

Jefferson Parish Detention Facility Assessment 2017

L. ROBERT RIVARDE DETENTION CENTER

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JEFFERSON PARISH CHILDREN & YOUTH PLANNING BOARD

Facility Assessment Of the L. Robert Rivarde Detention Center



Jefferson Parish Children and Youth Planning Board

2017

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**L. Robert Rivarde Detention Center
Self-Assessment Results**

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Introduction

In July 2007, Jefferson Parish was selected by the Annie E. Casey Foundation as a site for the Juvenile Detention Alternatives Initiative (JDAI). The eight interconnected core strategies of JDAI are:

- Collaboration
- Data-Driven Decisions
- Objective Admissions Criteria and Instruments
- Non-Secure Alternatives to Detention
- Case Processing Reforms
- Special Detention Cases
- Reducing Racial Disparities
- Conditions of Confinement

Through the work of the Jefferson Parish Children & Youth Planning Board, these core strategies have been targeted leading to substantial improvements in each of these areas.

This report reflects Jefferson Parish's commitment to reforming detention processes by holding its detention facility to comprehensive standards developed by the Annie E. Casey Foundation. The process utilized in performing this Self-Assessment is detailed here to provide guidelines for future self-assessments in Jefferson Parish and for jurisdictions in the planning phases of detention self-assessment.

Purpose

The purpose of the L. Robert Rivarde Detention Center Self-Assessment is to uphold the commitments of the Jefferson Parish Children & Youth Planning Board (CYPB) and Department of Juvenile Services to juvenile justice reform. Through its annual comprehensive planning process, the CYPB tasked the Reform Committee with several objectives related to the JDAI core principles:

- To develop an objective detention risk assessment instrument
- To establish and maintain meaningful data collection strategies regarding detention utilization
- To utilize national and local resources to educate juvenile justice agencies about disproportionate minority contact
- To utilize data to develop and implement alternatives to detention
- To assess and improve conditions of confinement in the detention facility

The Jefferson Parish Department of Juvenile Services, the governmental agency responsible for the operation of the detention facility, has also been engaged in juvenile justice reform through the John D. and Catherine T. MacArthur Foundation's Models for Change initiative. Throughout this simultaneous effort, the Department has advanced several areas spanning the juvenile justice continuum. Among these areas are implementation of evidence-based practices,

utilization of valid and reliable screening and assessment instruments, development of alternatives to formal processing, improving probation practices, and implementing initiatives to reduce disproportionate minority contact.

In addition to local reform efforts, Louisiana passed legislation at the 2010 Regular Session concurring with detention reform. Act 863, signed by Louisiana Governor Bobby Jindal June 30, 2010, established the policy “that all juvenile detention facilities provide temporary, safe, and secure custody of juveniles during the pendency of juvenile proceedings, when detention is the least restrictive alternative available to secure the appearance of the juvenile in court or to protect the safety of the child or the public.” Further, this act provides “for the establishment of statewide standards for juvenile detention facilities, to ensure maintenance of these standards, and to regulate conditions in these facilities through a licensing program.” (See Appendix 1.) As of January 1, 2013, all juvenile detention facilities were licensed by the State of Louisiana. It is noteworthy that, while Louisiana licensing standards uphold high standards for juvenile detention facilities, the JDAI Standards reference in this self-assessment represent the highest standards utilized across the United States for juvenile detention facilities.

Reflective of ongoing progress, the detention facility has made significant improvements to the physical plant including repairs to plumbing, roof, and interior flooring. These improvements are the result, in large part, of the detention self-assessments performed in 2008 and 2010.

Self-Assessment Process

An initial planning meeting was held in July 2016 to discuss the self-assessment process. Procedures were developed to build on lessons learned from the 2010 self-assessment. Included among these procedures were training of volunteers, use of a standardized reporting format, and establishment of a timeline. Volunteers from a variety of stakeholder agencies were determined to be the most appropriate assessors due to the variety of education and experience with youth.

In September 2016, the Reform Committee presented the plan to the CYPB and solicited individuals interested in volunteering to be assessors. The CYPB has been recognized across Louisiana for its inclusion of a broad array of stakeholders. The Reform Committee sought to engage these stakeholders to assure a more comprehensive self-assessment process.

In November of 2016, a two-hour training was held for 20 volunteers. The training was based on JDAI Self-Assessment trainings provided by the Annie E. Casey Foundation and the Center for Children’s Law and Policy. Training covered the following topics:

Purpose of Self-Assessment: Included in this topic were:

- Improving quality of detention for the well-being of youth
- Bringing focus onto conditions of confinement
- Insuring uniform standards for the detention facility
- Establishing higher standards for practices/policies that embody best practice professional standards
- Establishing the L. Robert Rivarde Detention Center as a model facility in the state
- Illustrating values of JDAI

To emphasize the importance of the self-assessment process, two poignant perspectives were presented to participants and stakeholders. First, stakeholders were asked to consider whether they would want their own children to be detained in the facility. Second, participants were reminded that youth who are detained, even for a single day, have poorer outcomes than youth who are not detained.

JDAI Overview and Guiding Principles: Key concepts presented were:

- Public officials are legally responsible for ensuring adequate conditions
- Crowding has a negative impact on other conditions
- Leadership at multiple levels is essential to improve conditions
- Assessments should focus on best professional practices
- Attitudes are an important part of changing conditions
- Adolescent development needs must be taken into account for detained youth

Preparing for Self-Assessment: A tangible approach to the assessment process included universally applicable procedures, such as document reviews, interview techniques, and observation procedures. Teams were encouraged to be comprised of “insiders” - volunteers who are closely associated with the facility, and “outsiders” - volunteers who have experience with youth organizations, but are not closely associated with the facility. As such, the teams benefitted from a broad range of experiences and backgrounds.

C.H.A.P.T.E.R.S. Overview: Volunteer assessors were presented with the organization of the JDAI standards. Specifically, the acronym CHAPTERS was described where each letter corresponds to a component of detention operations as follows:

C-Classification and Intake

H-Health Care
A-Access Issues
P-Programming
T-Training and Supervision of Employees
E-Environmental Issues
R-Restrains, Grievances, Isolation and Due Process
S-Safety

Team Composition and Selection: To ensure equitable distribution of standards, seven teams were formed using the following rubric:

Team A:Classification and Access
Teams B & C:Health Care
Team D:Programming
Team E:Training & Safety
Team F:Environmental Issues
Team G:Restrains

Each team was responsible for approximately 45 standards with an estimated time investment of 3-5 days.

