Louisville Metro Youth Detention Services
Conditions Assessment Narrative Report

September 2017

Center for Children's Law and Policy

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INTRODUCTION

In May 2017, Louisville Metro Youth Detention Services (LMYDS) and the Kentucky Department of Juvenile Justice (DJJ) jointly agreed to have the Center for Children's Law and Policy (CCLP) in Washington, DC, conduct an assessment of conditions at LMYDS's secure juvenile detention facility (for the remainder of the report, the team will use the acronym "LMYDS" to refer to the secure detention component of LMYDS's operations). CCLP's staff and a team of experts conducted the inspection of LMYDS following inspections of three juvenile detention facilities operated by DJJ. This narrative report, along with the corresponding assessment checklist, constitutes the team's findings and recommendations from its assessment of LMYDS.

METHODOLOGY

The assessment team consisted of the following:

- **Mark Soler**, Executive Director, Center for Children's Law and Policy
- **Jason Szanyi**, Deputy Director, Center for Children's Law and Policy
- **Jennifer Lutz**, Staff Attorney, Center for Children's Law and Policy
- **Andrea Weisman**, Ph.D., Consultant and Mental Health Expert
- **Michael Cohen**, M.D., Consultant and Medical Expert
- **Peter Leone**, Ph.D., Professor, Department of Counseling, Higher Education, and Special Education at the University of Maryland, and Education Expert

The members of the team have significant experience conducting conditions of confinement assessments. Mark Soler has worked on juvenile justice reform, with a special focus on conditions of confinement, for nearly 40 years – 28 years at the Youth Law Center and the last 11 as founder and Executive Director of CCLP. Jason Szanyi has worked at CCLP since 2009, where he has focused on improving conditions in juvenile justice facilities. He has particular expertise in implementation of the Prison Rape Elimination Act (PREA) standards for juvenile facilities. Jennifer Lutz has been a staff member at CCLP since 2015, where she manages the Center's campaign to end the solitary confinement of youth and trains individuals on conditions in juvenile facilities. Dr. Andrea Weisman has experience directing health and behavioral health services in juvenile and adult facilities in Washington, DC, and Maryland for two decades and has served as a mental health consultant to the U.S. Department of Justice and the U.S. District Court for the Southern District of Ohio. Dr. Michael D. Cohen is board certified pediatrician and the former director of medical services for the New York State Office of Children and Family Services. He has also served as a medical expert as part of litigation and investigations involving medical services in juvenile facilities in several states. Dr. Peter Leone is a Professor in the Department of Counseling, Higher Education, and Special Education at the University of Maryland. Dr. Leone has evaluated education services, monitored educational programs, and provided technical assistance in jails, detention centers, training schools, and prisons in a number of states. He is the former Director of the National Center on Education, Disability, and Juvenile Justice at the University of Maryland.

On August 17 and 18, 2017, team members conducted an on-site assessment of LMYDS. Following a tour of the facility, the team engaged in interviews, observations, and review of records at the facility. As part of the assessment, team members interviewed facility administrators, medical staff, social workers, youth workers, maintenance and food service staff, educational professionals, youth, and other staff. Prior to the on-site visits, team members requested and received policies, incident reports, grievances, data reports, and a wide variety of other records about LMYDS's operations.

When conducting the assessment, the team used the most demanding set of standards for juvenile detention facilities in this country, the Annie E. Casey Foundation's Juvenile Detention Facility Assessment Standards. The standards were co-authored by CCLP and the Youth Law Center for the Foundation's Juvenile Detention Alternatives Initiative (JDAI). The standards are used to assess and improve conditions in over 300 JDAI sites in 39 states and the District of Columbia. Jefferson County, Kentucky, is a JDAI site, although LMYDS had not yet conducted an assessment of LMYDS using the JDAI standards.

The JDAI standards have been cited in investigations by the U.S. Department of Justice's Civil Rights Division. They have also served as the basis for federal and state legislation, as well as many agencies' policies. For example, CCLP staff worked with legislative task forces in Louisiana and Mississippi in recent years to help those states develop comprehensive mandatory statewide standards for their juvenile facilities following numerous lawsuits and concerns about conditions in those states.

The Detention Facility Assessment Standards were initially released in 2006 and revised in 2014. The standards were developed following an extensive review of applicable federal statutes; federal and state court decisions; settlement agreements in conditions of confinement lawsuits brought by the U.S. Department of Justice and public interest law offices; professional standards, including those of the American Correctional Association, the National Commission on Correctional Healthcare, and Performance-based Standards; best practices in jurisdictions throughout the country; and consultation with over three dozen recognized subject matter experts, including former facility administrators.

The standards are organized into eight categories that cover all major areas of a facility's operations and use the acronym CHAPTERS:

- Classification and intake;
- Health and mental health services;
- Access to family and counsel through mail, telephone, and visitation;
- Programming, including education, special education, recreation, and religious services;
- Training and supervision of staff;
- Environment, including issues related to sanitation and the physical plant;
- Restraints, room confinement, due process, and grievances; and
- Safety of youth and staff in the facility.

The team used these standards to prepare this narrative report and a checklist of conformance or non-conformance with each individual JDAI detention facility standard.

There are inherent limitations in this type of assessment. The team did not interview every staff member at the facility, nor did it visit the facility over an extended period of time. Nevertheless, the comprehensiveness of the assessment standards; the extensive interviews conducted with administrators, staff, and youth; the experience of the members of the assessment team, the review of available data and records; the observations made throughout the facility; and the receipt of consistent information from multiple sources provided a strong foundation of information for developing this report.

In addition, the assessment process inherently focuses attention on areas of concern, and may not fully explore all of the strengths in the facility. The assessment team appreciates the effort that LMYDS Director Dr. Ursula Mullins, Assistant Director Erica Day, Quality Assurance Director and PREA Coordinator Toni Rice, Executive Administrator Stytisha Claycomb, their staff, and others put into making the assessment process a success. We extend special thanks to Toni Rice and Stytisha Claycomb, who spent significant time and energy preparing for and coordinating the team's assessment among their many other responsibilities.

GENERAL STRENGTHS

Several aspects of operations of LMYDS are excellent. We will discuss these in detail in the body of this report. First, we want to point out some overall strengths of facility operations.

LMYDS has an energetic and highly motivated leadership team that is interested in raising the level of practice at the facility. The team was very impressed with the leadership team at LMYDS under Dr. Ursula Mullins and Erika Day. Although Dr. Mullins is relatively new to her position and to the juvenile justice field, she and other senior staff, including Erika Day, Toni Rice, and Stytisha Claycomb, are clearly motivated to tackle longstanding problems at LMYDS and introduce new programs and resources that will improve conditions for youth and staff. Additionally, Dr. Mullins brings a background in developmental psychology to the facility, a significant asset that will help the leadership team shift toward implementation of policies and practices that are consistent with adolescent development. We were encouraged to see administrators taking advantage of existing networks of juvenile justice professionals, such as the JDAI community and the American Correctional Association. We are committed to working with facility leadership to identify peers and learning opportunities that can help the team advance its mission and vision for the facility.

Many senior staff demonstrate high levels of skill and professionalism. LMYDS has senior staff members who have a spent many years working at the facility, and it was obvious that many staff members took great pride in their work with young people. The experience and dedication of staff was apparent in our conversations with these senior staff members. As mentioned below, these staff members have worked to operate the institution in the face of significant staffing challenges and a shortage of mental health resources.

Administrators and staff have shown creativity in using limited resources to enhance programming. The team was impressed with the recent efforts that administrators have made to bring new programming and resources to the facility. The team learned about the introduction of new programming for youth, as outlined in the Programming section below. The team also observed the new murals in the courtyard, which were designed and completed with the help of youth at the facility. The murals help convey a sense of positivity and hope in a building that is structured to be a secure detention facility. Finally, the team also learned about administration's efforts to bring in supportive resources for staff members. For example, the team learned that the facility had offered massages to staff during the week prior to our assessment.

LMYDS has good data collection capacity on a number of key indicators for the facility. The team was impressed with the level and detail of data collection at LMYDS. Being able to collect and analyze data on trends and problem areas at the facility is a significant strength. As outlined in other points in this report, we believe there are areas where additional data collection and analysis could further strengthen management and oversight of conditions at LMYDS.

LMYDS's physicians and their connection with the medical program at the University of Louisville are a significant asset in meeting the medical needs of detained youth. As described greater detail below, the robust connection between the facility and the local university hospital system in Louisville provides a greater degree of access to specialized evaluations and medical services than most juvenile detention facilities can offer. We do have significant concerns about particular aspects of LMYDS's medical services, but the relationship between the facility and the University of Louisville School of Medicine is a particular strength.

Other strengths of LMYDS's operations are discussed below in the body of this report, which is organized according to the CHAPTERS framework.

GENERAL AREAS OF CONCERN

During the assessment, the team identified a number of concerns that impact all aspects of facility operations. We raise these issues here, as they provide significant context for the entire report.

Staffing shortages and high staff turnover at LMYDS are hindering the ability to supervise youth in a safe and humane manner. The team was very concerned with LMYDS's ability to recruit and retain qualified and dedicated youth workers. The demands of a very difficult job, have meant that the facility has a high rate of staff turnover (38%), notwithstanding LMYDS's efforts to offer a higher rate of pay than comparable positions at other agencies and facilities. A lack of adequate mental health resources, as outlined below, also contributes to a feeling of burn-out among line staff, as line staff are expected to manage youth with complex mental and behavioral health problems. High rates of staff turnover have meant that staff who do remain are expected to work longer shifts or double-shifts on a regular basis, which contributes to levels of stress, exhaustion, and low morale. Indeed, LMYDS anticipated spending over 12% of its budget for fiscal year 2018 solely on unscheduled overtime. These staffing concerns are a serious problem that jeopardize the safety of youth and staff at the facility. They also contribute to the extensive and inappropriate use of room confinement, outlined below.

LMYDS houses many youth with significant mental health needs, but access to mental health professionals is extremely limited. Staff and administrators at LMYDS were the first to admit that the facility does not have access to adequate mental health services to address the mental health needs of youth. As outlined below, the facility had just one designated on-site mental health staff member at the time of our assessment, and that individual was not a qualified mental health professional. The lack of adequate qualified on-site mental health professionals jeopardizes the safety of young people with mental illness. It also places an unfair burden on staff, who are required to manage the behavior of very troubled youth without guidance and support from professionals with expertise in working with youth with mental health problems.

The use of room confinement jeopardizes the safety and well-being of youth. As mentioned above, significant staffing challenges, when coupled with a lack of adequate on-site mental health resources, have led to a significant over-use of room confinement at LMYDS. Minor incidents often escalate into situations where staff end up applying room confinement as a disciplinary sanction. Youth with mental health problems can see those problems worsen while

in room confinement, which raises the possibility of youth engaging in self-harming behaviors. Additionally, youth in room confinement may not receive access to legally required services, such as educational services and recreation. We were particularly concerned about the use of room confinement on the girls' unit, which we outline in greater detail below.

Youth at LMYDS are not receiving legally mandated general and special education services. Educational services are often an area of weakness in juvenile detention facilities because of the fluid and wide-ranging nature of the detained population and difficulties coordinating with local school districts. However, the quality of education and special education services at LMYDS, provided through the Jefferson County Public Schools, is lacking in many different areas (with some exception for educators who are clearly doing their best to provide meaningful instruction in a challenging environment). The lack of adequate educational services for youth at LMYDS, such as the inability to provide in-person classroom instruction to more than half of youth at any given time, violate federal and state law. Some of these problems stem from operational issues at the facility, such as the need to manage multiple court orders requiring separation of certain youth at the facility. However, these operational challenges must be resolved in a way that ensures that all youth have access to legally required general and special education services.

Several recent substantiated incidents involving reports of sexual misconduct or otherwise inappropriate behavior by staff raise serious concerns about hiring practices and training and supervision of staff. While the team was very impressed with the facility's work to implement and operationalize the Prison Rape Elimination Act (PREA) standards for juvenile facilities, we were alarmed at the number of substantiated PREA incidents. From November 2016 to August 2017, LMYDS had 6 reported PREA incidents, 5 of which were sustained or substantiated. LMYDS did a thorough and appropriate job of responding to these incidents, and the fact that the incidents were detected in the first place speaks to the importance of the facility's PREA compliance work. Additionally, it is important to note that the incidents did not involve allegations of alleged abusive physical contact by staff. However, the fact that some incidents involved recent hires who crossed professional boundaries in their interactions with youth (one of whom did so over an extended period of time) raises questions about screening during the hiring process, training of staff on red flags and warning signs in their interactions with youth, and supervision of newly hired staff. This was a particular area of concern given that there may also be incidents that have gone unreported, notwithstanding the facility's PREA compliance efforts.

Staff and youth consistently complained about the quality, quantity, and timing of food service at LMYDS. The team reviewed many grievances related to the quality and quantity of food provided to youth prior to arriving on site. Interviews with staff and youth, coupled with the team's experience with the meal service while on site, provided additional information about shortcomings within the food service and delivery system at LMYDS, which is contracted through Trinity Services Group. The team recognized that the kitchen had implemented a new menu recently with the goal of remedying long-standing areas of concern. The team also learned about significant staffing shortages in the kitchen, coupled with the recent departure of the facility's food service manager. While the team acknowledges these challenges, we found that there were serious concerns about the quality, quantity, and timing of meals at LMYDS. As any

juvenile facility administrator knows, problems with these areas of food service lead to hungry and unhappy youth, who are more likely to engage in disruptive behavior.

The physical plant at LMYDS suffers from significant shortcomings, and the facility would benefit from heightened attention to sanitation protocols. Administrators and staff at LMYDS are all too familiar with the challenges presented by the facility, including chronic maintenance problems, inconsistent air and water temperatures, lighting problems, and other problematic conditions. There is, unfortunately, no easy remedy to these problems in a facility of this age, but LMYDS could certainly benefit from additional resources directed at preventive and corrective maintenance. Additionally, the facility relies upon youth for a significant amount of sanitation services that would otherwise be provided by janitorial staff. The team observed parts of the facility that were not adequately cleaned and sanitized under the current policies and protocols.

CLASSIFICATION AND INTAKE

Detention can be highly stressful and potentially traumatic event for a young person. From the moment the youth arrives at the facility, staff need to gather information quickly, make critically important decisions, and address the young person's emotional, health, mental health, and physical needs. The Classification and Intake section addresses these "front end" considerations, including intake, criteria governing who comes into detention, housing and programmatic assignments to keep youth safe, and mechanisms to reduce crowding and unnecessary detention. This section also covers the orientation process necessary for youth to understand what to expect in the facility, what rights they have, and how to ask for services or help.

