevailing practice of professional judgment superseding a patient’s individual autonomy to outline their treatment preferences. In Hargrave, plaintiff Nancy Hargrave, diagnosed with paranoid schizophrenia and previously hospitalized several times, drafted a Durable Power of Attorney (DPOA) for her mental health care, Vermont’s version of a PAD. In that document, she expressed the choice to refuse “the administration of ‘any and all anti-psychotic, neuroleptic, psychotropic or psychoactive medications,’ and electroconvulsive therapy.” She then filed suit to prevent Vermont from overriding her mental health DPOA if she were ever to be involuntarily civilly committed in the future where there was a physician order to force medicate her. The district court found in her favor, citing violations of the ADA, Title II. On appeal, the Second Circuit affirmed.

Over a decade later, no litigation has surfaced following the Hargrave decision. A major problem is that the “groundswell of interest [in PADs] largely precedes the development of a coherent body of governing law ... serious questions remain concerning the scope of their enforceability, particularly in the context of involuntary treatment.” (E. Gallagher, 1998).

Concerns are that patients will opt to refuse treatment, but the research does not support this conclusion. In fact, the opposite is substantiated. Clients in the mental health system in North Carolina who had drafted PADs did not incorporate
refusals of all medications and treatment. Almost all participants gave advance consent to at least one medication, and of the ones that refused a medication, most gave reasons for the refusal and discussed the side effects of the refused drugs. Most participants gave advance consent to going to hospital, and refusals focused on particular hospitals because of past negative experiences (Swanson, Swartz et al, 2006).

Staggering rates of mental illness in the U.S. signal the need for solutions (NIMH, 2016). PADs could ameliorate poor prognosis and numbers of involuntary commitment by alerting clinicians and ER physicians about previous positive treatment results with the added benefit of another person acting as a named advocate in the PAD to answer questions about the client’s history and easing the difficulty in attempting to contacting family familiar with the client. PADs act as a limited waiver of confidentiality, providing information about violence, symptoms, relapse characteristics, and medications that are effective for the individual. Interestingly, PADs may be the first time a patient has been asked about their preferences, a process that patients say is empowering even if the document is never used. (Carhart, 2008). Virginia is the first state to actively develop a comprehensive delivery system for creation of PADs as part of their advance health care directives (Zelle et al., 2015). Perhaps this model can be replicated across the U.S. and awaken this “sleeping tiger” for improved patient autonomy and service delivery for persons with severe mental illness.

References


Hargrave case information:

“Under Act 114, health care professionals may petition in family court for authority to medicate involuntarily persons who have been civilly committed or judged mentally ill while imprisoned in Vermont’s correctional facilities. Id. § 7624(a)(1)-(3). When the proposed involuntary medication would contravene a patient’s validly executed DPOA, Act 114 requires the court to suspend judgment until the patient has been treated (or not treated) in accordance with her DPOA for a period of 45 days. Id. § 7626(c). If the court concludes that, after 45 days, the patient “has not experienced a significant clinical improvement in his or her mental state, and remains incompetent,” the court may proceed to determine whether the patient should be involuntarily medicated according to the factors otherwise relevant under Act 114, with no further regard for her DPOA, id. § 7626(c)(2).”
Psychiatric Advance Directives: A Tool to Improve Care.
Friday, May 19, 2017 (1 – 2 p.m. CST)

Target Audience:
Attorneys, family members, agency personnel who may draft PADs.

Description:
This one-hour webinar will discuss the benefits of using the psychiatric advance directive in crisis care situations.

Objectives:
1. Examine the origins and intent of Psychiatric Advance Directives (PADs).
2. Explore the potential benefits and pitfalls of PADs.
3. Describe techniques to implement PADs in clinical settings.

For more information and log on instructions CONTACT:
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LEAD Conference
In early April, the Bureau sent two representatives, including Judge Bill Hiddle, to the 2017 LEAD Conference held at Georgetown University. This conference was organized by the Juvenile Justice Reform and The McCourt School of Public Policy. The goal of this conference was to bring leaders from multiple fields of practice together to learn how to more effectively move from research to policy and practice. Participants looked at several research projects and how to implement change in their jurisdiction. Topics included: continued staff training, program fidelity, reducing recidivism, dual status youth and trauma informed practices. Staff gained knowledge in these areas and made connections for future development.
The National Council of Juvenile and Family Court Judges sponsored a Lead Judges Meeting April 19-21, 2017, that incorporated three major implementation sites: Model Courts, Tribal Courts, and Project One Courts. This meeting included 18 Lead Judges and two members of their implementation team. Topics of discussion included leadership style, understanding organizational culture, leading teams and leadership action planning. The teams also participated in presenting to the other teams the court improvements made in response to the NCJFCJ’s Enhanced Practices. Tulsa County highlighted areas of improvement in response to the Trauma Audit conducted last year: Lucy-the-therapy-dog, mediation, court observation, data collection and analysis, family-friendly environmental changes, DHS employee recognition awards, shackling policy, and dually adjudicated youth process graph. It became apparent to the Tulsa County team that we have actually excelled in attaining the majority of our goals! Much appreciation to the responsiveness of Justin Jones in allowing us to attain these achievements and to Hayley Garrison for the preparation of our presentation!

Drug Court Graduation

The Family Drug Court program held their third graduation this fiscal year in April. Big congratulations goes out to our most recent graduate. She has worked very hard towards regaining custody of one of her children and will continue to work towards gaining custody of her other children. We wish her the best!
The Phoenix Rising Alternative School Foundation can make a difference one dollar at a time!

Go to https://tulsacrf.org and click "Give Now" then choose "Phoenix Rising Foundation." Or give a check to your supervisor.

Juvenile delinquents are **13%** less likely to graduate high school

They are **22%** more likely to drop out of high school than their peers

20% of PRAS Youth have or currently are experiencing homelessness

60% of colleges consider arrest records when reviewing applications

Education plays a **critical** role in the rehabilitation of juveniles