Determination of Standard Conformance: A critical lesson learned from previous assessments was the need to clarify the conditions under which standards conformed. Several standards contain more than one condition for conformance. Also, assessors often were side-tracked from assessing actual standards to focusing on tangential topics. These pitfalls were averted by informing team members to adhere to the content of the standard as it is written.

Confidentiality and Minimal Intrusiveness: Team members were informed that they were to maintain confidentiality throughout the assessment process. All materials were to be turned in to self-assessment coordinators including notes, standard sheets, forms collected, and any other items containing specific information. In addition, trainers stressed to assessors that their role was that of an auditor, rather than as a consultant or advocate. Team members were also informed they were not to interfere with staff members while performing their duties. For example, team members should not interview a direct care worker in the process of escorting youths from one area to another.

Before concluding the initial training, volunteers formed teams by choosing the topics they were most interested in. Follow-up meetings were scheduled with each newly formed team to discuss specific standards for each topic.

Follow-up trainings were held over a 4-week period during November and December 2016. The content of these trainings focused on the details of each standard under the team topics. A follow-up training was held for each of the seven teams and was attended by only members of that team. The purpose of this targeted approach was to maintain team members' focus on only the standards under their sections rather than inundating all volunteers with an exhaustive list of all standards. Team members were given the option to decide on the team's approach to performing the self-assessment. The options were:

- Divide the standards into equal parts for each member to perform observations, interviews, and review documentation.
- Each member of the team was responsible for observing, interviewing, or reviewing documentation for all standards.

The Detention Home Supervisor and the detention center staff were notified that the teams were scheduled to perform site visits throughout the months of November and December. Given advanced notice, the detention home staff was prepared for the visits. Staff members were encouraged to make every effort to answer team members' questions and provide the information requested.

Following training, each team was given three weeks to report their results. Reports consisted of a list of each standard indicating conformance or non-conformance and a statement of how the standard did not conform.

Once reports from team members were collected by self-assessment coordinators, a report was constructed to provide to the Detention Home Supervisor and Director of the Department of Juvenile Services. Upon completion of this report, the self-assessment coordinators presented the results to the Director and Detention Home Supervisor. Key elements included in the report were the establishment of a baseline for future self-assessments, development of a standardized methodology for future self-assessments, identifying specific recommendations for improving conformance, and a listing of standards not meeting criteria for conformance.

This report, upon approval by the Director, shall be incorporated into the Annual Comprehensive Plan for the Jefferson Parish Children & Youth Planning Board and presented to the Children & Youth Planning Board.

Timeline

Task	Month Scheduled							
	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017
Hold Planning Meeting	x							
Solicit Volunteers from CYPB			x					
Hold Initial Training					x			
Hold Individual Group Trainings					x	x		
Perform Detention Assessments					x	x		
Team Reports Due						x		
Overall Report Due							x	
Remediation Report Due								x
Begin Implementation								x

Results

Results from this self-assessment were as follows:

Total Number of applicable JDAI Standards:	538*
Number of Conforming Standards:	380 (71%)
Number of Non-Conforming Standards:	158 (29%)

*Standards with sub-parts (a., b., c., etc.) were counted separately.

A list of all non-conforming standards and the justification for non-compliance is contained in Appendix 2.

Compared to the self-assessment performed in 2010, the percentage of standards found to be in conformance increased by 33%. This dramatic increase is the result of significant national, state, and local attention being given to improving conditions of confinement.

Remediation Plan

In order to immediately impact the rate of standard conformance, a list of recommended actions is included in Appendix 3. The list is divided into:

- Form Revisions
- Policy Revisions
- Records/Files Required

- **Trainings Required**

Each section is further divided into the areas the standards are organized by.

Upon receipt of the results of the self-assessment, the Detention Home Manager reviewed the results and constructed a remediation plan. This plan is contained in Appendix 4.

Lessons Learned

Important lessons were learned during this self-assessment process that may be helpful for future detention self-assessments. These lessons learned will also assist other jurisdictions in planning and implementing self-assessments regardless of the standards used.

Planning and Timeline

Plan for attrition. Team members, regardless of their level of dedication, maintain busy schedules. It is important to inform team members that if any member does not complete their assignments, the other team members will need to complete these assignments.

Provide ample time and use a timeline with due dates. Volunteers responded well to the timeline because it provided them with enough time to schedule site visits. Trainers were sensitive to the busy schedules of volunteers and the timeline was developed accordingly. Due dates were important to establish a timeframe for completion of self-assessment tasks.

Training

Structure training to maintain active participation. The format of the training worked well when general self-assessment principles and guidelines were presented to everyone. Individual team trainings were conducted separately. Volunteers were attentive throughout the training sessions.

Include a wide range of stakeholders. Volunteers reflected the variety of stakeholders participating in the Children & Youth Planning Board. This variety of perspectives contributed to the success of the assessment process. Volunteers ranged from community representatives to agency administrators with disciplines from mental health to grant writing.

Structured Approach

Structure tasks with clear definitions and objectives. Tasks and objectives were clear and concise. Volunteers had a clear understanding of their objectives and needed little additional effort to begin site visits. An important lesson learned from previous self-assessment processes held at this facility was that team members needed more clarity regarding the self-assessment process.

Using a structured implementation approach provided more clarity, which enabled team members to focus on standards rather than tangential issues.

Anonymity of Team Members

Maintain anonymity of team members. Team members were informed that their participation on any particular team would not be published in a final report. Anonymity assured that team members and the agency they represent were not linked to any specific findings. This enabled team members to perform their respective duties with minimal concern for secondary impacts of the results.

APPENDIX 1

CODING: Words in struck through type are deletions from existing law; words underscored are additions.