In the general observations above, this report notes the strengths that experienced staff bring to this facility. In the Intake area, the team was particularly impressed with key senior staff, who are clearly very knowledgeable and resourceful. The team appreciates the time they took to answer questions and provide explanations.

Overall, the intake, orientation, and classification process seems to work well. The accompanying checklist identifies some areas in which the facility does not meet the JDAI standards. Some of these involve adding or re-writing sections of the Resident Handbook. The absence of a qualified mental health professional is a concern with respect to asking youth about sensitive information such as prior sexual victimization or abusiveness. In addition, the facility should have written language access and ADA plans, in addition to facility policies, that outline how accommodations would be made for youth with limited English proficiency and youth with disabilities.

> **Recommendation:** Hire a qualified mental health professional and give that person responsibility for eliciting sensitive information from youth during intake.
>
> **Recommendation:** Develop a written language access plan and ensure that staff are familiar with the plan.
>
> **Recommendation:** Develop a written Americans with Disabilities Act plan and ensure that staff are familiar with the plan.

Some portions of the Resident Handbook use language that is vague or vocabulary that may be difficult for youth to understand. For example, on page 3:

> The Youth Detention Center is neither a punitive institution nor a treatment center. The Youth Detention Center is a community, which encourages cooperation and mutual respect between youth and staff.

As another example, on page 5:

> You are expected to take advantage of programs and services offered upon admission.

And on page 10:

> Staff will <u>not</u> use physical confrontation, verbal harassment, degrading work, or interference with sleep, eating, or bodily functions as consequences.

The team has no problem with the content of these sections, only with the vagueness or level of language used. Other parts of the Resident Handbook are helpfully direct. For example, on page 4, under "Responsibilities While In The Youth Detention Center:"

- Treat others with respect and be courteous.
- Follow the rules, procedures, schedules, and directions of staff.
- Address staff as Mr. or Ms. at all times.

The Resident Handbook is twenty-seven pages of often dense text, which may present a challenge for many youth in terms of maintaining focus and interest. The Resident Handbook could be more interesting and accessible for youth if it contained pictures, graphics, and other design elements such as variations in font size and style.

> **Recommendation:** Review the Resident Handbook, add missing provisions identified in the checklist, and revise language that is vague or vocabulary that may be difficult for youth to understand. An example of revising language to make it more youth-friendly and developmentally appropriate is the Washington Judicial Colloquies Project, *A Guide for Improving Communication and Understanding in Juvenile Court* (Team Child 2012), in which judicial colloquies with youth were revised to make the language more understandable and accessible.

> **Recommendation:** Make the Resident Handbook more interesting by addition of pictures, graphics, and other design elements.

HEALTH AND MENTAL HEALTH CARE

Youth often come into detention with medical and mental health conditions needing prompt attention. Many youth have not received adequate health care in the community and have unrecognized health needs. Other youth have chronic medical or mental health care needs. Still others have care needs arising from the incident leading to detention. The Health and Mental Health section highlights key elements in meeting the medical and mental health needs of youth, including initial screening for medical and mental health problems, full health assessments, ongoing health services, emergency services, and mental health services.

During the site visit, assistance was provided by the staff nurse manager and the medical contractor's regional health services administrator. Two staff LPNs on duty during the site visit were also interviewed, as well as one of the medical doctors, the identified contract mental health staff, and the psychiatrist. All of the staff provided valuable support and assistance to complete the assessment of health and mental health services.

There are strengths of the medical program at LMYDS. The nurse manager has been in her position for only a few months, but staff and consultants noted that significant improvements in operations have occurred since she took over management of the clinic. Also, the contracted physicians from the University of Louisville Department of Pediatrics are providing excellent care for youth, including access to the health records of youth enrolled for care in the University's network of health providers, and to specialty services at the University's affiliated hospitals.

ADMISSIONS SCREENINGS

Admissions screening for youth admitted to secure detention is performed by intake staff. Staff use a standard questionnaire that includes medical and mental health questions. They have been trained on the health-related questions they are to ask. A nurse is available by telephone to respond to questions from the intake staff or to come to the intake area to assess a newly admitted youth with an active medical problem.

The JDAI standards require initial screening to be performed by a licensed health professional. The logic behind this requirement is that a health professional will be better able to follow-up immediately on positive responses to the questions. A licensed health professional will have better judgment about how to respond to the information that is obtained.

> **Recommendation:** Staffing with an additional RN or LPN on two shifts, 7 days a week would allow for most admissions to be screened initially by a licensed health professional on duty at the time of admission. In that case, only admissions between 11p.m. and 7a.m. would have to have initial screening by youth worker staff.

In order to continue medicines in the facility, the nurse must contact a physician for orders. Medicine brought in from home is examined and the pills are identified by the nurse to confirm it is the correct drug stated on the bottle. If no medicine is brought in, a new prescription must be ordered from the contract pharmacy, which takes from one to three days depending on weekday

or weekend orders. If the youth's medicine is not on the health contractor's formulary, prior approval for off-formulary medicine must be obtained from the contractor's pharmacy program. This may take up to another 24 hours.

There is also a backup local pharmacy for same-day filling of prescriptions that are urgently needed, but there are no established criteria for medicines that must not be discontinued abruptly (such as antibiotics, some psychiatric medicines, and hormones). These must be ordered from the backup pharmacy.

The facility physician interviewed at the site visit reported that it may take up to three days to obtain a prescription needed to continue a youth's medicine.

> **Recommendation:** The agency quality improvement program should do a well-crafted audit to determine what proportion of youth are getting their medicines continued without interruption and the reasons why they do or do not. Analysis of the audit results should help direct attention to the specific issues that need to be resolved to meet this standard. For example, are medicines started promptly when parents bring in their child's prescription bottles? Are medicines delayed because there is no nurse on duty? Because a physician cannot be reached to give an order? Because the pharmacy did not deliver the medicine until the next day or later? Because of prior approval requirements? Other reasons? This analysis will suggest solutions, such as greater use of the backup pharmacy to get initial doses promptly while waiting for the full prescription to be filled by the contract pharmacy.

More attention should be paid to defining which medicines must never be discontinued abruptly. Some will have dangerous side effects if discontinued suddenly, such as reactive high blood pressure when antihypertensive drugs are abruptly discontinued. Some youth may be at risk for a dangerous mental health crisis if their medicine is discontinued at a critical time such as arrest and detention. Effective advance planning to recognize such situations and obtain the needed medicine is needed.

> **Recommendation:** Determine which medications should never be discontinued. Create a plan to ensure that such medications are available upon a youth's admission and that medical staff do not discontinue those medications.

FULL HEALTH ASSESSMENTS

Youth often have abnormal visual acuity, but do not have glasses to correct their vision. Corrected vision is necessary to participate fully in school and other facility programs. The standards require routine vision screening to identify youth in need of glasses. Those youth must then be referred to optometry for a formal vision examination and prescription of corrective lenses.

> **Recommendation:** Nurses should provide routine screening of visual acuity on admission. The facility already has a Titmus brand vision screening device. Alternatively, a standard wall chart for vision screening can be used. Vision screening results must be

documented in the health record, noting whether the youth has previously been prescribed glasses, and whether the test was done with glasses or without.

Youth admitted to juvenile justice programs are often medically neglected and may never have been tested for hearing deficits. Hearing deficits can be inherited, or acquired due to ear trauma or prolonged exposure to very loud music. Even a seemingly minor issue, such as reduced hearing due to obstruction of the ear canal with wax, can have an impact on school performance and response to instructions during programming at the facility.

No formal hearing screening is included in the admission medical assessment at LMYDS. Formal hearing screening is necessary to recognize unilateral hearing deficits and high frequency deficits that may result from high volume trauma. Simply observing that a youth appears to hear speech during an interview is not adequate hearing screening. Formal hearing screening is performed using pure tones at various frequencies and loudness, with established criteria for determining when a youth has failed the test.

Recommendation: Formal hearing screening should be provided using a pure tone generator such as the Audioscope from Welch-Allyn. This can be done by nurses as part of the admission health assessment. They should be trained on the proper use of the instrument and the criteria for a failed test. Youth who fail the test should have their ear canals examined and cleaned when they are obstructed with wax. Those who still fail retest after ear canal cleaning need to be referred to audiology for formal testing by a hearing professional.

Immunizations are provided to prevent formerly epidemic childhood diseases, such as measles, mumps, German measles, polio and chickenpox. They are also provided to prevent serious illnesses of children and adults such as tetanus, diphtheria, meningitis, and certain cancers. Some immunizations are required for entry into schools, but not all recommended immunizations are school requirements. Public health authorities make annual recommendations for immunization of children and adolescents, as well as catch-up schedules for those who did not receive their immunizations at the recommended ages. Primary care health care providers are expected to assess immunization status of their patients and bring them up to date for their age according to the latest public health recommendations. Immunization for influenza is recommended annually for all ages to prevent epidemics that cripple the economy and threaten the very young, the very old, and the disabled.

The standards require review of each youth’s immunization history and provision of updates in accordance with current public health recommendations. No immunizations are provided at LMYDS at this time. No one interviewed at the facility seemed to know exactly why. It has never been done was one reason given. Someone once thought they needed parental consent, but the court order gives temporary guardianship to the facility director, so only her consent is needed. Immunization records are obtained from school, but this is not a complete list of all immunizations received, only those required for school entry. There is a statewide registry of childhood immunizations, but the facility health staff do not have access to it.

Recommendation: Provide needed immunizations to youth based on review of readily available records of their immunization history. The facility health program, like any other primary care provider in Kentucky, should participate in the statewide immunization registry to obtain records of prior immunization and to update the youth records when immunizations are administered. Free vaccines are available for detained youth from the federally supported Vaccines for Children program, administered by state public health authorities. Any health care provider that treats children and adolescents can participate. The program requirements include safe storage of vaccines in refrigerators and freezers with temperature monitoring to ensure that vaccines are not wasted.

Recommendation: While it does appear that parental consent is not needed to immunize detained youth, parents should be informed of the need for immunizations and given the opportunity to opt out if they so choose.

MEDICAL SERVICES

Juvenile detention facilities need a health program that is organized and administered with attention to the needs of children and adolescents. In contrast to adult jails that often provide only the bare minimum acceptable health care, juvenile detention centers have attempted to provide comprehensive primary care to youth so they continue to grow, develop, and mature to the best of their ability, while in care and after release.

Medical, dental, and psychiatric care at LMYDS is provided by Correct Care Solutions (CCS). CCS is a large company with contracts to serve adult populations in jails, prisons, and immigration detention centers. The company website states their contracts cover a variety of medical, dental and mental health services for 250,000 prisoners. CCS is a for-profit corporation that makes money by "controlling" the costs of health care for prisoners. LMYDS seems to have been added onto an existing contract with CCS for services at the local jail.

The team heard that when CCS began operation of health services at LMYDS, all of the well-established adolescent forms were abandoned and the company's standard electronic health record (EHR) forms replaced them. The EHR forms are only cosmetically adapted to youth. The team found that the health program appeared to be a program for an adult jail that had been poorly adapted to the needs of a juvenile detention center. Some examples of problematic practices observed during the brief on-site assessment include the following:

- Staffing was minimal and was dominated by the least qualified nursing titles (LPN) for the advanced primary care role of a facility nurse. Some LPNs do a good job and have excellent assessment skills based on experience and dedication to their profession. Some do not.

- The respiratory illness assessment guideline was identical for both "Juvenile" and "Adult" protocols on the EHR.

- A newly revised admission history and physical examination screen still does not include basic sections, such as the Assessment where the examining medical provider sums up the patient's health needs and the Plan, where needed diagnostic tests, consultations, treatments, follow-up and patient education are discussed.

- The company pharmacy dispenses only in plastic screw top containers instead of unit-dose blister cards.

- The company formulary omits certain psychiatric drugs commonly used for children and youth. The program requires off-formulary prior approval to continue a patient's usual medicine, with delays in re-starting treatment.

- The sick call request form states to youth that there may be financial charges for seeking health care, and the nurse response section of the form has check boxes for "charges" or "no charges."

- Nurses write only minimal notes on the sick call request instead of progress notes documenting the complaint, clinical observations, the nursing assessment, and the management plan.

  Recommendation: Take a close and critical look at the current contractor's performance as a juvenile detention facility health care provider. Explore whether the local children's hospital's adolescent program would be interested in a broader role at the detention center. At a minimum, consult the adolescent specialists who are currently the facility physicians regarding improvements to the program that will make it more suited to the needs of adolescents.

Nursing care is required to administer medicines, respond to sick call requests, respond to urgent requests from the units or intake, review initial screening information from new admissions, follow-up with families and providers regarding youth medicines, schedule follow-up appointments for new admissions, create a new health record on the EHR, prepare patients for medical and dental clinics, order medicine refills, prepare for transfers and discharges, scan and upload paper documents such as lab and x-ray reports to the EHR, and more.

On clinic days, which currently involve medical clinics two mornings a week and dental clinics one morning a week, the one LPN and one Nurse Manager simply cannot keep up with the demands for nursing care. At a minimum, the nurse manager needs to be able to manage the clinic while a second registered nurse is on duty to provide nursing care to youth.

The physician time was recently reduced from three mornings to two mornings a week. Some time ago, medical clinics were held five mornings a week. During the team's assessment, the physician asked what his priority should be between timely admission medical assessments versus seeing youth with acute complaints referred by the nurses from sick call. He stated that limited time was a problem even when the facility had three medical clinics a week.

> **Recommendation:** More nursing and physician time is necessary to provide adequate services to youth. A careful review of the tasks nurses perform and the tasks that are left uncompleted at the end of each day, week, month, and year will help to determine what staffing is needed. Better control of movement to and from the doctor and dentist clinics may help medical staff complete their tasks more efficiently. More time may not be needed if medical staff have less down time waiting for youth to arrive.

> **Recommendation:** Consider using mid-level providers such as nurse practitioners (NP) to perform the admission health assessment, which would allow the physician's time to be devoted to clinical consultations on diagnostic or management problems referred by the NP, as well as chronic illnesses.

Youth with a history or risk of a truly life-threatening allergic reaction need special attention. Bee stings, certain foods such as peanuts or shellfish, and some medicines may cause life threatening allergic reactions in susceptible individuals. A history of severe reactions to insects, foods, or medicines must be sought and then confirmed, if possible, by family members who observed the events. A blood test to confirm severe allergies may be done, but the history of severe reaction alone should be sufficient to implement a prevention program for a youth.

