



WHAT'S WORKING

A Message From DJJ Director Andy Block

Jan. 19, 2016

Setting The Table For Success

Intake Units At JCCs Prepare Residents For The Possible Roads Ahead Of Them

Bienvenido Cataquet has seen a lot of rehabilitation programs come and go in his 30 years working with both adults and children. But when he learned about the Community Treatment Model and started applying it as a Resident Specialist II in his daily interactions with youth coming into Beaumont JCC's A100 intake unit, he knew he was witnessing something special.

"I've never seen one work as well as this one," Cataquet says. "It's a smaller population, we get more time with the residents, we communicate better with other employees. With the social skills I've learned, I really get to understand the residents' backgrounds and where they've come from. And it better serves the child."

"We're what we call their 'first parents' – we catch them when they come right off the streets," says RS-II Andre Booker of Bon Air's intake Unit 65. "Our job is to develop a quick rapport, so we can feel what a kid is going through."

Establishing strong, trusting relationships is one of the key features of DJJ's new intake process. The Central Admission and Placement (CAP) unit starts by performing commitment acceptance reviews, evaluations and assessments of residents before assigning them to a JCC intake unit. In their first few days in the JCC, new arrivals quickly learn about the options that could await them, often depending upon behavior and how hard they work to "stay clean."

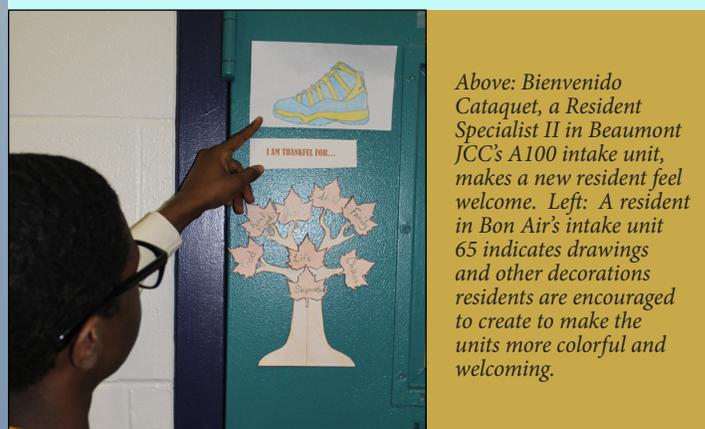
"New kids are told right from the beginning about the Community Treatment Model and what they can look forward to if they are chosen to be in one of the new units being formed," says Bon Air's Community Manager Dean Sperry. "We use it as an incentive. They also can see the differences for themselves when they interact with the kids already in the new units."

Sperry says he and his staff make sure to allow



"Believe it or not, 90 percent of the residents want help. They just have a different way of telling you."

*– Bienvenido Cataquet, Resident Specialist II
Beaumont JCC Intake Unit A100*



Above: Bienvenido Cataquet, a Resident Specialist II in Beaumont JCC's A100 intake unit, makes a new resident feel welcome. Left: A resident in Bon Air's intake unit 65 indicates drawings and other decorations residents are encouraged to create to make the units more colorful and welcoming.



Above left: Bon Air Intake Unit 65 staff, standing from left: Community Manager Dean Sperry, Resident Specialist (RS) II Lakeasha Moore, Central Admission and Placement (CAP) Unit Supervisor Sylvia Alston, CAP Unit Counselor Rhonda Jones, RS-II Andre Booker. Seated, from left: Community Coordinator Brenda Hodges, RS-II Stephanie Williams. Above right: Beaumont Intake Unit A100 staff, from left: RS-II Crystal Bland-Stephens, Unit Counselor Kristen Ellis, Office Services Assistant Tatia J. Williams, RS-I Donna McCall, RS-II Bienvenido Cataquet.

Additional JCC Intake Units Staff

Felicia Bryant, RS-I, Bon Air JCC
 Darlene Carlyle, RS-I, Bon Air JCC
 Dr. Dominica J. Campbell, Psychology Associate, Beaumont JCC
 Amy Carroll, Counselor, Bon Air JCC
 Shawn Deel, RS-I, Bon Air JCC
 Melinda Donahue, Supervisor, Bon Air JCC
 Anika Geter, RS-II, Beaumont JCC

William Hawkes, RS-I, Beaumont JCC
 Tawnya Hayes, RS-I, Bon Air JCC
 Agnes Ijasan, Counselor, Bon Air JCC
 Aysha Ives, Psychology Associate, Bon Air JCC
 Dr. Livia Jansen, Psychologist, Bon Air JCC
 Kathy Kirven, Counselor, Bon Air JCC
 Melvin Lomax, RS-I, Bon Air JCC
 Adrian Redford, RS-I, Beaumont JCC

Rodney Scott, RS-I, Bon Air JCC
 Brenda Thorne, Counselor, Bon Air JCC
 Terror Thorne, RS-I, Bon Air JCC
 Meghan Turner, RS-I, Beaumont JCC
 Locksley Williams, RS-I, Bon Air JCC
 Dr. Vernita Williams, Psychology Associate, Beaumont JCC
 Shonda Wilson, RS-II, Bon Air JCC

youths in the general population to observe, and sometimes participate in, Community Model activities in hopes that new arrivals will want to try to earn a spot in a Community Treatment Model unit.

Beaumont's Unit A100 Counselor Kristen Ellis has found herself enjoying the relationships she has formed as much as some of the residents she serves. "This has turned out to be exactly where I need to be, and where I seem to be thriving," Ellis says. "I get up every day wanting to go to work. The hard part for me is having the residents leave after 21 days because of the trust you have established."

Beaumont's Community Manager Kelvin Providence has observed the new intake process take on a personality of its own – one that he believes is better for all concerned. "I would say that streamlining the intake process helps ease some of the apprehensions, fears and myths the youth encountered during the

previous process," Providence says. "We also give the youth an opportunity to interact and adjust to the facility which in turn prepares them for integration into the community model approach. This process is imperative to successful adjustment once placed into a community."

Cataquet says the Community Model has helped him realize that

being able to establish a bond of trust from the beginning is the most critical ingredient in the program's success. "Believe it or not, 90 percent of the residents want help. They just have a different way of telling you," he says. "I truly believe that if we keep on doing it the way we're doing it now, recidivism among youth will go way down."



Left: "Our job is to develop a quick rapport," says Bon Air RS-II Andre Booker. Right: "I get up every day wanting to go to work," says Unit A100's Counselor Kristen Ellis.