Regular Session, 2010

ACT No. 863

HOUSE BILL NO. 1477 (Substitute for House Bill No. 1015 by Representative Baldone)
BY REPRESENTATIVE BALDONE
AN ACT

To amend and reenact R.S. 15:1110, relative to juvenile detention; to provide relative to juvenile detention facilities and procedures; to provide for the development of licensing standards; to provide for the creation of the Task Force on Juvenile Detention Standards and Licensing; to require the licensing of juvenile detention facilities; and to provide for related matters.

Be it enacted by the Legislature of Louisiana:

Section 1. R.S. 15:1110 is hereby amended and reenacted to read as follows:

§1110. Licensing Detention standards; licensing

A. It is the intent of the legislature to protect the health, safety, and well-being of the children of this state who are placed in juvenile detention facilities. Toward this end, it is the purpose of this Part to provide for the establishment of statewide standards for juvenile detention facilities, to ensure maintenance of these standards, and to regulate conditions in these facilities through a licensing program.

It shall be the policy of this state that all juvenile detention facilities provide temporary, safe, and secure custody of juveniles during the pendency of juvenile proceedings, when detention is the least restrictive alternative available to secure the appearance of the juvenile in court or to protect the safety of the child or the public.

B. The single state entity created pursuant to R.S. 46:2757 on or before July 1, 2011, the Louisiana Juvenile Detention Association shall develop and recommend uniform standards and licensing procedures for local juvenile detention facilities. These standards should facilities that comport with nationally recognized and accepted best practice standards for practice within the local juvenile detention facilities. In developing these standards, the Louisiana Juvenile Detention Association shall seek input and guidance from the Task Force on Juvenile Detention Standards and Licensing provided for in Subsection D of this Section. The uniform standards and licensing procedures shall address, but not be limited to the following areas:

- (1) Operational requirements.
- (2) Staff qualifications and training of local juvenile detention staff, which shall include educational programs designed to improve the quality of services and specific training in recognizing and reporting of child abuse and neglect.
- (3) The ratio of staff to children in each local juvenile detention facility.
- (4) Policies for admission, transfer, discharge, aftercare supervision, and follow-up services appropriate to the needs of the child.

- (5) Standards of care, including provisions to administer any early, periodic screening, diagnosis, and treatment program and to treat appropriately any condition revealed by screening.
- (6) Treatment needs for those with substance abuse disabilities.
- (7) Standards to assure a safe, humane, and caring environment.
- (8) Access to required programs and services, including educational services.
- (9) A risk and needs assessment for each child, including criteria for the placement of a child in a particular local juvenile detention center or in a nonsecure alternative.
- (10) Criteria for determining population limits for each local juvenile detention facility which may not be exceeded except in emergency circumstances during which time staffing ratios and levels of services must be maintained.
- (11) Competency and character development to assist children in becoming responsible and productive members of society.
- (12) The accountability of the child to the victim and the community for offenses committed.
- (13) Procedures to provide a program of treatment, training, and rehabilitation consistent with the child's best interests and the protection of public interest.
- (14) The rights of children in a local juvenile detention facility, which shall include provisions relative to the right to privacy, visitors, use of telephones, and mail delivery.
- (15) Procedures for reporting complaints.
- (16) Prohibitions against the use of excessive force against a child.
- (17) Internal auditing and monitoring of local programs and facilities in the juvenile justice system, including compliance with all regulations and procedures.
- (18) Such other regulations or standards that will ensure proper care and treatment of children as may be deemed necessary for the effective administration of local juvenile detention facilities.

C. All agencies, departments, offices, and institutions of the state, including the state universities and the community and technical colleges, shall cooperate in developing and implementing these standards.

D. For purposes of this Part, detention includes detention of a child both before and after adjudication.

E. On or before January 1, 2012, the Department of Social Services shall develop and promulgate, in accordance with the provisions of the Administrative Procedure Act, rules governing the licensing of juvenile detention facilities consistent with the standards recommended by the Louisiana Juvenile Detention Association. In developing these rules, the department shall seek input and guidance from the Task Force on Juvenile Detention Standards and Licensing provided for in Subsection D of this Section.

F. The Task Force on Juvenile Detention Standards and Licensing shall include representation of the following organizations:

- (1) A representative of each of the existing juvenile detention facilities in this state.
- (2) The Louisiana Juvenile Detention Association.
- (3) The Louisiana District Attorneys Association.
- (4) The Louisiana Public Defenders Board.
- (5) The Louisiana Sheriffs' Association.
- (6) The Juvenile Justice Project of Louisiana.
- (7) The Department of Public Safety and Corrections, Office of Juvenile Justice.
- (8) The Louisiana Council of Juvenile and Family Court Judges.
- (9) The Department of Education.
- (10) The Department of Social Services.
- (11) The Department of Health and Hospitals.
- (12) The Louisiana Chapter of the American Academy of Pediatrics.
- (13) The Louisiana Municipal Association.
- (14) The Police Jury Association of Louisiana.
- (15) The Louisiana Commission on Law Enforcement and Administration of Criminal Justice.
- (16) Representatives from the juvenile drug court community.

G. On or before January 1, 2013, all juvenile detention facilities, including facilities owned or operated by any governmental, profit, nonprofit, private, or public agency, shall be licensed pursuant to the provisions of Subsection C of this Section.

SPEAKER OF THE HOUSE OF REPRESENTATIVES
PRESIDENT OF THE SENATE
GOVERNOR OF THE STATE OF LOUISIANA
APPROVED:

APPENDIX 2

I. CLASSIFICATION SYSTEM AND INTAKE
<p>Detention is a 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, mental health, and physical needs. The Classification section addresses these “front end” considerations, including intake, criteria concerning 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.</p>
B. Intake
<p>2. Intake/admissions staff have the authority to release or conditionally release youth, except as specifically limited by state law.</p>
<p><i>Justification: The authorization to release or conditionally release a youth only is given by the Court.</i></p>
C. Detention Process
<p>5. At the time of admission or shortly thereafter, youth receive a written and oral orientation to institutional rights, rules, and procedures including:</p>
<p>a. Identification of key staff and roles</p>
<p><i>Justification: Information was not provided to youth during the observation.</i></p>
<p>b. Rules on contraband and facility search policies</p>
<p><i>Justification: Information was not provided to youth during the observation.</i></p>
<p>c. A review of behavior</p>
<p><i>Justification: Information was not provided to youth during the observation.</i></p>
<p>j. Policies on use of force, restraints, and isolation.</p>
<p><i>Justification: Information was not provided to youth during the observation.</i></p>
<p>k. The positive behavior incentive system.</p>
<p><i>Justification: Staff did not discuss behavior incentive system with youth.</i></p>
<p>i. Emergency procedures</p>
<p><i>Justification: Information was not provided to youth during the observation.</i></p>
E. Classification Decisions
<p>2. Classification policies require consideration of potential safety concerns in housing and programming decisions, including:</p>
<p>f. Suicide Risk</p>
<p><i>Justification: According to the administrators, the decision to separate a youth is made based on the severity of the case. Initially, the youth is maintained in the pod unless unable to do so. Staff are notified of all suicide risk verbally and in writing. Supervision is increased at night.</i></p>
<p>6. The facility provides a range of sleeping room options to accommodate the need for individual rooms and roommates.</p>
<p><i>Justification: The facility does not place youth in the same room.</i></p>

II. 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 Care section highlights key elements in meeting the medical and mental health needs of youth, including prompt identification of conditions that require prescriptions or place the youth at risk, follow up assessment of identified conditions, and provisions of prescriptions throughout the youth's stay at the facility. This section also places a special emphasis on the identification and handling of youth at risk of suicide or other self-harming behavior.

A. Admission Screenings

1. Youth receive medical and mental health screenings in a confidential setting conducted by health care professionals or health-trained staff upon admission to the facility. "Health-trained staff" are facility staff who have received instruction and training.

Justification: Youth were reported to be first screened in the JAC, then brought to Rivarde. The screening completed in the JAC takes place in a private, confidential room. The intake for Rivarde takes place at a desk in the front security area. This area is open and not confidential.

2. The admission screening is a brief screening immediately upon arrival meant to detect any urgent health or mental health issues and to identify ongoing health concerns that require immediate attention, including the continuation of prescribed medication.

a. Inquiry into current and past illnesses, and history of medical and mental health problems and conditions, including:

(1) Medical, dental, and psychiatric/mental health problems (including all past mental health diagnoses, treatment, and suicide attempts), and infectious and communicable diseases.

Justification: Admission involves the use of 9 forms: 1) Admission Form L. Robert Rivarde Detention Home, 2) Rivarde Admissions Screen, 3) Pre-Admission Health Screen, 4) Intake Personal Item, Rules and Rights, Medical Information Form, 5) Rivarde Detention Center Rules and Regulations, 6) Preferred Gender Admission Form, 7) Drug Screen Form, 8) Information Card, and 9) Merit Card.

The Pre-Admission Health Screen includes medical history involving wounds, disabilities, allergies, and current medication; it includes dental history involving acute dental problems. The Rivarde Admissions Screen includes psychiatric/mental health histories involving suicidal ideation, suicidal attempts, current and past psychiatric symptoms, and past hospitalizations. Infection and communicable diseases are not covered.

(5) Use of drugs or alcohol, including types, methods of use, amounts, frequency, time of last use, previous history of problems after ceased use, and any recent hiding of drugs in his/her body.

<i>Justification: Rivarde Admission Screen and Pre-Admissions Health Screen covers history of drugs/alcohol, including types, last use, amounts used, and current appearance of use. Drug Screen Form is used to screen for current intoxication. Frequency of use and previous history of problems after cessation is not included.</i>
(7) History of gynecological problems or pregnancies, and evaluation of current pregnancy status and related medical needs.
<i>Justification: Pre-Admission Health Screen inquiries about whether female youth are pregnant. No additional information on gynecological problems are included.</i>
3. After screening, staff promptly refer the following youth for needed services:
c. Youth who are identified in the screen as requiring additional mental health follow-up are immediately referred and receive appropriate assessment by a qualified mental health professional (e.g., psychiatrist, psychologist, psychiatric social worker)
<i>Justification: Staff verbally refer youth to mental health professional (Licensed Professional Counselor) if identified. No documentation provided.</i>
d. There is a system in place so that youth on prescription medication have their medication continued without interruption. This generally means a same day evaluation by a physician and/or psychiatrist or appropriate phone consultation between a nurse and the physician.
<i>Justification: RN uses two forms to document medication distribution: 1) 2016 Medication Log and 2) Prn Medications. Medications are typically brought to Rivarde by parents. Medications are assessed with Intake Medication Inventory Form. Interview information does not reflect an initiative taken to ensure continuity of care.</i>
6. Written policies, procedures, and actual practices developed in conjunction with the health authority ensure sufficient supervision of youth identified with potential medical problems (e.g., diabetes, asthma) until youth receive full health assessments.
<i>Justification: No written policy for supervision of youth identified with potential medical problems prior to full health assessment.</i>
B. Full Health Assessment
2. The medical assessment portion of the full health assessment includes:
c. A detailed history of potentially preventable risks to life and health including: smoking, drug use (including alcohol), unsafe sex practices, problems with interpersonal conflict resolution with violence, use of weapons, eating patterns, and physical acts.
<i>Justification: Nursing assessment form covers smoking, drug use, alcohol use, sex practices, eating patterns, physical activity, and homicidal ideation. The form does not include assessment of history of violence and use of weapons.</i>
d. Review of immunization history and scheduling or provision of needed updates in accordance with the Advisory Committee on Immunization Practices (ACIP) guidelines.
<i>Justification: Nursing assessment form inquiries about immunization, however RN reported access to this information is dependent on parents / guardians cooperation.</i>
e. Screening lab tests are performed consistent with age and gender specific recommendations of the Guidelines for Adolescent Preventive Services (GAPS) program from the American Medical Association and the U.S. Preventive Services Task Force (USPSTF).