Prevention includes total avoidance of the allergic substance and availability of an epinephrine auto-injector (such as an Epi-Pen) to immediately treat a life-threatening reaction. This requires the auto-injector to be immediately available wherever the youth may be in program at the time the reaction occurs.

At LMYDS, an epinephrine auto-injector is available, but it is locked in the medicine cart in the medical unit. In an emergency, a nurse with the keys would have to go to the cart, open it, find the Epi-pen, and then go to the youth. The time delay inherent in this approach is a problem. It was not clear what would happen if the Epi-pen were needed after hours when the clinic is closed.

> **Recommendation:** Have an Epi-pen assigned to each youth with history of severe allergic reactions and have that Epi-pen travel with the staff supervising the youth wherever he or she goes. Staff and the youth must be well informed about the allergy, his or her reactions, and the need for prompt treatment with the Epi-pen. The youth should be trained in how to use the Epi-pen and ready to administer it to himself or herself when needed. Youth should also receive an Epi-pen to take home when released.

Movement of youth to and from the clinic in a juvenile detention center frequently presents challenges. The less movement, the safer the facility and the easier the facility is to operate. However, youth need to move about the facility to go to school, meals, recreation, visits, court, the medical clinic, and elsewhere.

It was clear during the site visit that the dentist and the pediatrician had significant down time waiting for youth to be brought to the clinic. The nurses try to assess and manage much of the sick call requests on the units during medicine administration, in part to reduce the need for movement of youth to the clinic for nursing assessments. The psychiatrist does his clinical

assessments of youth in the hallway outside the unit in part so he can see more youth each Friday morning, rather than waiting for them to be brought to the clinic for a confidential interview.

> **Recommendation**: Have two youth workers posted to the clinic during the time that youth are needed for medical, nursing, or dental care. Have one youth worker supervising the clinic waiting area and the youth who are in the exam room. Have the other youth worker moving treated youth back to their unit and bringing the next patient to the clinic waiting area. If the youth workers stay one patient ahead of the doctor, dentist, or sick call nurse, there will be no down time.

The team briefly reviewed documentation of sick call during the site visit. The nurse documented only a single phrase or two on the sick call request form. There was no progress note. The paper request form must be scanned and uploaded to the EHR to become part of the permanent health record, which is then cumbersome to review if the pediatrician later wants to see how a problem presented to the nurses previously and what they did for it. Also, the information recorded is too minimal to be useful.

> **Recommendation:** Document proper progress notes for every clinical encounter. Progress notes should follow the standard format of Subjective (youth's history and description of the problem), Objective (clinical observations by the nurse), Assessment (what the nurse thinks is going on), and Plan (what the nurse will do to manage the problem.

MENTAL HEALTH SERVICES

The facility fails to meet most standards in this section. This is because LMYDS does not have adequate on-site qualified mental health professionals dedicated to the facility, as required by the JDAI standards. There is one staff with a B.S. degree that is contracted from CCS as the on-site mental health provider. However, this person is not able to provide adequate qualified mental health services to all of the youth who require them at LMYDS. In addition, there are three "Social Workers" at LMYDS, all of whom have B.A. degrees and who function as case managers. They are not qualified mental health professionals. Their responsibilities include counting up the points youth receive and filling and delivering commissary orders, facilitating phone calls, checking on youth who are on suicide watch every day, and developing Behavior Improvement Contracts in conjunction with supervisory staff. There is a psychiatrist who comes to the facility one day a week for around four to five hours. In addition, Centerstone, a community service provider, comes to LMYDS several times a week to offer services to youth.

If concerns about a youth's mental health arise during the admission intake process or at any other point during their detention, the social workers and the mental health worker have limited access to community based providers. These providers may come to the facility for a face-to-face assessment of a youth presenting with some acuity. The facility also has access to the Brook Hospital and Our Lady of Peace, which provide inpatient psychiatric care for juveniles.

Without adequate mental health professionals on-site, youth workers are given the responsibility for critical functions mental health staff would otherwise assume. Youth workers administer the

initial intake screening, which includes questions regarding past and current mental health issues and requires careful observation of the youth in completing the assessment. While youth workers receive training on conducting these initial assessments, the JDAI standards require that a qualified mental health professional perform this function.

We were able to conduct in-depth interviews with four youth. One youth had recently returned from a two-week inpatient psychiatric hospital stay. The problem behavior at the time was his swallowing of staples and pencils. Upon interview, he spoke of his extreme depression concerning his losses as he described having seen a friend of his shot and die in front of him. He also spoke of a recent dissociative episode during which he was shaking and talking to himself. The staff at the facility were so confused and overwhelmed by his presentation during this incident that they called a Code 1, which is usually reserved for situations in which there is a perceived imminent security threat to the institution. The youth did not present as a security threat, and he described the rush of staff responding to the Code as terrifying at the time.

This show of force is a completely inappropriate response to a psychiatric emergency. It is largely a product of there not being sufficient and adequately credentialed mental health staff on site to appropriately respond to a youth in extreme distress.

The other three youth we interviewed also suffered one or more psychiatric diagnoses and spoke of their trauma histories. All four youth were on psychotropic medication. There is no question that the majority of youth at LMJDS suffer from both extensive psychiatric histories as well as substantial trauma histories. Their behavior on the units can be extremely challenging. Absent adequate numbers of on-site mental health professionals, youth workers are left to figure out how to manage their behavior.

We were able to attend the annual refresher training for youth workers regarding the mental health issues with which youth present at LMJDS. During the course of the training, most if not all of the staff expressed their fear and fatigue at feeling “out of their league” in dealing with youth who presented with such complex issues. They said they needed more training, more mental health staff on site, and more ways to help them feel appreciated and decompress from working in such a challenging environment with an “awesome” set of responsibilities.

> **Recommendation:** Re-evaluate and re-negotiate the contract with CCS to ensure that they have sufficient number of mental health staff who are appropriately credentialed to make the clinical judgment calls required under the JDAI standards and to respond to youth with mental health problems.
>
> **Recommendation:** Given the reported levels of trauma that youth expressed, it is clear that the introduction of a trauma-focused program designed for use in detention would be to the advantage of youth. One such program is Trauma Affect Regulation: Guide for Education and Therapy (TARGET).[1]

[1] Ford, J., Trauma Affect Regulation: Guide for Education and Therapy (TARGET), National Institute of Justice, CrimeSOLUTIONS.gov, (2011).

The team also had concerns about the Behavior Improvement Contracts that supervisory staff and social work staff jointly develop, which are not adequate. One contract that we reviewed listed the youth's negative behavior (throwing bodily fluids) and then detailed the contractual requirement. In this case, the youth was required to clean the hallway for some period of time and accrue some number of points.

First, it was unclear what staff understood about the origins of the youth's behavior. It was also unclear what the relationship was between the underlying issue that led to the youth's negative behavior and the chosen consequence. Second, the Behavior Improvement Contracts focused on having youth stop engaging in a particular behavior as opposed to focusing on a plan to help a youth develop positive behaviors to replace the negative behavior. Behavior Improvement Contracts should be constructed to reward youth for their production of specific measurable behaviors, incentivizing youth for making incremental progress. The Behavior Improvement Contracts did not reflect these features of effective behavior management plans. The lack of qualified mental health professionals at the facility contributes to this fact.

> **Recommendation:** As referenced above, obtain an adequate number of mental health professionals who can assist with development of effective Behavior Improvement Contracts.

> **Recommendation:** Ensure that Behavior Improvement Contracts clearly outline the replacement behavior or skill that the youth is expected to develop, the incremental and measurable goals that are set as the youth develops the behavior or skill, and the incentives that the youth will receive for making progress toward those goals.

DENTAL SERVICES

Experience in other states has shown that unfilled dental cavities are the most common physical health needs of justice-involved youth. Although acute or urgent dental needs must be addressed promptly, the standards allow detention centers to wait 30 days before initiating routine care. At LMYDC, a dental assessment and development of a treatment plan is scheduled to occur when the youth has been in care for 60 days.

> **Recommendation:** Provide routine dental services to youth in care within 30 days of admission.

SUICIDE PREVENTION AND INTERVENTION

With the exception of standards that expressly require the intervention of a qualified mental health professional, LMYDS meets many standards outlined in this section. We did have a number of concerns related to the practices around suicide watch, the facility's physical plant, and the ability of staff to intervene during a suicide attempt.

While anyone can place a youth on a suicide watch status, only a qualified mental health professional can lower or remove a youth from such status. The process in place at LMYDS is to keep youth on suicide watch status until the psychiatrist can assess their mental state. This means

that if a youth requires being placed on suicide watch just after the psychiatrist leaves the facility, he or she must wait at least a week before being lowered or removed from this status.

This is particularly problematic given the conditions for implementation of a suicide watch. Youth are able to participate in programming during the day. However, at night, as one youth noted, clothing and blankets may be removed. The facility does have suicide smocks and blankets available, but one youth reported being locked in his cell with only his boxer shorts during an incident in 2015. He described the cell as cold and uncomfortable, leading to his further depression. Youth should never be housed in these conditions. Staff informed the team that this youth had been offered a suicide smock and had refused to put it on, which was why he was in his boxer shorts. Staff also informed the team that they had made changes to policy and procedure following this incident to ensure that youth are always given a suicide smock and blanket if clothing and bedding are removed.

In rare instances, youth who require constant monitoring are housed in the intake area. Youth are placed in a cell that has a camera so that these youth can be monitored remotely in addition checks completed by intake staff. While staff said that this arrangement rarely occurred, it is unacceptable. Standards in the field dictate that youth who require constant monitoring be within arm’s length from a staff member who is engaging in one-on-one observation. This means that even during sleep hours, the observing staff sit at the open door of the youth’s cell.

> **Recommendation:** Secure appropriate mental health staffing to respond to youth who demonstrate suicide risk.

> **Recommendation:** Ensure that any youth who has clothing and bedding removed have a suicide smock and blanket in his or her room.

> **Recommendation:** Discontinue video monitoring of youth on suicide watch.

Suicide prevention in residential programs requires attention to unit design and fixtures to identify and mitigate potential suspension points for suicidal hanging. Particularly risky areas include bedrooms, shower rooms, and toilets: places where youth are often left alone and unsupervised.

The team encountered at least one shower room at LMYDS where one of two breakaway hooks designed to give way in response to the weight of an attempted hanging was too stiff and likely to support the weight of a suspended youth. Also, the shower head was not well designed to prevent suspension and likely could be used for attempted hanging.

> **Recommendation:** Critically examine shower rooms, youth rooms, and toilets for fixtures and features that can be used as suspension points for attempted hanging. Among many other fixtures to examine, ensure all breakaway hooks are lubricated and still function as intended, and make sure all shower heads are properly designed to prevent suspension.

A special tool is needed to cut down youth who have attempted to hang themselves with bulky pieces of sheets, towels, or long pants. It must be sharp enough and large enough to cut through a thick bunch of cloth. It must also have a blunt tip and a curved shape to be able to slide safely under a tight ligature next to the skin of the neck. Once in place, the knife is used to cut out, away from the skin. The so-called Hoffman tool is properly designed for this purpose.

The standards require that a cut-down tool be available on every unit for immediate deployment to cut down a youth in an attempted hanging. At LMYDS, the youth worker supervisor had a cut-down knife on his belt on one floor of the facility, so there was one knife on that floor, not one in every unit. Also, the knife was straight and did not have a blunt tip to facilitate passage of the blade under the ligature to cut out away from the skin.

> **Recommendation:** Obtain rescue tools properly designed for attempted hanging and stock a rescue tool on every unit.

The most likely reason to perform CPR on a youth in juvenile detention is suicidal hanging. Even apparently lifeless victims of hanging can be resuscitated if effective CPR is performed within a few minutes of loss of consciousness. Staff at LMYDS have had CPR training and certifications. There is an AED on site, and a most of the medical equipment needed for a successful resuscitation is available in an emergency bag at the clinic. However, there is no hand pump suction device for clearing secretions from the mouth.

> **Recommendation:** Obtain a hand-pump suction device for the emergency bag and train nurses and senior staff on how to use it, as well as the rest of the resuscitation equipment.

Finally, the standards require that parents or guardians be notified within 24 hours of a youth being placed on constant observation. The team did not obtain documentation of this occurring.

> **Recommendation**: Require in policy, procedure, and actual practice that staff notify parents or guardians within 24 hours of a youth being placed on constant observation.

ADMINISTRATION OF PRESCRIPTION MEDICATION

Psychiatric medicines in particular have well-known and potentially serious side effects and medical complications associated with them. For this reason, patients treated with psychiatric medicine must be monitored clinically and with laboratory tests to identify side effects promptly. Effective clinical monitoring requires training of nurses and mental health staff to recognize side effects. Effective laboratory monitoring requires standard lab orders for patients prescribed psychiatric medicines: initially before starting medicines, upon admission when they are already taking medicines, and periodically thereafter (e.g., every three months).

CCS has developed no monitoring protocols for youth prescribed psychiatric medicine. At LMYDS, it is up to the prescribing psychiatrist to order whatever clinical or laboratory monitoring he feels is needed. The contract psychiatrist stated he did not order many labs or do many tests for movement disorders. The doctor stated he ordered metabolic panels on admission for youth prescribed psychiatric medicine, but none were found in the health records. Record

review of youth in care at the time of the site visit showed that no labs or clinical monitoring for side effects had been ordered or performed.

> **Recommendation:** Implement clinical and laboratory monitoring protocols for management of youth prescribed psychiatric medicine. Such protocols can be based on the practice parameters promulgated by the American Academy of Child and Adolescent Psychiatry. However, experience has shown that simpler is better when it comes to monitoring protocols, and it is far simpler to implement a single battery of lab tests and monitoring procedures for all youth treated with psychiatric medicines than to make 10 or 15 different protocols based on the drug or drug class that is prescribed.

CONFIDENTIALITY

Confidentiality of protected personal health information is a basic principle of health care. When health services are provided in a public place rather than a clinic or examination room, confidentiality may be compromised. Special attention to privacy is necessary if any services are provided in a public place.

At LMYDS, medicines are administered on the unit. Youth sit in front of their rooms, and those due for their medicine are called up to the medicine cart to be given their medicine. A youth worker is present at the cart to supervise youth. In this case, other youth know who is getting medicine, and the supervising staff may have an opportunity to observe what the medicine is.

Also, during medicine administration the nurse may inquire of youth about a sick call request. Her goal is to address simple, common, self-limited complaints with over-the-counter medicines without having to move the youth to the clinic for a nursing assessment. Unless the supervising staff steps away from the cart, out of hearing of quiet conversation, this interview is not confidential.

