

Northern Illinois Academy (PRTF)

Personnel Files/Staff Interviews

The personnel files were well kept and met the standard for Oregon programs regarding background checks (completed annually) and training documentation. Staff and management appeared to be genuinely interested in their youth, knowing details about each individual we walked by during the tour. The youth also appeared to have a close relationship with all the staff, as evidenced by engaging in communication as we toured and knowing the upper management staff's names. Overall, staff appear to be well trained. Additional areas of notice:

- During the tour and interview, staff did not appear to be "worn down" as is the case in many Oregon programs. This was attributed to the ongoing effort for retention, and how they are structured under management. Each staff meets with their supervisor on a weekly basis for a brief meeting, then each month to review employee development. This continues throughout the various staffing levels.
- Staff reported feeling adequately trained and it appears they are offered regular, ongoing trainings. In reviewing training documentation, it was found that the program has a strong trauma informed training approach.
- Staff's report of the policies/procedures was consistent with the information provided by management and as written in the policies.
- Staff receive two weeks of onboarding, including classroom learning and shadowing a supervisor or seasoned staff on the floor. If the supervisor/seasoned staff feels the new hire has not met competency in any area, they will continue training and will not be placed on the floor. They are adjusting their training module to include shadowing staff in between classroom training in effort to reduce the number of staff who quickly turnover after starting (in other words, providing first-hand experience so staff know what to expect earlier in their training).
- The program is working toward having all their clinicians certified as trauma specialist from the International Association for Trauma Professionals within the next year.

Facility:

The facility was clean and well laid out, allowing for good sight lines and maximizing the staff's ability to supervise youth within a larger area. It utilizes a camera system and 15 second delayed egress. The bedroom doors are locked from the outside, but not inside, allowing staff to keep youth within full vision rather than out of sight in their assigned rooms. The facility had a laundry unit on each dorm, which was fully locked, and youth are not allowed access without direct supervision (based on ability and safety), allowing the staff to maintain a clean environment while providing supervision. The facility had a gym and an impressive outdoor space which is fenced to increase safety.

- The facility is in the process of replacing the floors and furniture. The current floors are difficult to clean and thus appear dirty, even after being immediately cleaned by staff. They also hope to reduce noise and increase the warmth of the facility with the new flooring. The program is also working to replace some of the furniture to a darker color, so it does not appear worn or stained as quickly, again improving the overall look and feel of the units. Finally, they are replacing the

last of the wooden furniture with plastic to reduce the opportunity for self-harm, increase cleanliness and prevent the youth from harming others by throwing the light-weight furniture.

- Not only did the facility have adequate sensory items to meet the various needs of clients (including multiple sensory rooms), but also included a large occupational therapy room with a variety of equipment to meet a long list of needs. (Their occupational therapist was amazing!)
- The facility uses small rooms without doors to offer space for the youth, separate from their peers to prevent escalations ("calming room"). The youth are fully monitored by staff, who are standing in the doorway or just inside the room to provide supervision while encouraging youth to use their coping skills. Youth are NEVER left alone in these rooms or allowed out of sight from staff while taking space.

Behavior Management: It was found that the facility has been utilizing chemical restraints, both by oral and IM injection. In recent months, they have started tracking how many restraints are oral vs how many are IM (previously they were only tracking the chemical restraints in totality, an average of 4 per month). The staff appear to only be utilizing chemical restraints as a last resort after multiple physical restraints ("back-to-back") are unsuccessful, and consistently follow the protocol in place to utilize the IM injection. The program uses Therapeutic Crisis Intervention (TCI) for their restraint system. It is an evidenced based practice and the Quality Assurance Manager was a TCI trainer in previous roles, allowing her to better ensure safety while reviewing restraint documentation.

Recreational/Family:

The facility ensures that all youth can go on regular outings, so long as they are not on a safety restriction. This is also the case when making visits to family. The program has a lot of youth from the southern portion of Illinois, so they will bus the youth to a half-way point to meet their parents. They also utilize a video chat service on a regular basis when families are unable to visit in person. Regarding the Oregon youth who were placed at NIA, the staff reported working with their family members regularly and with intensive engagement. They identified extended family resources, connecting the youth to these family members beginning with writing letters, working toward home visits. The program is working to eliminate barriers for the youth's parents, by providing paid transportation to/from Oregon with accommodations for the parent/child.

Policies:

The policies at NIA were equally impressive and well-written, as the policies at Norris Academy. Not only did they meet the standard for Oregon, but they were also written in easy to understand terms and incorporate the culture of the facility. Other areas to note:

- Incident reports are reviewed daily by the quality assurance manager (amongst other documentation for continuity and safety checks) and concerns are immediately addressed directly from her to the staff. The IRs are also reviewed by nursing, who is required to make the necessary notifications, follow up on health checks and provide feedback to the psychiatrist regarding behavior. This documentation appeared to be detailed and the notifications appeared timely.

Youth File/Interview:

The treatment plans were impressive. They were well documented and clearly written, allowing for an easy review of the youth's progression through the program, and justification for remaining in the program. The goals were clearly identified and obtainable, including who was monitoring the plan and how it was measured. The Master Service Plan is completed within 7 days of intake (an initial service plan completed on intake), and then updated every 28 days.

Concerns: There were no concerns at this facility, except for the use of chemical restraints. However, there was no indication this practice was utilized for the Oregon youth or in an excessive/unsafe manner. The program appeared to be consistent in their practice, focus, culture, and documentation. The policies translated to the actual work which was being accomplished and the staff were genuinely interested in the well-being of the youth. The upper and lower management were well connected, which appeared to lessen burn out and inconsistencies in meeting the clients' needs. Lastly, they were extremely knowledgeable and well-trained in trauma informed practices, behavior management, safety and regarding the specific population served within the facility.