<i>Justification: No gender/age specific recommendations of screening lab tests are included on forms. No other documentation provided.</i>
g. Full medical examination, including vision and hearing exams, and gynecological exams for females (and pregnancy tests when appropriate).
<i>Justification: Sensory Screening & Results includes vision and hearing exams. RN verbally reported administering pregnancy tests; however, no documentation provided for gynecological exams.</i>
3. The full health assessment includes a mental health screening portion which covers:
a. History of psychiatric hospitalization and outpatient treatment (including all past mental health diagnoses).
<i>Justification: LPC assessment includes review of probation files, evaluations, MAYSI scores, and Pre-Admission Health Screening forms. No separate comprehensive mental health screening is completed by LPC.</i>
b. Current and previous use of psychotropic medications.
<i>Justification: LPC assessment includes review of probation files, evaluations, MAYSI scores, and Pre-Admission Health Screening forms. No separate comprehensive mental health screening is completed by LPC.</i>
c. Suicidal ideation and history of suicidal behavior.
<i>Justification: LPC assessment includes review of probation files, evaluations, MAYSI scores, and Pre-Admission Health Screening forms. No separate comprehensive mental health screening is completed by LPC.</i>
d. History of drug and alcohol use.
<i>Justification: LPC assessment includes review of probation files, evaluations, MAYSI scores, and Pre-Admission Health Screening forms. No separate comprehensive mental health screening is completed by LPC.</i>
e. History of sex offenses.
<i>Justification: LPC assessment includes review of probation files, evaluations, MAYSI scores, and Pre-Admission Health Screening forms. No separate comprehensive mental health screening is completed by LPC.</i>
f. History of violent behavior.
<i>Justification: LPC assessment includes review of probation files, evaluations, MAYSI scores, and Pre-Admission Health Screening forms. No separate comprehensive mental health screening is completed by LPC. Justification: LPC assessment includes review of probation files, evaluations, MAYSI scores, and Pre-Admission Health Screening forms. No separate comprehensive mental health screening is completed by LPC.</i>
g. History of victimization or abuse (including sexual victimization and domestic violence).
<i>Justification: LPC assessment includes review of probation files, evaluations, MAYSI scores, and Pre-Admission Health Screening forms. No separate comprehensive mental health screening is completed by LPC.</i>
h. Special education history.
<i>Justification: LPC assessment includes review of probation files, evaluations, MAYSI scores, and Pre-Admission Health Screening forms. No separate comprehensive mental health screening is completed by LPC.</i>

i. History of cerebral trauma or seizures.
<i>Justification: LPC assessment includes review of probation files, evaluations, MAYSI scores, and Pre-Admission Health Screening forms. No separate comprehensive mental health screening is completed by LPC.</i>
j. Emotional response to incarceration and arrest.
<i>Justification: LPC assessment includes review of probation files, evaluations, MAYSI scores, and Pre-Admission Health Screening forms. No separate comprehensive mental health screening is completed by LPC.</i>
k. History of services for mental retardation/developmental disability.
<i>Justification: LPC assessment includes review of probation files, evaluations, MAYSI scores, and Pre-Admission Health Screening forms. No separate comprehensive mental health screening is completed by LPC.</i>
5. Staff refer youth identified through the screening as needing mental health follow-up to a qualified mental health professional (e.g., psychiatrist, psychologist, psychiatric social worker, or psychiatric nurse).
<i>Justification: RN and LPC reported verbal referrals. No documentations provided.</i>
C. Health Care Services
2. Chronic disease care is provided by physicians who have residency training in managing general internal medical conditions (Internal Medicine, Family Practice, and Pediatrics). Adolescents with HIV are managed by a physician expert in HIV.
<i>Justification: RN stated that those youth with chronic diseases are managed by their personal physicians and that transport is provided. No documentation provided by RN.</i>
4. Physician services are adequate to serve the number of youth in the facility, including regular on-site services.
<i>Justification: There is not a physician on the premises, all services require youth leaving the facility. Staff onsite do have basic training on first aid / CPR and crisis de-escalation / intervention.</i>
5. On-site nursing services are adequate to serve the number of youth in the facility.
<i>Justification: There is only one nurse on premises 40 hours a week; on call 24/7 365/year. Though there has not been a detrimental incident noted as yet, this is a great concern regarding the potential risks to depend on one person, even with well trained staff and emergent care facilities not far away.</i>
6. Adequate 24-hour on-call or emergency medical health services, including transportation, are available through on-site staff, by contract, or by way of other immediately available services.
<i>Justification: RN states on-call, even during vacation. On-call by use of personal cellular telephone.</i>
8. The health authority develops, approves, reviews, and revises at least annually, the written policies, procedures, and actual practices regarding medical and mental health care.
<i>Justification: RN verbally reported reviewing and revising written policies and procedures; however, all forms stated they were last revised November 2012.</i>
9. Written job descriptions define the duties and responsibilities of personnel in the facility health care system.

<i>Justification: Detention Handbook notes job duties for RN. No description for mental health professional.</i>
12. The facility health services system employs an ongoing quality assurance and improvement program through physician chart or at least quarterly committee meetings, with documentation of chart reviews, deliberations and actions taken.
<i>Justification: There is no facility health services "system." Only medical health employee is the RN.</i>
14. Professional medical and mental health care staff receive continuing education of at least 12 hours annually in courses relevant to their positions (and as required by state law), and those with patient contact are current with CPR training.
<i>Justification: RN stated she receives between 5-15 hours annually and reported only 5 hours is required by LA nursing licensure board. LPC received 12+ hours annually.</i>
15. All facility staff supervising youth are trained in and know how to address:
e. Signs and symptoms of cognitive, intellectual, and developmental disabilities.
<i>Justification: Description of specific training on cognitive, intellectual, and developmental disabilities is not included in Detention Handbook.</i>
h. Training must include protocols for both girls and boys.
<i>Justification: Detention handbook does not specify treatment protocols for both girls and boys; however it notes separate transportation protocols.</i>
18. Medical examination and treatment conform to state laws for informed consent, and the right to refuse treatment. Written policies, procedures, and actual practices ensure that:
a. Medical staff obtain informed consent from youth and/or parent(s) as required by law, and honor refusals of treatment.
<i>Justification: No written consent form utilized. Refusal of Youth's Medication form is utilized for youth who refuse medication.</i>
c. Staff document the youth and/or parents' consent or refusal, and counseling with respect to treatment, in the youth's medical records.
<i>Justification: No documentation for consent.</i>
20. Youth housed in the infirmary are admitted only by a physician (or a nurse if a physician is not on-site), and the infirmary has 24-hour staffing by qualified health care professionals, with 24-hour on-call physician staffing.
<i>Justification: Due to staffing limits the use of an infirmary isn't always available. There is one nurse that is on call; no physician on staff.</i>
22. Youth receive comprehensive, science-based medically accurate, and confidential family planning services (including services pertaining to abortion) consistent with state law, including counseling and referral to community providers.
<i>Justification: The only family planning services provided is a program called "Baby Think It Over" by the probation department.</i>
23. Pregnant girls receive prompt prenatal care by providers with privileges at the hospital where the baby will be born, including physical examinations, nutrition guidance, child birth and parenting education, counseling, and provisions for follow-up care.
<i>Justification: RN reported that most Obgyn doctors do not allow appointments in handcuffs.</i>