> **Recommendation:** At a minimum, remind staff that they are not to disclose any protected health information they obtain while performing their duties at the cart. Ask staff to step back out of hearing when the nurse is interviewing youth about their sick call requests until development of a system for efficient movement of youth to and from the clinic.

Finally, the psychiatrist interviews youth in the hall outside the unit due to staffing shortages and the difficulty of moving youth from one to another location within the facility. When the team raised concerns about the lack of confidentiality given the traffic in the hallway, the team was told that they stop talking during the time someone is walking by. This is a completely inappropriate practice. Psychiatric assessments, like other medical assessments, should not be done in the hallway. These confidential evaluations should be done in an office, and in the case of psychiatric examinations, with both parties sitting.

> **Recommendation:** Ensure that the psychiatrist interviews youth in a private setting. Staff may be within sight or be able to hear a loud call for help, but should not be able to overhear the general content interview. If the psychiatrist and the facility managers agree

that these interviews should take place at the units rather than at the clinic, make an empty room available for private interviews on every unit.

HEALTH AND MENTAL HEALTH ADMINISTRATION

The standards state that medical and mental health services must be provided to youth free of charge. At LMYDS, the sick call request form states to youth that they may be charged for requesting health care, and the nurses' section has a checkbox to indicate whether youth will be charged for their care. The health staff stated that this form was a mistake and there was no intention to charge youth for care. Nevertheless, the threat of charging youth for care may be intimidating to the residents and prevent them from requesting needed care.

The facility pediatrician inquired about charges to families when youth are sent out for specialty consultations, tests, or procedures. In those situations, the parents are required to attend, sign consent, and take responsibility for the costs of services, and provide the office with their health insurance information. This is not an appropriate practice. If the facility director has temporary guardianship by virtue of the court order placing the youth in secure detention, then the facility, not the parents, should be responsible for the costs of health care while youth are in care. Medicaid and sometimes other health insurance is suspended whenever a patient is placed in secure detention. For this reason, many families may incur substantial bills for health services provided while their child is in detention. LMYDS does incur costs for off-site medical care for youth who have been in custody for longer than 30 days.

> **Recommendation:** Use a different sick call request form that does not threaten to charge youth for requesting health services.

> **Recommendation:** Re-examine the practice that requires parents to be responsible for the costs of outside consultations, procedures, and diagnostic tests. These should be paid for by the authority that operates the secure detention facility.

The standards require a quality improvement program that assesses both process and outcome measures related to health services. CCS has a system-wide quality improvement plan and schedule of audits. These audits are largely based on process indicators (e.g., was the intended service carried out or not?) and may result in some improvements in care (e.g., creation of a new or improved screen to guide the nursing practice).

This is adequate to measure process indicators, but not sufficient for outcomes. Outcome measures must be used to determine if the health program is successful in meeting its goals. For example, a process measure related to immunizations would be whether or not records of the youth's prior immunizations were obtained. The outcome measure would be whether or not youth's immunizations were brought up to date for age in accordance with current public health recommendations for adolescents.

> **Recommendation:** Develop and implement a quality improvement program for health services that assesses outcome measures as well as process measures and results in improvements in health outcomes.

DISCHARGE PLANNING

Youth must have health insurance to continue to receive health care after they are released from detention. The standards require efforts to assist families to obtain health insurance for their children. At LMYDS, there is no program to obtain re-authorization of Medicaid that was suspended when a youth was placed in secure detention. Also, there is no program to assist families to enroll their children in a health insurance plan.

> **Recommendation:** Learn from Kentucky DJJ staff how they support re-authorization of Medicaid when youth are released from state operated secure detention. Implement a similar program at LMYDS.

> **Recommendation:** Provide assistance to families for youth without health insurance to become insured. Currently "health navigators" funded under the federal Affordable Care Act are assisting families to obtain health insurance. Health navigators based in LMYDS or in family court could specifically assist youth and their families with enrollment in Medicaid, the Child Health Insurance Program (CHIP), or another health insurance program for low income children subsidized under the Affordable Care Act.

ACCESS

Success in the community is often linked to supportive relationships that youth have with family and others. This section addresses the rights of detained youth to have access to the outside community through visitation, correspondence, and access to the telephone. It also addresses the need for youth to be able to visit with and communicate with their attorneys and other advocates about their cases, problems in the facility, or other issues requiring legal assistance. Standards also ensure that administrators and staff value the input and participation of families.

In general, youth at LMYDS reported being satisfied with their level of contact with family members and other important individuals outside of the facility. However, we were concerned with limits on certain types of contact in policy and practice, as well as with the lack of confidentiality with attorney mail and telephone calls.

MAIL

In general, youth reported being happy with mail service at the facility and understood the rules around delivery and receipt of mail. There were two main areas of departure from the JDAI standards, however. First, the facility provides postage for only two letters per week (excluding legal correspondence), although youth can earn additional stamps for good behavior or have their parents bring extra postage. The team recommends that the facility provide youth with additional postage if they choose to write more than two letters per week. It is worth encouraging youth to express their feelings in writing if they choose to do so. Moreover, given the limitations on phone and visitation contact, letters may be the only avenue to stay connected to certain individuals while youth are detained.

> **Recommendation:** Do not limit youth to two stamps per week for non-legal mail.

Second, staff and youth reported that staff routinely "scan" incoming and outgoing mail, including legal mail in some situations. The resident handbook provides that mail can be opened if there is "clear and convincing" evidence to do so, but it appeared that mail was routinely opened, albeit in front of youth. Staff should only read non-legal mail upon reasonable suspicion that the content of the mail contains a specific threat to the safety or security of the institution. Staff should never read mail marked as legal mail under any circumstances, as such correspondence is protected by the attorney-client privilege.

> **Recommendation:** Clarify in written policy, procedure, and actual practice that staff should not read incoming or outgoing non-legal mail unless there is reasonable suspicion that the letter contains a specific threat to the safety or security of the institution.

> **Recommendation:** Clarify in written policy, procedure, and actual practice that staff are never to open or read incoming or outgoing legal mail.

Third, we received inconsistent information about where youth were allowed to store their mail, including legal mail. Some staff said that youth were allowed to keep mail on their units, but others said that mail had to be stored in the youth's property boxes. The resident handbook states

that youth are not allowed to keep mail on unit with no exception stated for legal mail, which may be the source of the inconsistency.

> **Recommendation:** Allow youth to store legal and personal mail in their individual rooms.

TELEPHONE

LMYDS has a general rule of giving youth two ten-minute phone calls per week. Youth can earn additional phone calls, and calls beyond the standard list of approved contacts, through the facility's behavior management system. As with mail service, there were two major areas of departure from the JDAI standards.

First, youth in room confinement are not allowed to make or receive calls, except to or from their case worker and attorney. While the team agrees that access to additional phone time can serve as an incentive for good behavior, all youth should receive a minimum amount of phone time regardless of disciplinary status. A phone call with a family member can be particularly valuable for youth who may be struggling at the facility.

> **Recommendation:** Allow all youth, including youth in room confinement, to have a minimum amount of phone time.

Second, although staff reported that they do not routinely listen in on youth's conversations, calls from social workers' offices – including legal calls – are made with staff present in the room. As mentioned above with mail service, staff should only listen to non-legal phone calls if they have a reasonable suspicion that the call constitutes a threat to the safety or security of the facility. Staff should never listen to calls with attorneys, which are protected by attorney-client privilege. Many facilities have found ways to make accommodations that allow staff to maintain supervision of youth without listening in on phone calls.

> **Recommendation:** Clarify in written policy, procedure, and actual practice that staff should not routinely listen in to non-legal calls unless there is reasonable suspicion that the call contains a specific threat to the safety or security of the institution.

> **Recommendation:** Clarify in written policy, procedure, and actual practice that staff are never to listen in on legal calls, and identify accommodations to allow youth to make calls confidentially.

VISITATION

The team had an opportunity to visit four scheduled shifts of visitation during the on-site visit. We were impressed with how well the social workers managed the process, as well as how professional and respectful staff's interactions were with parents and legal guardians. Additionally, youth generally expressed being happy with the visitation process, with three exceptions.

First, youth on room confinement, youth who appeared in court on the day of scheduled visitation, youth in the maximum security unit (which was not operational at the time of our on-site assessment), youth who have engaged in an altercation in the visitation area during the previous 30 days, and youth who have engaged in more than one fight in the visitation area are not allowed visits (except from their DJJ worker or attorney). As stated above, additional or expanded visitation opportunities are acceptable as an incentive for positive behavior, but all youth should receive access to a baseline level of visitation privileges. Indeed, visits may be most important for those youth who are struggling at the facility.

> **Recommendation:** Afford all youth a minimum of two visitation opportunities per week, regardless of placement on room confinement or other status.

Second, the team understood that routine weekly visitation was generally restricted to parents, grandparents, and legal guardians. The team understood that siblings were not routinely allowed to visit outside of one-time special visits for youth who are being placed at another facility, special holiday or graduation events at the facility, or upon permission by the court. This seems to occur very rarely. For example, in the period between April 15 and April 30, just 3% of visits were made by those other than individuals listed as parents, grandparents, or legal guardians (just 8 of 209 visitors). Given that many youth are detained for extended periods of time, we encourage LMYDS to expand the list of permitted visitors. Many facilities accommodate a broader range of visitors without jeopardizing the safety and security of the facility.

> **Recommendation:** Expand the list of visitors to include siblings and other important adults in a youth's life.

Third, the visitation periods during weekdays are just 20 minutes in length, and the visitation periods during weekends are only 30 minutes in length. The JDAI standards provide for a minimum of one hour of visitation multiple times per week, recognizing that many family members spend significant time traveling to the facility (often at expense via public transportation). Additionally, many family members must secure child care for their other children given the restrictions on approved visitors. The short visitation windows offered by LMYDS may discourage parents from visiting their children.

> **Recommendation:** Extend visitation periods to one hour in length.

Fourth, weekday visitation periods occur prior to the end of regular business hours (e.g., before 5 p.m.). While many parents or guardians work non-standard schedules, those parents and guardians who do have jobs with hours from 9 a.m. to 5 p.m. would not be able to make it to the facility in time for weekday visits. We recommend pushing weekday visitation later in the evening to accommodate a larger group of individuals.

> **Recommendation:** Move weekday visitation later in the evening to accommodate the schedules of parents and legal guardians who work standard business hours.

Fifth, the team noted that while the social workers were intended to be family members' point of contact at the facility, facility staff did not always operate with that understanding. For example,

while we were on-site, the team observed social workers responding to a family member who had arrived at the facility at the incorrect time for her child's visitation period because she had received incorrect information from a youth worker. We understood that this was a recurring problem at the facility. While social work staff managed to respond to an understandably upset parent, clearer understanding among staff about the need for social workers to serve as the contact point for parents and legal guardians would help avoid this situation in the future.

> **Recommendation:** Ensure that policy, procedure, and actual practice provide that social workers are to be the point of contact for information about the facility.

FAMILY ENGAGEMENT

We understood that telephone introductions are done with family members of youth detained at the facility, but that there is no formal orientation program for parents or legal guardians. We recommend expanding upon the written visitation guidelines to incorporate additional information that may be helpful to family members.

Additionally, the visitation rules that were posted at the facility were comprised of a standard sheet of printer paper with a lengthy bulleted list of rules and information in 12-point font taped to the front desk and walls of the visitation area. As designed, the sheet is difficult to read and understand. A larger poster or set of posters with key pieces of information presented in a visually appealing way would do a much better job of conveying essential information.

> **Recommendation:** Consider developing a more formal family education orientation, through a combination of written and video presentation of information.

> **Recommendation:** Develop larger and more visually appealing posters for parents and legal guardians that contain essential information about the facility.

PROGRAMMING

Youth in detention are, first and foremost, adolescents. They need to be involved, to the extent possible, in the same kinds of age appropriate, healthy, educational activities youth would experience in the community. This section outlines the requirement that detained youth receive a full academic education, with special services for youth with disabilities or limited English proficient youth. Youth are also entitled to go outdoors regularly, engage in physical exercise, participate in a range of recreational activities, and have the opportunity to practice their religion. This section also covers the ways youth are encouraged and motivated through positive reinforcement and incentives for good behavior.

EDUCATION

Education services at the Louisville Metro Youth Detention Services (LMYDS) facility are provided by the Jefferson County Public Schools (JCPS). Funds to support the school program come from the Kentucky Education Collaborative for State Agency Children (KECSAC), the Kentucky Department of Education, the Federal Title 1 Neglected and Delinquent program, as well as Federal special education funds. Several Kentucky Department of Juvenile Justice (DJJ) policies address education services of youth in detention. KECSAC and DJJ conduct annual audits to ensure that the school at the detention center meets state standards.

The school at LMYDS is part of the alternative education program in the JCPS. However, the program at the detention center is seriously inadequate. JCPS devotes insufficient personal and administrative support to the education program at the LMYDS. Currently at LMYDS, students only attend school in designated classrooms every other day. Students who do not attend school in a classroom remain on their units to complete instructional packets. Students on room restriction do not attend school. The lack of adequate programming for youth during intake as well as those on room restriction and the adequacy of special education services are serious shortcomings. The narrative below addresses two broad areas: educational access and special education.

Educational Access

The team visited LMYDS during the first week of school during the Fall 2017 semester. The school at LMYDS is part of Jefferson County High School. Five general education teachers, a special education teacher, an instructional assistant who manages school records, and a transition specialist serve youth at the facility. An assistant principal and a school counselor are on site one day each week. According to staff, the principal is at the facility about once each quarter.

Instruction at LMYDS appeared to be primarily workbook and worksheet-based following curricula developed by JCPS. Although web-based instruction was available at the detention center, it has not been used in the past few months following a security breach earlier in the year. All students attend class with other students from their living units. Each unit goes to the facility's designated classrooms every other day. On the days when youth are not in school, instructional packets are sent to the units. If students need assistance, unit staff notify a teacher who comes to the unit if available. When teachers travel to the units to answer questions, they

leave their regularly scheduled class to do so. There are no substitute teachers available when teachers are absent.

The disciplinary system at LMYDS is a "response cost" system in which students lose points and incur fines for rule violations. When students accumulate three minor infractions and receive a 150 point fine, they are placed on 8-12 hours of room confinement. When on room confinement they receive no education services. At the time of our visits, the girls unit was on a "1 in 1 out" restriction. That is, no more than one girl was allowed out of her room at a time. As a result of this restriction, the girls did not attend school and received no more than 1 hour of one-on-one instruction from a teacher on the living unit. Facility administrators noted that at the time of the assessment, several girls were ordered to be on non-contact by the court because they were co-defendants in an open matter. The team understands that the challenges of keeping those girls separated contributed to the use of "1 in 1 out," but there are other arrangements that should be explored to house female youth, including speaking with the court about the problems that those orders create.