26. Written policies, procedures, and actual practices ensure that:
a. Youth are tested for HIV based on risk and on recommendations of the U.S. Preventive Health Services Task Force.
<i>Justification: Detention Handbook does not include policies for HIV testing.</i>
b. Staff do not automatically segregate youth with HIV
<i>Justification: Detention Handbook does not include policies for HIV testing.</i>
c. Staff limit the sharing of confidential information regarding youth with HIV, to those who need the information to provide for the safety, security, health, treatment, and continuity of care for youth, consistent with state law.
<i>Justification: Detention Handbook covers confidentiality, but not specific policies regarding HIV.</i>
27. Written policies, procedures, and actual practices ensure that youth receive substance abuse treatment if needed.
<i>Justification: Detention Handbook does not include specific policies for substance abuse treatment.</i>
32. Staff consider related to health care services as part of ongoing quality improvement activities.
<i>Justification: Quarterly and annual review of policies does not include health care services</i>
D. Dental Services
1. Youth receive a dental screening by a dentist or health personnel trained and designated by a dentist. The screening takes place soon after admission, and in no case later than a week after admission. The screening includes:
a. Visual observation of the teeth and gums.
<i>Justification: Nurse checks teeth at entry. The acute situations are handled by calling the parent and notifying them of need for dental healthcare. If there is an emergency, transportation to dentist will be provided.</i>
b. Immediate referral to a dentist for any obvious or gross abnormalities.
<i>Justification: For emergency situations, the juvenile will be transported to the Emergency Room or a dentist for care.</i>
2. Youth receive a full dental examination within 60 days of admission by a licensed dentist (and every 6 months thereafter). The examination includes:
a. Taking/reviewing the dental history.
<i>Justification: No dental care is provided at the facility. Only emergency/acute situations are handled. Nurse recommends dental care to parents if necessary.</i>
b. Charting teeth.
<i>Justification: No dental care is provided at the facility. Only emergency/acute situations are handled. Nurse recommends dental care to parents if necessary.</i>
c. Examination of hard and soft tissue in the dental cavity with a mouth mirror and explorer.
<i>Justification: No dental care is provided at the facility. Only emergency/acute situations are handled. Nurse recommends dental care to parents if necessary.</i>
d. X-rays needed for diagnostic purposes.
<i>Justification: No dental care is provided at the facility. Only emergency/acute situations are handled. Nurse recommends dental care to parents if necessary.</i>

e. Documentation of the exam in a uniform dental record.
<i>Justification: No dental care is provided at the facility. Only emergency/acute situations are handled. Nurse recommends dental care to parents if necessary.</i>
3. The facility provides youth with a full range of services that in the dentist's judgment are necessary for proper dental health, including use of topical fluorides, fillings, and extractions.
<i>Justification: If during the physical examination, the doctor recommends dental examination, the nurse follows-up with parents to schedule dental appointment.</i>
4. Staffing for dental care is adequate for the number of youth in the facility.
<i>Justification: No dental care is provided at the facility. Only emergency/acute situations are handled. Nurse recommends dental care to parents if necessary.</i>
5. Adequate 24-hour on-call or emergency dental care services are available. Please list the available services.
<i>Justification: If it is an emergency situation, the juvenile is transported to the emergency room. No dental care is provided in the facility. Juvenile may also be transported to a dentist.</i>
6. Adequate dental examination areas and equipment are available to serve the population in the facility. Please list the equipment available.
<i>Justification: If it is an emergency situation, the juvenile is transported to the emergency room. No dental care is provided in the facility. Juvenile may also be transported to a dentist.</i>
7. Dental professionals or dentally-trained health professionals provide oral hygiene instruction and education to youth within two weeks of admission.
<i>Justification: If it is an emergency situation, the juvenile is transported to the emergency room. No dental care is provided in the facility. Juvenile may also be transported to a dentist.</i>
E. Mental Health Services
2. Youth with significant mental health needs receive a professional evaluation by a qualified mental health professional and ongoing mental health services in accordance with a treatment plan. The plan includes:
a. Identification of the mental and/or behavioral health issues to be addressed.
<i>Justification: Formal treatment plan is not developed in detention center due to the short nature of staff. The formal plan is developed with the treatment providers upon referral. Juveniles can self-refer to the therapist. The supervisor can also refer. If a child is in isolation, therapist will visit to ensure the juvenile's needs are being met. If a child is in crisis, they will be closely monitored.</i>
c. Planned activities to monitor the efficacy of any medication or the possibility of side effects.
<i>Justification: The nurse monitors for the possibility of side effects of medication. Everyone has eyes on kid. Sometimes the juvenile speaks to therapist during sessions about effects of medicine. There isn't a formal plan to follow.</i>
d. A description of any behavioral management plan or strategies to be undertaken.
<i>Justification: The therapist collaborates with probation officers and school social workers about levels and progress. Current therapists come to the facility to continue treatment plan. There isn't a formal plan established.</i>