LMYDS conforms to some of the JDAI standards for education but also has serious shortcomings. The school schedule in which students attend school every other day is a significant problem. Special education staffing is also a concern. The one special education teacher on staff does not have sufficient time to provide services as specified on students' IEPs. The practice of denying students services while being disciplined at the facility and the lack of dedicated special education staff contribute to the current status of education. Several of the teachers appear to be well-qualified, and they have access to curriculum and materials provided by JCPS. However, teachers appeared to be resigned to the inadequate support provided by JCPS and the restrictions placed on the school by LMYDS.

The team reviewed the current contract and a proposed new contract between the LMYDS and the Jefferson County Board of Education. While it is beyond the scope of our review to provide a detailed analysis of the contracts, a number of elements in the current contract are not being implemented as intended. Responsibility for these shortcomings rests clearly on both parties. For example, the current and proposed new contract both call for 6 hours of academic instruction per day on school days. Because the detention center allows only half of the units to attend school each day, students only receive half of the instructional time specified in the contract and mandated under state law. The adequacy of special education services, transition support, and resources for the extended year summer school are also significant problems.

Lack of meaningful instructional activities for student groups kept on the living units during class time and teachers providing instruction outside of their content areas – because assignment of students to teachers is by unit - are significant problems. The short-term stay of many students in juvenile detention presents challenges for education programming. However, at the time of our visit to LMYDS, one quarter of the students had been at the facility an average of 8 months. For these youth, the absence of career and technical education programming is a significant problem. The recommendations below address broad issues in the design, delivery, and management of general education services.

- **Recommendation:** Hire additional certified teachers. Create a school schedule that enables teachers to provide instruction in their content areas.

- **Recommendation:** Designate a full-time assistant principal or lead teacher who spends more than one day each week at the detention center.

- **Recommendation:** Consider developing an intake classroom where students spend the first week at the facility. Conduct initial screening and assessments, review students' records, and provide instruction in numeracy, literacy, and current events. An intake classroom can help socialize students who may have been out of school for an extended period of time, as well as provide basic instruction for students who may be at the detention center for just a few days.

- **Recommendation:** Assign students to classes and teachers according to their academic needs. While it is impossible to provide homogeneous classes in which all students are enrolled in the same course, teachers should be teaching in their certified areas.

- **Recommendation:** Develop a career and technical education (CTE) program. Courses and certifications in areas such as culinary arts, digital literacy, and OSHA 10 safety fit well into short-term placements and should be added to the curriculum.

- **Recommendation:** Discontinue keeping students on room restriction and denying them access to a full day of education. If students' behavior is disruptive or out of control, develop plans to remove students from the classroom no longer than necessary for the student to regain composure.

- **Recommendation:** Do not restrict students' access to school as a punishment.

- **Recommendation:** Review the intake protocol that includes screening for students who may be English language learners (ELLs). Ensure that the current intake protocol includes asking students about intensive services or supports they may have previously received in school. For example, ask students about 1:1 tutoring, counseling, or therapeutic groups that they may have been part of their school program.

- **Recommendation:** Develop a system of positive behavioral interventions and supports (PBIS). PBIS, widely used in the public schools, is also used in a number of juvenile correctional facilities. Discontinue punitive, unproductive discipline systems.

- **Recommendation:** Under current state law, high school students may not take the GED exam until they are 18. Petition the KDE, KECSAC, or appropriate legislative authorities for a waiver for of this requirement.

Special Education

Students eligible for special education services at LMYDS do not receive services specified on their IEPs. The detention center school complies with parental notification for IEP meetings, but fails to implement IEPs as written. The current staffing at LMYDS is inadequate to meet the needs of residents. A retired contract special educator assists the special education program but does not provide on-site support.

The school is not involved in discussions about discipline involving students with disabilities. There was no indication that the facility conducts manifestation determinations and Functional Behavior Assessments (FBAs) or implements Behavior Intervention Plans (BIPs). The majority of students eligible for special education services had a history of emotional or behavioral problems associated with their disability.

According to the special education teacher, more than 50% of the students at LMYDS are eligible for special education. The CCLP team reviewed IEPs for seven students and discussed service delivery with the special education teacher. Six of the seven students whose files we reviewed had been identified as students with an "emotional and behavioral disability," and one student was identified as having a "mild mental disability." Five of the seven students whose files we reviewed received intensive services prior to their incarceration. That is to say, these students received instruction in general education classrooms less than 40% of the time. In spite of differences in students' needs and a history of intensive supports in previous schools, all students receiving special education services at LMYDS received the same level of support. Discussions with staff and file review revealed that if students' IEPs had been developed during the past 12 months prior to their incarceration, staff at LMYDS do not meet to review and revise the IEPs.

Some education staff suggested that staffing was governed by state law and a contract between the detention center and the JCPS, which would prevent it from being changed easily. Some education staff noted, when asked about the availability of related services, that there was a counselor on the school staff at LMYDS. However, this staff member – on site one day each week – managed students' records and did not provide the psychological counseling associated with related services on students' IEPs.

The one special education teacher at the facility is not able to meet the needs or provide services as specified on students' IEPs. There was no evidence that students received related services such as individual counseling. There was some evidence that the JCPS communicated with the parents of the youth and sent out notices about IEP meetings and students' progress.

- **Recommendation:** Conduct a comprehensive review of special education services and ensure that JCPS has the capacity to provide services as indicated on students' IEPs.

- **Recommendation:** Hire or contract with specialists to provide related services such as counseling and group therapy as specified on students' IEPs.

- **Recommendation:** Discontinue the practice of changing the intensity of services or supports for students in the absence of new information or assessments that would justify changes in services.

- **Recommendation:** Hire two additional special teachers and an instructional assistant to ensure that students receive services as specified on their IEPs.

- **Recommendation:** Develop a behavior management system based on the principles of positive youth development. A collaborative effort between LMYDS and JCPS has the potential to significantly reduce youth disruption, promote positive behaviors, and most importantly, teach youth new skills.

The education program at LMYDS has the potential to provide high quality services to students. However, JCPS provides inadequate administrative support for the program, and LMYDS behavior management system restricts students' access to school. The current operation leaves LMYDS and JCPS vulnerable to legal challenges for failure to provide an adequate education program for students in general and for the more than 50% of the students eligible for special education services.

GENERAL PROGRAMMING

LMYDS has recently added a notable number of programming activities. The University of Louisville offers group sessions with residents through two programs: the Catch Grant discussed STDs and is offered only once to each resident; Cardinal Success helps youth learn to control their anger and emotions. A volunteer delivers art therapy to youth on Saturdays and a local mural artist worked with residents on several projects at the facility. 2Not1 is a multi-week program designed to develop skills for young fathers. Staff select 10-15 youth who are likely to be at the facility for at least five weeks, whether or not they are fathers. A volunteer from the SPAVA program speaks to one unit each week during school hours about the importance of character. LMYDS also offers two programs for girls. My Life My Choice is a 10 week workshop for girls who are at risk of being trafficked. Uncaged is a summer-only program designed to "reduce stress and trauma symptoms and increase self-esteem." Administrators told the team about other programming opportunities that do not appear on the programming/volunteer calendar. These include resume building from the Office of Safety and Healthy Neighborhoods and an annual art program through "ARCA."

While LMYDS has offered a variety of programming activities, there is significant room for improvement in two areas. First, many youth do not have regular access to programming. Residents consistently reported boredom and a lack of enjoyable and consistent programming. For instance, youth on one housing unit have not participated in any arts programs during the past month. Most programs are offered to only one housing unit at a time. Volunteers and outside programs usually rotate housing units, meaning that each unit will be able to participate in the program only once or twice per month. Other programs like 2Not1, My Life My Choice, and Uncaged are only available to a small number of youth at a time. LMYDS offers special programming opportunities only a handful of times per year, based on the schedules of the volunteer organizations.

> **Recommendation**: Expand programming to multiple housing units or arrange for additional volunteers to provide programming to youth. Use close supervision and desirable activities to prevent disruptions between particular youth or groups.

Second, there is no systematic effort to seek out and cultivate programs that meet the specific needs and interests of youth at LMYDS. While the facility responds to available programming, it does not appear that staff actively seek out or create programs to benefit justice-involved youth. For instance, LMYDS does not offer consistent art, career, vocational, or life skills programming. Residents consistently indicated the desire for increased educational programming that they can apply to their lives. Most LMYDS programs seem to provide generalized "group" discussions. Because LMYDS does not provide group sessions through social workers or mental health staff, these programs are certainly helpful. Current programs do not, however, use structured approaches to help youth build skills or work on specific activities. Some youth described the programming as "just listening to people talking at you."

> **Recommendation**: Conduct on-going outreach to local and regional organizations and individuals to create more robust programming based on needs of the youth population. Offer activities that will provide youth with marketable skills. This could include vocational programming (CTEC, Serve Safe, OSHA), job-seeking skills, yoga, cooking, music, creative writing, photography, painting, sculpture, or drama. Supervised "hands-on" engagement is likely to lead to more positive attitudes within the facility and a better overall environment.

> **Recommendation**: Create a process to encourage youth, families, and staff to think about and express recommendations for programming. Build upon the LMYDS resident subcommittee to create a channel for feedback and input from all youth and staff. This could be done through regular surveys, focus groups, or suggestion boxes.

Another major concern is that youth spend a large amount of time in their rooms. Unit schedules include several hours per day of time when the most youth on a unit are in their rooms, e.g. shower time, phone calls. Even staff told the team that it was not uncommon for an entire unit to be on lock-down due to short staffing. With few exceptions, youth eat lunch and dinner on their units. Residents also expressed frustration that they did not always report to the day's scheduled activities, such as outdoor recreation time or the library. This variability also limits the effectiveness of the facility's behavioral management program, as youth are not guaranteed to participate in activities that they have earned by following the rules.

> **Recommendation**: Involve youth in as much off-unit programming and recreation as possible. Allow youth to eat meals in the cafeteria. Create an additional recreation or multipurpose room with activities and supplies to keep youth busy. LMYDS's ability to do this is directly related to staffing resources.

While the LMYDS library has an impressive number of books, books are stored in tall cabinets with closed doors. Televisions, chairs, and boxes block access to many of the cabinets. As a result, youth reported having to pick a book without being able to browse through a range of

options. There is no librarian or staff person to guide reading selection based on youth's interests or reading levels.

> **Recommendation**: Clear the library room of other items and display reading materials so that youth may look through possible options. Consider training a staff member to be available when youth visit the library to help spark their interest and make recommendations.

RECREATION

Recreation opportunities at LMYDS are limited. On Fridays, youth watch a movie on their units. Most recreation activities and supplies are kept in the program worker's office. We observed a small number of puzzles, games, and cards inside offices, but almost nothing available on the housing units. Televisions, DVDs, and video games are located in the library. The team observed one group of youth go to the library to play video games only to find the Xbox broken. Residents said that the television carts are sometimes located on their housing units and staff permit them to watch television. Many youth requested more interesting recreational options. They suggested access to approved music on an IPod, newer games and video games, and more structured art activities e.g. painting, knitting, and sketching. Several youth expressed interest in journaling.

> **Recommendation**: Invest in additional recreational activities for youth. Update recreation supplies and purchase video games, movies, and iPods. The facility could create a youth focus group to determine what activities are most meaningful to youth. Some of these activities could also be used as incentives.

LMYDS has an impressive outdoor area with inspiring and colorful artwork by a local mural artist. Youth stated that staff generally take them outside unless youth request to use the indoor area for recreation. There is a basketball court, foosball tables, and picnic tables in the outdoor recreation area. LMYDS also has a large indoor gym and basketball court. The Recreation Director was not present during either day of the team's visit. We did observe a storage area with additional basketballs, volleyball nets, and badminton racquets. The team spoke to youth on several units who said were not allowed to go outside or to the gym every day. We spoke to staff who confirmed this, stating that units alternate going to the gym for afternoon recreation.

> **Recommendation**: Enforce oversight and monitoring to ensure that all youth have one full hour of large muscle exercise in either the indoor or outdoor recreation space.

RELIGIOUS PROGRAMMING

Religious programming at LMYDS generally complies with the JDAI Standards. The facility has several volunteers who bring Christian religious services to the facility each week. If youth want to speak to a representative from their own religious community, they must make a specific request to a social worker. Staff indicated that they would respond appropriately to accommodate the requests of youth to practice other faiths by asking a resident's family for religious literature or supplies. While we have no doubt that the current staff and administrators would do this, there is no clear policy describing the process and who would be responsible.

Recommendation: Establish and maintain connections with a broader range of religious resources in the community.

Recommendation: Modify youth education materials and the Resident Handbook to include information about how residents can request to meet with religious leaders of their choice.

YOUTH WITH SPECIAL NEEDS

There is a written policy for youth with disabilities. Senior and administrative staff told us that medical staff and social workers would probably be responsible for identifying a physical disability and determining how to meet the youth's needs. Social workers do not receive adequate training to do this. Staff indicated that they would make auxiliary aids and services available for youth who are deaf or hard of hearing, but the facility does not have these resources or a plan to access them.

Recommendation: Create a detailed written plan for youth with disabilities. The policy should address how the facility will provide programming, medical and mental health services, recreational activities and reading materials, and educational services for youth with disabilities. The plan should include details of how the facility's designated staff would obtain any needed auxiliary aids.

LMYDS has taken important steps to accommodate limited English proficient youth. The Resident Handbook is available in Spanish and LMYDS has access to two interpreter service providers during the admissions process. During Orientation, staff members or "other qualified individuals" are tasked with assisting residents who have difficulty understanding the rules due to language or literacy problems. The Kentucky Department of Juvenile Justice is available to provide long-term translation services, and LMYDS maintains contracts for interpretations services.

However, facility staff have not documented how they would provide long-term programming, services, and education to youth who do not speak English in a written language access plan. LMYDS policy only addresses the use of interpreters to assist at intake and admissions. Also, despite existing policy that staff will not use youth as interpreters, several juvenile program workers stated that they have allowed one resident to translate for another if they spoke a less common language or dialect.

Recommendation: Develop a written language access plan outlining how staff will provide meaningful programming, services, and education for limited English proficient youth.

Recommendation: Remind staff of the policy prohibiting the practice of youth interpreting for other youth.

BEHAVIOR MANGEMENT

We observed many positive and constructive interactions between LMYDS staff and residents. It is evident that many staff have experience working with young people.

Each resident is assigned a social worker to help facilitate connections to the outside world (court, phone calls, etc.). They are not expected to provide treatment or counseling. Social workers must visit each unit once per day, but there is no requirement that social workers hold regular sessions with individual youth. In order to speak with social workers, youth submit a request form each evening. Several youth stated that social workers were not always accessible to them. Staff stated that social workers do not always communicate and interact with program workers and youth on a regular basis.

> **Recommendation**: Require social workers to communicate regularly with program workers about individual youth and meet with each youth individually at least once per week. Require social workers to review all uses of time outs, fines, and verbal de-escalation. Allow youth to request to speak with social worker at any time during the day. Require social workers to make daily unscheduled rounds to each unit.

The LMYDS behavior management program relies on point values, token economy purchases and fines, minor and major violations, and a level system. The point system is based on a number of points that youth may earn during the day for "categories" of positive behavior (Self Care, Respect for Property, Academic Skills, Social Skills, Self Control, Peer Relations, and Staff Relations). Youth may earn a certain number of points in each category during each period on the daily schedule. Residents may spend points at the Token Economy Store on hygiene items, snacks, permission to mail extra letters, hair care, and access to their cell to retrieve items like books or sweatshirts. In addition to not earning points, youth receive additional fines for behavioral violations. Fines consist of 50 points for minor violation and 150 points for major violations. A fine also results in a drop in one behavioral level. Major fines are accompanied by a period of room confinement based on staff discretion.

In addition to the point system, residents must advance through a series of behavior levels: Orientation, Level 1, Honors, and Super Honors. To advance to each level, youth must achieve a certain number of points, spend a certain amount of time on the previous level, or pass tests based on the Resident Handbook. A set of privileges is associated with each level. Privileges include extra books or posters in youth's cells, later bedtime, permission to buy playing cards or sodas with behavior points, extra phone calls, and honors hour.

Staff have a range of sanctions available to respond to youth behavior: verbal intervention, failure to award points, time outs, fines, room confinement, and behavior improvement contracts. Staff have broad discretion to give residents 20-minute time outs for minor rule violations. After three time outs in one shift, youth receive a 50 point fine and level drop. Staff can also assign room confinement for minor and major violations. For major violations, staff can place a youth in room confinement without attempting less restrictive interventions. Although a disciplinary hearing is required to place a youth in room confinement for longer than one hour, records showed that room confinement was almost always used for periods of six hours or more.

The effectiveness of LMYDS's behavior management program is limited by three factors. First, the behavior management program relies primarily on the use of sanctions and point deductions rather than recognizing positive behavior. Both youth and staff told us that, because the system of possible points per time period for each behavior category was complicated, staff automatically give each youth the maximum number of points at the start of each shift. Throughout the shift, the team observed staff deduct points when youth demonstrated non-compliance or negative behavior.

The combination of deducting points, issuing fines, and using room confinement also means that youth are penalized multiple times for the same behavior. Certain items and privileges should be available to youth independent of their behavior: regular access to their rooms, playing cards, participation in reward activities, envelopes, paper, or postage. Youth who exhibit negative behavior often receive the most benefit from communication with family.

> **Recommendation**: Create a behavior management structure that focuses on rewarding positive behavior. Simplify the system so points and verbal recognition are awarded for clearly defined positive behavior. Do not require youth to earn access to books and mail. Require staff to document the use of positive incentives, verbal de-escalation, and time outs.

Second, LMYDS relies heavily on room confinement despite a behavior management policy that provides a series of alternatives. Records showed that youth regularly receive room confinement in response to normal adolescent behavior, e.g. leaving the unit with extra food, refusing to participate in a program, being talkative during medication pass, and pushing an intercom button (all 12 hours of room confinement). One of the team's most serious concerns is the use of room confinement for manifestations of mental illness or trauma history such as a resident banging his head on the wall or smearing and eating feces. There is no doubt that room confinement is linked to suicide and self-harm. Allowing line staff to use room confinement for residents exhibiting symptoms of mental illness and trauma is extremely dangerous.

> **Recommendations**: Limit room confinement to situations where a resident's immediate behavior poses a risk of physical harm. Require and monitor staff reliance on the removal of privileges or other behavioral interventions. Require continuous observation and assessment of youth in room confinement. Remove youth from room confinement as soon as youth are calm.

Third, staff have a great deal of discretion to determine what sanction(s) to administer, which can lead to perceived unfairness and a loss of integrity of the behavior management program among youth. Facility policy provides that staff must secure approval from a supervisor before administering a sanction. Notwithstanding this requirement, youth receive minor violations for loosely defined behavior such as complaining to staff, wasting of supplies, talking without permission, "self abuse," or disruptive behavior. Many youth told team members that the duration of room confinement decided by staff is often completely unpredictable for the resident. Some categories of behavior that require mandatory room confinement are subject to staff interpretation. For instance, youth reported that rapping, regardless of the content, can result in 24 hours of room confinement for gang activity. It is certainly important to hold youth

accountable for violent and truly gang-related behavior. However, it is also important that staff investigate and document this behavior properly rather than generalizing behavior.

Almost all residents we spoke to felt that the behavior management program was unfair and that disciplinary hearings were meaningless. Several youth said they were not present during the hearing or they were simply told by the program worker how long they would be in room confinement. Staff told the team that staff would wait to inform the youth that he or she had received room confinement until youth were already locked in their room for other reasons. This might be hours after the underlying behavior occurred. Understandably, youth felt tricked, reducing the likelihood that they will comply with the behavior management program. We acknowledge strengths of the facility's due process protections for youth later in this report, including relatively quick scheduling of hearings following incidents and the provision of assistance to youth who request it. Nevertheless, the perceptions of the behavior management system by youth require attention, as youth are less likely to engage with a system that they feel to be unfair.

> **Recommendation**: Limit behavior violations to conduct that jeopardizes the safety of youth, staff, or the facility. For all other misconduct or rule violations, require staff to use behavioral interventions and removal of privileges. Require staff to inform youth as soon as possible about sanctions or the loss of privileges.

Fourth, the facility does not provide a sufficiently wide range of incentives to encourage youth to demonstrate positive behaviors throughout their time at the facility. Current privileges include additional books, posters, visits, phone calls, and biweekly ice cream socials. Items in the Token Economy Store are either brand name hygiene supplies, playing cards, letter-writing supplies, or snacks and sodas. While LMYDS administrators clearly understand the positive value of incentives, the diversity and quality of privileges available is insufficient, especially due to the extended length of stay for many residents. Given the community resources in Louisville, administrators and staff could incorporate a much more creative and meaningful range of privileges. A more extensive range of incentives would encourage residents to maintain positive behavior over a longer period of time. In turn, this would reinforce the benefits of good behavior by showing all youth what they could receive.

> **Recommendation**: Develop more incentives for positive behavior, such as extra free phone calls, improved commissary items, access to video games, listening to an iPod, extra photos in their cells, special clothing, food items (e.g. donuts, soda, or pizza). Expand the list of items available in the Token Economy store. Allow youth to earn incentives regardless of their behavior level.

> **Recommendation**: Explore community resources to create rewards, such as donated items from restaurants, business, and sports teams. The team learned that two professional athletes recently visited the facility. This is an excellent example of incentives that LMYDS can offer. Include a list of possible incentives in the Resident Handbook. Contact other detention facilities to discuss ideas for incentives and programming.

Fifth, LMYDS does not use individualized behavior management plans for youth. Staff may place youth who require frequent disciplinary intervention on a Behavior Improvement Contract (BIC). While BICs must be approved by the Deputy Superintendent, there is no guiding criteria for effective BICs or a process for determining what a youth must do to return to regular programming. A BIC may require a youth to write a letter, complete a cleaning project, or transcribe certain pages from the Resident Handbook. These plans do not address the underlying causes of youth behavior or include individualized strategies for program workers to help youth succeed. There is no way to ensure that program workers understand or apply this information. Also, staff and social workers explained that BICs were only used for a small number of youth. This is particularly troubling given the high number of youth at LMYDS with serious mental illness.

> **Recommendation**: Use individualized behavior plans designed to target the underlying causes of each youth's behavior. Implement a method for mental health staff, social workers, and program workers to collaborate and identify a broader range of youth who can benefit from individual plans. Individual behavior plans should include incentives, examples of positive and negative behavior, time frames, and clear expectations for what the resident must do to complete the plan.

TRAINING AND SUPERVISION OF EMPLOYEES

The quality of any facility rests heavily upon the people who work in it. This section requires that the facility hire properly qualified staff and provide the necessary pre-service and continuing training they need to work with troubled youth. Staff should also perform their work in an operational setting that enables them to do their work well – through appropriate staffing ratios and proper administrative supervision. The section further requires that facility staff engage in ongoing quality assurance and self-improvement through documentation of serious incidents, citizen complaints, and child abuse reports.

The team recognizes that LMYDS staff are committed to serving young people. Residents mentioned several LMYDS staff members who helped them and cared about them. Unfortunately, staff shortages and hiring concerns have created a constellation of issues that undermine facility operations and jeopardize the safety of residents and staff. One troubling example of the impact these issues is the disturbingly high number substantiated incidents of sexual misconduct involving new staff.

LMYDS has an organized system designed to ensure that all staff receive new employee training and annual refresher trainings. New staff receive at least two weeks of supervision from another program worker. The facility maintains excellent training records. Despite these strengths, the training program omits several key topics required by the JDAI Standards.

Finally, LMYDS should enhance the level of supervision and oversight in the use of discipline and incentives.

QUALIFICATIONS AND STAFFING

LMYDS follows Louisville Metro's rules and regulations concerning selection, retention, and promotion. After LMYDS staff interview and select a candidate, the Louisville Metro Human Resources Department conducts a criminal background check and child abuse and neglect registry check. Louisville Metro Human Resources Department does child abuse and neglect checks annually, but there are no periodic criminal background checks for current employees.

As discussed, the team was concerned with LMYDS's ability to recruit and retain qualified and dedicated program workers. The education and experience qualifications for program workers are minimal. Neither Louisville Metro nor LMYDS require that staff have at least two years of college or a high school diploma or the equivalent and two years' experience working with youth. LMYDS cannot offer competitive salaries for entry-level positions in a difficult line of work and does not provide promotions or salary increases based on performance. As a result, there are staff at LMYDS who have no experience working with teenagers, and who are not interested in working with troubled youth at a juvenile detention facility or learning how to be effective in their positions. This results in high turnover rates (37% in May 2017) and a large number of inexperienced staff.

> **Recommendation**: Require staff who have direct contact with residents to have at least two years of college or a high school diploma or the equivalent and two years' experience working with youth.

> **Recommendation:** Explore options to increase the salaries of staff to improve hiring and retention. Work with Louisville Metro to attract and recruit applicants interested in working with justice-involved youth. Implement a more rigorous screening process to exclude staff who may have a greater likelihood of engaging in inappropriate conduct with youth at the facility.

LMYDS is also significantly understaffed. The facility requires a staff to youth ratio of 1:10 during waking hours and 1:16 during sleeping hours, but this ratio includes staff inside the Control Room who cannot directly hear and speak with youth. In July, there were 76 authorized program worker positions and 16 vacancies (a number that had fallen to 8 vacancies by mid-August). Staff are routinely required to work overtime. For instance, LMYDS spent over $97,000 on overtime in July 2017. While policy caps overtime at 16 hours per week, staff reported that, in practice, overtime often exceeds that amount. When staff report to work, they do not know whether they will have to work twelve hours or sixteen hours. To add to complications caused by overtime, administrators assign overtime beginning with the newest staff. While this allows staff to plan ahead, it also increases the percentage of inexperienced staff on each shift. Regardless of how seasoned program workers are, no one can expect staff to be effective in the very demanding jobs at the LMYDS for sixteen hours at a time. Along with inadequate mental health resources and training, this results in unsafe conditions for youth and staff.

> **Recommendation**: Hire enough program workers to increase LMYDS's staff to youth ratio to 1:8 or less during waking hours, as required by the PREA standards and the JDAI standards.

TRAINING

LMYDS provides an organized and inclusive training program that meets many of the JDAI Standards. The Training Specialist is knowledgeable and invested in providing quality training for staff. He is interested in exploring new training opportunities that can benefit youth and staff. All new staff receive eight hours of Louisville Metro Orientation on professional values, ethics, and benefits. LMYDS provides additional training. The Training Specialist is responsible for developing and implementing training programs at the facility. Supervisors are responsible for coordinating on the job training and making recommendations for the training needs of individual staff.

The LMYDS training program includes a pre-service orientation (PSO), on the job training (OJT), basic skills training, and program in-service training. Once staff have completed 56 hours of PSO on a range of topics related to working with youth, they are assigned a staff mentor (program worker) for an additional 72 hours of on the job training. OJT supervisors complete an OJT Checklist to certify that new staff have mastered key program worker tasks. Supervisors must review this documentation. Within the first year of employment, program workers and professional specialists receive 32 hours of basic skills training.

All staff must receive in-service training. Program workers and professional specialists must attend the full 40 hour program offered during three separate times, while support staff and program supervisors receive selected topics. In order to complete 40 hours annually, the latter two categories of staff attend additional specialized training or workshops. In-service training topics may vary based on the issues and needs in detention. Annual topics include PREA, CPR/First Aid, policy updates, and use of force techniques.

Our interviews revealed that staff members were generally well-informed about the institution's policies and procedures. We did note, however, that there were serious inconsistencies in how staff use the behavior management system. Staff also rely heavily on the use of fines, room confinement, and other punitive measures, often in response to normal adolescent behavior. Expanding and improving staff training is one way that LMYDS can address these concerns.

Despite notably strengths, LMYDS's training program is inadequate in several areas based on content or duration. We identified four areas of concern.

First, LMYDS should provide additional training on trauma responsiveness. It appeared, based on the team's file review, that staff may view youth who have experienced trauma as defensive and non-compliant. LMYDS did provide documentation that some staff members (approximately 25) received training on trauma-informed care in March of 2017. The team applauds this effort, but also believes that all staff must receive more practical skills training on how to respond to behavior of youth with trauma histories within a secure facility, and how to help traumatized youth develop new behaviors. This training should be a substantial part of pre-service and in-service training for all staff who have direct contact with youth.

> **Recommendation**: Enhance training to better prepare staff to deal with the causes, nature, and symptoms of trauma that they will encounter in justice-involved adolescents. Staff should receive pre-service and annual in-service training on trauma.

Second, LMYDS's does not offer sufficient training on crisis intervention and verbal de-escalation. The HWC curriculum includes some content on these topics, but in-service training does not. Staff receive some training from LMYDS on how to respond to negative youth behavior, but the fact that sanctions are used inconsistently by different staff may reflect the inadequate content and frequency of this training. Given the significant trauma and mental health histories of residents as well as the high rate of room confinement, additional de-escalation training is essential. The facility clearly places a premium on training to help staff protect themselves with physical control techniques. All LMYDS staff who have direct contact with youth receive 14 hours of initial training on the Handle With Care Physical Management System (HWC) as well as 6 additional hours each year. Verbal de-escalation and conflict management skills are equally necessary to keep staff and youth safe.