e. A description of any counseling or psychotherapy to be provided.
<i>Justification: LCSW comes in daily during afternoon. She evaluates for suicide risk. She sees all kids in the facility. Mental Health Counselor II/LPC provides individual counseling by request of juvenile or staff member. In addition, group sessions held. Interns are routinely available to supplement the services of the LPC. Formal plan is not written down and documented.</i>
g. A plan for monitoring the course of treatment.
<i>Justification: Follow-up care is provided by the probation officer. Necessary referrals to treatment are provided by probation department.</i>
10. Written policies, procedures, and actual practices ensure that youth are appropriately assessed and treated for suicide risk. This system includes the principles listed below.
f. Staff monitor actively suicidal youth one-on-one on a continuous basis or transfer youth to a mental health facility. Youth who have been on continuous one-to-one monitoring for suicide precautions for three days are assessed by a psychiatrist to determine whether there is a need for hospitalization.
<i>Justification: Staff in pod provide special monitoring for suicide risks. One-to-one monitoring is provided until LPC determine they are no longer a risk. The time period is not set but rather based on need.</i>
l. Staff provide youth released from suicide watch with enhanced supervision for at least two days.
<i>Justification: LPC or LCSW review. Staff cannot remove from supervision without LPC or LCSW approval. LPC regularly visits juvenile. Time period is not specified.</i>
m. Youth released from suicide watch have an individualized plan of care that is followed by mental health staff and communicated to all staff who come into contact with the youth.
<i>Justification: Probation officer is contacted to determine is next appointment is adequate or supplemental services are necessary. Individualized plans of care are not designed in facility. Follow-up care is conducted by professionals once released from detention.</i>

(Continued)

III. ACCESS ISSUES

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.

A. Mail

1. Staff do not limit the number of letters a youth may send or receive, including youth on disciplinary status. Staff provide youth with a reasonable amount of paper, access to writing implements, and postage for correspondence.

Justification: Youth are given ample materials to write and send letters. Youth are allowed to send and receive unlimited amounts of letters. However, one youth reported he witnessed a youth that was in room confinement having his letters withheld due to his behavior.

3. Facility staff only open envelopes containing mail for a youth in the presence of the youth in order to inspect for contraband.

Justification: After speaking to both youth and staff, we found that the practice of opening and delivering mail was not consistent. Some reported that mail was not always opened in the presence of the youth.

C. Visitation

1. Youth may visit with parents/guardians, adult relatives, and family friends. Staff encourage visitation with the youth's (male or female) own children, and the parent/child relationship is facilitated through phone and mail contact and appropriate visiting space. Younger relatives (siblings or cousins) may visit with approval of the youth's counselor or probation officer. Written policies clearly describe the approval procedure for special visitors.

Justification: Written policy states visitation is restricted to immediate family members and guardians. It notes that a parent / guardian must accompany visitors, but it does not specify the relationship of visitors with the youth.

2. Family visiting occurs on several days of the week. Staff post a schedule of visiting hours and rules.

Justification: A visitation schedule is not posted in the facility.

4. Visits are at least one hour in length and are contact visits. Staff impose noncontact visits only when there is a specific risk to the safety and security of the facility.

Justification: Current policy allots 30 minutes for visits.

7. If staff conduct searches following visits, they use the least intrusive measure to protect against the introduction of contraband into the facility. Written policy and procedure clearly describe the facility's practice.

Justification: Youth reports being stripped searched after each visit. He is advised to squat and cough to look for contraband. He stated that this happens after each visit. This information was also confirmed by staff.

<p>10. There are regular family forums at which families of detained youth may voice issues of concern, offer suggestions for improvement, and obtain needed information about institutional policies and practices.</p>
<p><i>Justification: Staff and youth deny family forums exist.</i></p>
<p>D. Access to Counsel, the Courts, and Public Officials</p>
<p>3. Attorneys other than the youth's delinquency attorney may visit, with the consent of the youth. Youth may have access to legal assistance (e.g., pro bono lawyers, law students, paralegals) and legal research materials both pre- and post-adjudication.</p>
<p><i>Justification: Staff reported only allowing the attorney that is assigned to the youth to visit.</i></p>

(Continued)

IV. 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 proficiency. 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.

A. Education

1. At the time of admission, youth receive a brief educational history screening with respect to their school status, special educational status, grade level, grades, and history of suspensions or expulsions. Staff use this information to inform initial placement in the institutional educational program.

Justification: A pre-test is done once a juvenile is admitted into the facility and there are tests to assess the Math and Reading levels of the juveniles. The test is taken on paper or on the computer and is administered by the teachers at Rivarde and is given regardless of the length of stay of a juvenile. However, there is no test given to identify special ed status, school status, grades or history of suspensions.

5. The facility school operates twelve months a year.

Justification: During the regular 9 month school year, the teachers follow the schedule of the Jefferson Parish Public School System and work under that system. During the summer time, the teachers are employees of Jefferson Parish Department of Juvenile Services. There is a 4 week break between the summer session and fall/spring session for the juveniles and teachers.

8. The facility school identifies youth with limited English proficiency and provides appropriate instruction for those students to allow for meaningful access to the curriculum. Please list the teaching staff available for youth with limited English proficiency to the facility.

Justification: There is no specific person within the teaching staff that identifies those with problems with speaking or writing English. A teacher reported that if a juvenile that speaks another language comes into the facility, they seek out assistance from either detention center staff, other juveniles, agency staff or an outside source. If it is an English speaking student that is having difficult time understanding and writing English, the teachers work with them.

9. There are adequate substitute teaching staff to cover teaching duties of staff who are on vacation, sick, or otherwise not available. Please list the substitute teaching staff available to the facility.

Justification: Currently, there is not a list of substitute teachers. It was reported that there used to be substitutes but there were problems with them not being experienced with dealing with juveniles in a detention facility.