> **Recommendation**: Provide pre-service and regular in-service training on the use of conflict management and verbal de-escalation. The facility should research and adopt a training model that prioritizes prevention, with physical intervention as a last resort, such as Safe Crisis Management.

Third, LMYDS does not adequately train staff on how to work effectively with youth of various racial and ethnic backgrounds in a culturally responsive manner. Pre-service training contains a section on "cultural lifestyles," but this is only a fraction of a training half-day. Residents stated that some staff interpret innocuous behavior as gang-related or threatening based on a lack of understanding about residents' communities and backgrounds. Several staff actually requested training on how to communicate with youth from urban areas and youth with different racial, ethnic, and cultural backgrounds.

> **Recommendation**: Deliver pre-service and refresher training on the racial and ethnic backgrounds of youth in custody and how to work with youth in a culturally responsive manner. Include material on historic and institutional racism and strategies to address implicit bias. Clearly distinguish cultural responsiveness from gang-awareness.

Fourth, staff at LMYDS do not have sufficient guidance regarding the management of lesbian, gay, bisexual, transgender, and questioning (LGBTQ) youth. The team spoke with several program workers who did not have a consistent view of how to appropriately provide programming for LGBTQ youth. The LMYDS training program should include much more training on working with LGBTQ youth beyond that which is required by PREA.

> **Recommendation:** Adopt a dedicated policy on the treatment of LGBTQ youth independent of the facility's PREA policy. Provide additional training on working effectively with LGBTQ youth, and consider partnering with community-based resources to deliver that additional training.

LMYDS's training program omits several important subjects in the JDAI Standards. Youth program workers need additional training, especially training on how to identify and respond to youth with mental illness in detention settings.

> **Recommendation**: Develop training in the following areas for all staff:

1. Signs of physical, intellectual, and developmental disabilities, the needs of youth with such disabilities, and the ways to work and communicate effectively with youth with those disabilities;
2. Signs of mental illness and the needs of and ways of working with youth with mental illness, including working effectively with mental health staff;
3. Gender-specific needs of youth in custody, including special considerations for boys and girls who have experienced trauma, pregnant girls, and health protocols for both boys and girls;
4. Effectively communicating with LGBTQI youth;
5. Signs and symptoms of medical emergencies, including acute manifestations of chronic illnesses (*e.g.*, asthma, seizures) and adverse reactions to medication;
6. Signs and symptoms of mental illness and emotional disturbance;
7. Access to mental health and crisis intervention services for youth;
8. Signs and symptoms of chemical dependency, including withdrawal from drugs and alcohol;

9. Procedures for appropriate referrals of health and mental health needs, including transportation to medical or mental health facilities;
10. Signs and symptoms of child abuse and neglect; and
11. Handling disclosures of victimization in a sensitive manner.

SUPERVISION

LMDYS has created several important channels for supervision of staff. The Training Specialist and Quality Assurance coordinator have worked at the facility for years and are familiar with almost all staff and most residents. Program workers receive regular reviews from Supervisors. All staff attend training and shift meetings on Thursdays with supervisors. Social workers hold monthly meetings on the third Thursday of each month. The facility holds weekly meetings for program workers with supervisors and quarterly meetings for all staff members.

Program workers complete daily behavior sheets for each youth to document their points. They also maintain a three-ring binder for each resident and a Unit Behavior Report for each shift. Staff must complete a Fine Sheet if a youth receives a minor violation as well as an Incident Report if a youth receives a major violation. Unfortunately, supervisors are not able to easily view data from resident binders, daily behavior sheets, incident reports, fines, and BICs all in one place. Supervisors do review Shift Reports and weekly Shift Reports, but these reports lack detail on the use of fines, hours of room confinement, and details found in resident binders.

While the Director and Assistant Director are clearly dedicated to serving youth, they did not appear to be familiar with individual youth and staff. Program workers consistently requested that the Director and Assistant Director work more closely with direct care staff, observe staff on duty, and provide positive and constructive feedback to staff and supervisors. This is particularly important because many of the administrative staff at LMYDS are relatively new.

> **Recommendation**: Administrators should spend time on living units daily and interact directly with staff and youth. Administrators should consider joining a number of shifts each month.
>
> **Recommendation**: Create a system to review log books, video, and resident binders regularly.

QUALITY ASSURANCE

LMYDS has several ways of tracking information about youth and staff. One obvious strength is that the facility has a process to document almost all incidents of discipline and current administrative staff understand the importance of data. Several administrators have extensive experience in program improvement and quality assurance. The new leadership at LMYDS understands how data-driven strategies can improve the quality of services. The facility uses several different programs to track and review data, including LouieStat and XJAIL, and administrators are familiar with the capacity and limitations of these programs. Program Improvement staff have reviewed existing data and completed reports on room confinement and recidivism.

Administrators review Shift Reports and Cumulative Behavior Reports for the entire facility, which capture important daily information. These reports do not track the number of room confinement hours. Through LouieStat, the facility can track department metrics like overtime, sick time, and staff turnover. Although LMDYS has the ability to capture an impressive amount of information, staff are not able to track and store all of this data in one place. This makes it difficult for facility leaders to translate information from various sources into strategic corrective action plans. This is especially problematic given concerns about inconsistency in the use of the behavior management system.

> **Recommendation**: Work with Louisville Metro to develop a synchronized way to track and review information about the use of discipline and incentives, fines, and room confinement.

> **Recommendation**: Establish collaboration between direct care staff and quality improvement staff so the facility can better translate existing information (e.g. reports on room confinement and recidivism) into corrective action plans endorsed by line staff.

ENVIRONMENT

Juvenile detention facilities should not look like or be operated as jails. This section encourages facilities to provide a non-penal environment appropriate for youth who need to be held in a secure setting. It requires that the facility is clean, meets fire and safety codes, has properly functioning temperature controls, light, and ventilation, and offers youth appropriate living conditions. This section also encompasses quality of life issues – assuring that youth will have clean, properly-fitting clothing; pleasant, healthy eating experiences; permission to retain appropriate personal items; and some measure of privacy.

LMYDS has an impressive and current comprehensive set of emergency preparedness plans. We have identified a handful of additions that we think would strengthen the plans and their effectiveness if they are ever needed. As described below, an aging and problematic physical plant contributed to findings of non-conformance with many standards in this area. The facility's leadership has taken notable steps to try to remedy these longstanding challenges.

POSITIVE INSTITUTIONAL ATMOSPHERE

A positive institutional atmosphere in a juvenile detention facility depends on two factors: the physical environment and the interpersonal atmosphere created by the way staff work with and supervise youth. As mentioned in the introduction, the team appreciated the recent work that had been undertaken to introduce positive messages and artwork through large and colorful murals in the courtyard. There are many more areas that could benefit from such attention, and we encourage the administration to forge ahead with plans to introduce other artwork and developmentally appropriate imagery throughout the facility.

> **Recommendation:** Continue with plans to introduce murals and other positive artwork and imagery in other parts of the facility and on the living units.

Many of the systemic problems mentioned in the introduction – staffing shortages, forced overtime, low pay, a lack of mental health resources, and an overuse of room confinement – limit the facility's ability to achieve a staff-created positive institutional atmosphere. With the exception of some exemplary front-line staff and supervisors, the atmosphere at LMYDS is generally not one that conveys a sense of high expectations of youth. This includes the fact that youth at LMYDS wear prison-style jumpsuits, and some staff wore law-enforcement style shirts with prominent embroidered shields (as opposed to other staff who wore polo shirts). While the overarching challenges are likely to take time and resources to address, the clothing may be one area that administration can address on a more rapid timeframe.

> **Recommendation:** Develop and implement an action plan to address the systemic challenges facing the facility that limit the ability to create a positive institutional atmosphere.

> **Recommendation:** Change the clothing offered to youth to polo shirts and khakis instead of prison-style jumpsuits.

FOOD SERVICE AND NUTRITION

Consistent, high-quality food service can help maintain a positive institutional atmosphere and reduce the number of incidents involving physical aggression and violence. As mentioned in the introduction, the team reviewed many grievances related to the quality and quantity of food provided to youth prior to arriving on site. Interviews with staff and youth, coupled with the team's observation of meal service while on site, provided additional information about shortcomings within the food service and delivery system at LMYDS.

The team recognized that the kitchen had implemented a new menu recently with the goal of remedying long-standing areas of concern. The team also learned about significant staffing shortages in the kitchen, coupled with the recent departure of the facility's food service manager. While the team acknowledges these challenges, we found that there were serious concerns about the quality, quantity, and timing of meals at LMYDS. As any juvenile facility administrator knows, problems with these areas of food service and delivery lead to unhappy youth who are more likely to engage in disruptive behavior.

First, the meals that the team observed delivered to youth (and that some team members consumed) were not visually appealing or particularly appetizing. The team also questioned whether the portion sizes matched what was prescribed via the menu. We understood that the facility had adopted a 3,000 calorie diet recently to acknowledge the growing adolescent population at the facility, but the servings did not seem large enough to meet that target. Additionally, many youth reported that the meals left them hungry later in the day.

> **Recommendation:** Verify whether portion sizes are in line with menus approved by the food service provider's dietician.

> **Recommendation:** Ensure that meals are both visually appealing and appetizing to youth.

Second, many youth and staff reported concerns about the timing of lunch and dinner. Some youth at the facility eat lunch as early as 10:45am, and they may not receive dinner until 5:30pm or later. Youth and staff reported that youth often became hungry during this time period in the absence of a snack.

> **Recommendation:** Align the facility's food service delivery with a more standard schedule that includes a later lunch.

> **Recommendation:** Provide an afternoon snack in between lunch and dinner.

EMERGENCY PREPAREDNESS AND FIRE SAFETY

As mentioned above, the facility has an impressive and comprehensive set of emergency preparedness plans that account for many different types of emergencies and natural disasters. We applaud the facility for thinking through how it would manage those situations. We did have

several additions that we believe would strengthen the plans. The plans do not explicitly address the process for transporting essential medications off-site, notifying family members (including designating staff who would be responsible for making the notifications), and addressing how to meet the needs of youth with disabilities and limited English proficiency. The team encourages administrators to think through how they would manage those aspects of the facility's response to emergencies and integrate them into the existing plans.

> **Recommendation:** Include additions to existing emergency preparedness plans that address the process for transporting essential medications off-site, outline the process for notification of family members (including designating staff who would be responsible for making the notifications), and address how to meet the needs of youth with disabilities and limited English proficiency.

The facility conducts regular fire drills on shifts and has good documentation of the outcomes of drills. We understood that drills did not include practice clearing youth from the secure area of the building. We recommend conducting a drill that includes clearing youth from the building at least annually.

> **Recommendation:** Conduct a fire drill that requires staff to clear youth from the building at least annually.

PHYSICAL PLANT AND SANITATION

As mentioned in the introduction, the physical plant at LMYDS suffers from significant shortcomings, and the facility would benefit from heightened attention to sanitation protocols. Administrators and staff at LMYDS are all too familiar with the challenges presented by the facility, including chronic maintenance problems, inconsistent air and water temperatures, lighting problems, and other problematic conditions. There is, unfortunately, no easy remedy to these problems in a facility of this age, but LMYDS could certainly benefit from additional resources directed at preventive and corrective maintenance. Additionally, the facility relies upon youth for a significant amount of services that would otherwise be provided by janitorial staff. The team observed many parts of the facility that were not adequately cleaned and sanitized under the current protocols.

> **Recommendation:** Secure additional resources for preventive and corrective maintenance and develop a prioritized list of chronic maintenance issues to be addressed in order of their relation to the life, health, and safety of youth and staff at the facility.

> **Recommendation:** Develop policies and procedures that ensure a thorough and appropriate cleaning and sanitization of areas where youth and staff are present.

SEARCHES AND SUPERVISION

First, we did not observe staff consistently announcing themselves when entering housing units where youth of the opposite gender were present. We understand that the facility has units that house both males and females. However, the PREA standards do not provide exceptions for co-

ed units. We recommend reinforcing the need to make such an announcement by posting a reminder on housing unit doors or through some other means.

> **Recommendation:** Develop signage or some other technique to ensure that staff of the opposite gender of youth on a housing unit announce their presence.

ACCOMMODATIONS FOR YOUTH WITH PHYSICAL DISABILITIES

Although the facility had designated rooms and bathrooms that were intended to accommodate youth with physical disabilities, the rooms and bathrooms lacked all of the fixtures necessary to comply with the Americans with Disabilities Act (ADA) standards for secure detention facilities and the JDAI standards in this area (e.g., grab bars). Additionally, the restrooms available to the public during visitation were not ADA complaint, potentially limiting the access of family members and legal guardians with disabilities.

> **Recommendation:** Install grab bars and shower fixtures that would meet the needs of youth with physical disabilities. Suicide-resistant grab bars with welded steel between the wall and the bar are available from corrections supply outlets. Modify the public restrooms to ensure compliance with the ADA.

RESTRAINTS, ROOM CONFINEMENT, DUE PROCESS, AND GRIEVANCES

Security and good order in a facility are best achieved when expectations are clear; the facility encourages compliance with rules through positive behavior interventions; staff are well-trained to help prevent and de-escalate crises; and there are positive relationships between youth and staff. This section addresses what happens when those protective factors are insufficient. This section includes the facility's rules for restraint, use of physical force, room confinement, discipline, provisions for due process, and disciplinary sanctions. This section also addresses the facility response to concerns and complaints by youth through an effective grievance process.

MECHANICAL RESTRAINTS

Staff appear to be adequately trained to use force and handcuffs when necessary for youth who are out of control, and to cease using PRT and handcuffs as soon as the youth is under control or in their room.

Shackles are routinely used for transporting youth outside of the facility. Leg shackles are physically very uncomfortable and psychologically humiliating. Leg shackles may be necessary for security and safety in transporting some youth, but certainly not all youth. For this reason, the JDAI standards require that staff "provide particularized reasons for their use and obtain approval by the facility administrator" before using shackles. The team was told that a previous superintendent did not support the routine use of leg shackles during transportation.

> **Recommendation:** Require particularized reasons and approval by the facility administrator before using shackles for transportation outside the facility.

There is a restraint chair in the facility. The team received varying recollections of how often it has been used in the past, but there was agreement that it has been used rarely. Restraint chairs constitute an unnecessary and degrading level of restraint in a juvenile facility, particularly when staff are well-trained on physical control of disruptive youth. For that reason, when it has investigated juvenile facilities that use a restraint chair, the U.S. Department of Justice has consistently found that use of the chair violates a youth's constitutional rights and should be ended. The restraint chair in this facility obviously is not an important element in staff efforts to control disruptive youth. It should be removed from the facility so that future staff or administrators do not decide to begin using it again.

> **Recommendation:** Remove the restraint chair from the facility.

ROOM CONFINEMENT

The usual stated purpose of room confinement is as a temporary response to youth behavior that threatens immediate harm to the youth or others. When the youth ceases to threaten immediate harm to self or others, staff should release the youth from room confinement. This principle is embodied in the JDAI Juvenile Detention Facility Standards and has been approved by the American Correctional Association, National Partnership for Juvenile Services (composed of administrators and staffs of juvenile detention facilities), Council of Juvenile Correctional

Administrators (composed of administrators of the state juvenile correctional agencies), National Commission on Correctional Health Care, American Academy of Child and Adolescent Psychiatry, American Academy of Pediatrics, American Probation and Parole Association, American Psychological Association, and the National Council of Juvenile and Family Court Judges. Room confinement can have long-lasting and devastating effects on youth, including trauma, psychosis, depression, anxiety, and increased risk of suicide and self-harm. The American Correctional Association is adopting a new standard that explicitly requires these limitations on the use of room confinement in juvenile facilities.

In this facility, room confinement is used primarily as punishment for violating facility rules. Youth are held in rooms for set periods of time (e.g., 6 hours, 12 hours, 24 hours, 48 hours). This is inconsistent with the guiding principle described in the previous paragraph. While in the rooms, youth may not have phone calls or visits with parents or guardians, and may not have books. The Resident Handbook incorrectly states that youth will receive 30 minutes off of their confinement time for each hour they cooperate and followed expected behavior in their rooms: the team was told that does not actually happen.

A review of Behavior Reports and Incident Reports revealed that some youth are held in room confinement for long periods for nonviolent behavior, including passing candy (8 hours), refusing to go into their room (12 hours), failing to comply with a rule after receiving bad news (12 hours), grabbing a phone without permission (6 hours). Any reference to gangs results in 24 hours of room confinement.

The “1 in 1 out” program in 2D, the girls unit, is particularly harsh and unfair. As mentioned earlier in this report, the team recognized that non-contact orders issued by the court contributed to this arrangement. However, the team also learned that acting out behavior also contributed to “1 in 1 out.” For example, because some girls acted out, all girls were in lockdown in their rooms for two weeks as of the dates of the on-site assessment. This is group punishment for the misbehavior of some girls, which is inherently unfair. It is unnecessary and excessive. It is also discriminatory on the basis of gender, since units in which boys were disruptive were not subjected to lockdowns at the time of our visit. The team learned that “1 in 1 out” had been used on male units in the past, but the fact that it was only being used for female youth undercuts perceptions of fairness among youth at the facility. Interviews with girls in their unit indicated that one or two girls have especially high needs and are prone to quick anger. The solution to that is to bring in a qualified mental health professional to develop truly individualized behavior plans, not the current “Behavior Improvement Contracts” which essentially offer youth reductions in punishment for doing chores or assignments but do not get to the underlying emotional problems.

The assessment team is well aware of the dangers posed by disruptive youth in a juvenile facility, the critical importance of maintaining safety and security, and the difficulty in transitioning away from a facility culture that uses room confinement routinely. But several jurisdictions have done so. Massachusetts and Maine have largely done away with room confinement as a punishment for violating rules in detention and commitment facilities and only use it during brief periods (usually no more than one hour). Ohio reduced its use of room confinement by 90% by providing individualized behavior plans and changing the culture of its

state facilities. Mississippi does not rely on room confinement as a disciplinary sanction in its state facility for youth transferred to adult criminal court.

This facility has several levels of response to youth misbehavior, including verbal intervention, failure to earn points, time out, fines, room confinement, and behavior improvement contracts. This system may be useful, since it allows staff to gradually increase the level of sanction if a youth does not cease misbehavior or continues with additional misbehavior. However, in practice, many youth go quickly to room confinement, so the gradations in the sanctions are not effective. "Failure to earn points" and "fines" do not seem to be sufficient sanctions to deter youth from being disruptive.

Part of the problem may be that the rewards offered to youth who attain higher levels do not seem to provide sufficient motivation to youth. Many of the articles youth can purchase at the Token Economy Store are for hygiene such as soap, deodorant, and toothpaste, i.e., basic needs. Snacks such as chips, candy, cookies and sodas are available, but the rewards are not so desirable that youth think twice before acting out and making those rewards unavailable. Other juvenile detention facilities in Kentucky use much stronger rewards, like meals from McDonalds or Chinese food, more frequently and for a broader range of youth than LMYDS currently does. The assessment team was told that a National Basketball Association player donated athletic shoes to the facility, but the shoes have not yet been distributed. These are examples of rewards that would be highly prized by youth in the facility. Facility administrators should solicit suggestions from staff *and youth* about more desirable rewards.

In addition, the Token Economy program should be revised so that more youth can achieve Honors and Super Honors and can achieve those levels more quickly. At the present time, very few youth can get to the top level, even if they do not violate any rules.

The facility wisely recognizes that youth may get upset during incidents in the facility. The Resident Handbook states:

> A resident placed on time out is allowed to verbalize anger during the calming or cooling off process. Staff shall not discipline the resident for ventilating during a time out unless the resident uses abusive language directed toward another person, or violates major rule offenses.

This is a developmentally appropriate policy to allow youth to verbalize anger after an incident. In practice, however, it appears that many youth call out specific individuals when they verbalize, and they then receive room confinement. A considerable number of youth receive room confinement in such circumstances.

Needless to say, youth cannot be allowed to threaten staff or other youth. Yet it may not be realistic to expect upset youth to avoid directing their anger toward a specific person. Their anger may be an expression of their emotional upset, rather than an actual threat to a staff member or youth.

The use of room confinement also demonstrates the critical need for a qualified mental health

professional on site. As discussed earlier in this report, there are youth with serious mental health disorders in this facility, and they act out. Punishing them by locking them up in a bare room with nothing to do is not going to help them. They need professional intervention. The qualified mental health professional should be involved in intervening in or soon after confrontations in the facility, working with the most disruptive youth and youth who spend the most time in room confinement, developing individualized behavior plans that reward successive approximations of measurable behavior change, conducting debriefings after all incidents that result in room confinement, and training staff on adolescent development and behavior.

Dr. Mullins and Ms. Day are to be commended for their interest in reducing room confinement and their openness to new ideas. Team members suggested a number of resources that may be helpful, including reports, toolkits, and administrators of juvenile facilities who have made significant reductions in the use of room confinement. A particularly helpful resource is the *Toolkit for Reducing the Use of Isolation* prepared by the Council of Juvenile Correctional Administrators (March 2015).

> **Recommendation:** Limit room confinement in the facility to a temporary response to youth behavior that immediately threatens the safety of the youth, other youth, or staff, and release youth from room confinement when they regain control.
>
> **Recommendation:** Review relevant materials such as the CJCA *Toolkit* and talk with facility administrators in jurisdictions that have reduced room confinement in order to plan a transition away from the frequent use of room confinement that now occurs.
>
> **Recommendation:** Do not use room confinement for fixed periods of time or as a punishment or disciplinary sanction.
>
> **Recommendation:** Do not use group punishment or the “1 in 1 out” program.
>
> **Recommendation:** Conduct focus groups with staff and with youth to elicit ideas for more desirable rewards for the Token Economy. Contact local businesses, including sports teams, for donations to the Token Economy program. Streamline the process for youth to advance to higher levels in the program so that rewards are both desirable and attainable.
>
> **Recommendation:** Review policy and staff training to determine how to allow youth to verbalize their emotional upset without using room confinement if they direct their upset toward a particular youth or staff.
>
> **Recommendation:** Hire a qualified mental health professional for on-site work at the facility.
>
> **Recommendation:** With the qualified mental health professional, revise the “Behavior Improvement Contracts” to make them more individualized and structured so that they provide rewards for youth who achieve successive approximations of measurable desired behavior, rather than only providing youth with an opportunity to erase part of their

overwhelming point deficits.

DUE PROCESS

The checklist lists some JDAI standards that are not met. However, several positive aspects of the discipline and due process system are noteworthy. Hearings are scheduled soon after disruption incidents, usually within a few hours. Assistance to the youth in the hearing is routinely offered and provided. The assessment team notes that youth should receive “credit for time served” for the time they are in confinement until their disciplinary review hearing.

> **Recommendation:** Give youth credit for time served for the time they spend in their room after the incident until the disciplinary room confinement.

GRIEVANCES

The grievance process has several important strengths. There are grievance boxes in every unit. Youth understand the grievance process and most do not fear retaliation for filing a grievance. The grievances are investigated expeditiously and youth are given meaningful responses. Many of the grievances are valid, and administrators often take action to remedy the identified problems.

There are some challenges for the grievance process. In unit 2C, the grievance box is behind the water cooler and is not readily visible and easily accessible. Some youth told the team that they don’t believe the grievance process is very effective.

The Resident Handbook states that, before a youth requests a Resident Grievance Form, the youth must “Maturely explain your side of the conflict to the worker to see if the issue can be resolved without using a Resident Grievance Form.” There are two concerns about this. First, a youth should not have to request a grievance form from staff. The forms should be available near the grievance box or in some other easily-accessible location. If youth have to request a form, they may be deterred from filing a grievance. Second, a youth may interpret the requirement in the Resident Handbook to mean that the youth must go *to the staff member whom they want to file a grievance about* (i.e., “the worker”) to try to resolve the issue. That is not appropriate and is a bad practice. Many youth may be deterred from filing a grievance if they have to talk to the same staff member first. The language in the Resident Handbook should be revised to make it clear that a youth should talk with a youth worker about their issue, but they do not have to talk with a staff member about whom they intend to file a complaint.

The language on the Resident Grievance Form is also ambiguous. It says, “It is your responsibility to attempt to resolve issues before filing a grievance by calmly discussing the issues with staff.” It doesn’t say “*the* staff” but it could still be interpreted that way by youth. The language should also be clarified.

The grievance process does serve as a valid indicator of youth concerns at the facility. The team reviewed all grievances since the beginning of the year. Two major categories of grievances were food and problems with the building, which is consistent with what the team was told by

youth and staff. The largest category of grievances, however – more than the total for food and building problems combined --were about unfairness in imposition of consequences, fines, and room confinement. Another major category, with about as many grievances as about food, were those about staff behavior. The team recognizes that many youth grievances are unsubstantiated. But the sheer number of grievances about the discipline system, as well as those about staff behavior, should raise red flags with facility administrators. The research literature in juvenile justice, as well as common experience, make it clear that youth do not effectively engage in a process that they consider unfair.

Recommendation: Ensure that all grievance boxes are in locations that are fully visible and easily accessible by youth.

Recommendation: Clarify the language in the Resident Handbook and the Resident Grievance Form so that youth understand they do not have to talk to the worker they intend to complain about before filing a Resident Grievance.

Recommendation: Regularly review youth grievances and talk to youth to determine if there are patterns in their concerns about the fairness of the consequences, fines, and room confinement. Determine whether there is a pattern of concerns with individual staff, or in specific units, or whether the concerns are spread over many staff. That may indicate a need for reviewing staff training, or for clarifying policy about the imposition of sanctions for misbehavior and misconduct.

SAFETY

Although safety is the last section of this assessment tool, physical and emotional safety for youth and staff is the overarching principle underlying all of the other sections. This section identifies the facility's responsibilities to protect youth and staff, respond quickly and appropriately when incidents occur, provide support to alleged victims, and investigate allegations of misconduct.

As we described in the introduction and other parts of this report, the combination of a lack of mental health resources, staffing shortages and turnover, and the excessive use of room confinement have created a dangerous situation in parts of the facility. However, we did want to recognize two areas of strength in this area of the standards.

First, the facility, and the Quality Assurance Coordinator in particular, have done an exemplary job of prioritizing thoughtful implementation of the Prison Rape Elimination Act standards for juvenile facilities. The team was very impressed with how knowledgeable the Quality Assurance Coordinator was about the standards, and how thoroughly she investigated and documented any allegations of sexual misconduct. We were also pleased to hear that the facility was in the process of securing $1 million in upgrades to its video monitoring system to address blind spots within the facility.

Second, the team was pleased to hear that a Resident Council of youth at the facility meets on a monthly basis to advise administrators about safety concerns and other operational issues at the facility.

In addition to addressing the overarching areas of concerned mentioned above, we had one major area of concern: the number of substantiated PREA incidents over the course of the last year. As mentioned in the introduction, from November 2016 to August 2017, LMYDS had 6 reported PREA incidents, 5 of which were sustained or substantiated. There was also one reported incident of retaliation by a staff member against a youth who had made a PREA report, which was also sustained.

LMYDS did a thorough and appropriate job of responding to these incidents, and the fact that the incidents were detected in the first place speaks to the importance of the facility's PREA compliance work. Additionally, it is important to note that the incidents did not involve allegations of alleged abusive physical contact by staff. However, the fact that some incidents involved recent hires who crossed professional boundaries in their interactions with youth (one of whom did so over an extended period of time) raises questions about screening during the hiring process, training of staff on red flags and warning signs in their interactions with youth, and supervision of newly hired staff. This was a particular area of concern given that there may also be incidents that have gone unreported, notwithstanding the facility's PREA compliance efforts.

We recommend considering whether additional or enhanced screening of staff would better prevent staff with inappropriate motives from applying to work at LMYDS. For example, DJJ uses a screening instrument known as the Diana Screen to identify staff who may be more likely to engage in sexual abuse or harassment of young people.

Recommendation: Consider whether additional screening questions or tools, such as the Diana Screen, could identify staff who may have a greater likelihood of engaging in inappropriate conduct with youth at the facility.

Second, we recommend clarifying the appropriate boundaries of staff and youth interaction in policy and procedure and through training. While the Code of Conduct and Code of Ethics speak generally to boundaries, there is a clear need for a social media and undue familiarity policy and training on maintaining appropriate boundaries.

Recommendation: Develop and add guidance to the undue familiarity policies and procedures to address appropriate boundaries between youth and staff, contact outside of the facility (including through social media), and admissions to detention of relatives and family friends.

Recommendation: Train staff on appropriate boundaries between staff and youth, including warning signs and red flags that such contact is inappropriate. CCLP has developed trainings for several agencies on this topic and would be happy to share training materials and provide such training in partnership with LMYDS.