11. The facility school provides the curricula required by the state for graduation from high school (e.g., English/language arts, social sciences, science, health,

<p>mathematics, fine arts, foreign language, and physical education), including preparation for any required state examinations.</p>
<p><i>Justification: No exams are given in the facility. Juveniles are graded on the work that they do. Juveniles are given work that would be considered grade work on an elementary school level. It was reported that there was a juvenile that was in the facility that was set to graduate and had all of his work sent to him by his teacher from the school they attended. This student completed their work and was able to graduate while in Rivarde. Since they were not able to be present to walk across stage at the ceremony, the teacher at the facility held a small ceremony at the facility for the juvenile.</i></p>
<p>13. The facility school complies with the federal special education law (IDEA) and comparable state requirements for students with educational disabilities.</p>
<p>a. The facility school has procedures to determine which youth have previously been identified as having educational disabilities, and to promptly obtain special education records for such students.</p>
<p><i>Justification: The facility school obtains a juvenile's IEP if they are in the facility for three days to 2 weeks or more.</i></p>
<p>b. The facility school had procedures in place to identify and assess youth who potentially have a disability, in conformity with state and federal requirements for special education.</p>
<p><i>Justification: They do not.</i></p>
<p>c. An Individualized Education Plan (IEP) is in place for each student with identified disabilities. Students entering with an existing IEP receive interim services that match the IEP as closely as possible.</p>
<p><i>Justification: The IEP is only requested if a juvenile is going to be in the facility long term. If they are there 2 weeks or more, the IEP is requested from the juvenile's school they were attending.</i></p>
<p>d. The process for developing or modifying IEP's at the facility school is the same as that used in public school settings.</p>
<p><i>Justification: There are no IEP meetings done or updates to the plan done as juveniles are usually in the facility for a brief time.</i></p>
<p>e. The facility school provides special education students with a full continuum of regular education classes, special classes, and supplementary services. Special education students are allowed to participate in regular school programs to the maximum extent appropriate.</p>
<p><i>Justification: The teachers tailor the work around what the juveniles are able to do. They use the assessment done when they enter the classroom to see where they are functioning and how to instruct them.</i></p>
<p>g. The facility school provides related services required by the IEP, including such services as speech pathology, audiology physical therapy, occupational therapy, in-school counseling and psychological services, and school health.</p>
<p><i>Justification: If any of the above services are needed for a juvenile, they are provided in house through detention staff or through an outside source.</i></p>
<p>h. Transition services are provided as required by the IEP.</p>
<p><i>Justification: There are no transition services when a juvenile leaves the detention facility school and goes back to their regular school.</i></p>

i. Parents are permitted to participate in decisions regarding special education of their youth, and facility staff are flexible in scheduling or using telephone conferences to permit parental involvement.
<i>Justification: If parents/guardian needs to be contacted regarding a juvenile's academic performance or issues, the principal is the one to contact them to discuss the situation with them and develop any plan with them.</i>
j. The facility school secures parent surrogates when parents are unavailable to participate in special education decisions.
<i>Justification: They do not</i>
k. The facility school complies with legally required timelines for assessment and IEP development.
<i>Justification: IEP assessments and development are not done in the facility.</i>
l. The facility school complies with IDEA requirements for notice and due process.
<i>Justification: They minimally do as they get some IEPs on some of the juveniles.</i>
14. Students entering with an existing 504 plan receive interim services that match the plan as closely as possible.
<i>Justification: The same procedure for IEPs is done for those juveniles with 504 accommodations</i>
B. Exercise, Recreation, and Other Programming
1. Staff keep youth occupied through a comprehensive multi-disciplinary program. Staff post and adhere to a daily schedule of activities in each living unit that incorporates both structured and free time. Staff log the date and reasons for any deviations from scheduled activities.
<i>Justification: No evidence of multi-disciplinary programs. There is a clear schedule for the overall day of each pod, but not specific to exercise and recreation.</i>
2. Recreational activities include a range of activities in dayrooms or common areas, including, but not limited to, reading, listening to the radio, watching televisions or videos, board games, drawing or painting, listening to or making music, and letter writing.
<i>Justification: Absence of part or all of activity options leaving only television.</i>
3. There is an adequate supply of games, cards, and writing and art materials for use during recreation time.
<i>Justification: Supplies are inadequate, incomplete, or non-existent.</i>
4. Staff, volunteers, and community groups provide additional programming reflecting the interests and needs of various racial and cultural groups within the facility, and is gender-responsive. The facility offers a range of activities such as art, music, drama, writing, health, fitness, meditation/yoga, substance abuse prevention, mentoring, and voluntary religious or spiritual groups. When possible, programming is provided by community-based programs that offer the opportunity for continuity once the youth is released.
<i>Justification: While there exists additional programming to include art, mediation and yoga, the programming is not meeting the various racial / cultural / gender specific interests. The juveniles would be interested in substance abuse prevention groups, mentoring and more options of religious groups.</i>
6. Youth in the facility, including youth on disciplinary or restricted status receive at least one hour of large muscle exercise every day. Large muscle exercise can be

<p>accomplished through the facility school's physical education class so long as the one-hour minimum requirement is met.</p>
<p><i>Justification: While the entire pod is brought outside on the basketball court, not everyone is required to participate. If there is only one female on the pod, she may not receive exercise time.</i></p>
<p>8. Youth are out of their rooms except during sleeping hours and for brief periods of transition, such as shift changes. For the majority of time that youth are out of their rooms, they are participating with staff or volunteers in structured recreational, cultural, or educational activities. Youth are also provided with some unstructured free time as well.</p>
<p><i>Justification: While youth have some opportunity to participate with staff or volunteers in structured activities, this is not occurring the majority of the time.</i></p>
<p>10. The facility has sufficient games, balls, and athletic equipment to provide a variety of physical education activities.</p>
<p><i>Justification: While there were balls (basketballs only), and a ping pong table, the equipment of the ping pong remained in the pod. There was no evidence of sufficient games or variety of activities.</i></p>
<p>12. Reading materials appropriate for the age, interests, and literacy levels of youth are available in sufficient variety and quantity to the youth. Youth may keep reading materials in their rooms.</p>
<p><i>Justification: Juveniles are not experiencing the age-appropriate and literacy levels to meet their interests.</i></p>
<p>D. Positive Behavior Management</p>
<p>3. Staff implement the rewards and sanctions system fairly and consistently.</p>
<p><i>Justification: Juveniles do not experience fairness or consistency in the rewards or sanctions system. Some staff do not support the reward system.</i></p>

(Continued)

V. TRAINING AND SUPERVISION OF EMPLOYEES

The quality of any facility rests heavily upon the people who work in it. This section requires that properly qualified staff are hired, and that they receive the 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 the facility engages in ongoing quality assurance and self-improvement through documentation of serious incidents, citizen complaints, and child abuse reports.

A. Qualification for Institutional Staff Positions

4. Employees undergo a criminal record check in accordance with state and federal laws. Staff are not hired unless and until an exemption is granted for any disqualifying offense. There is a periodic re-screening for all staff.

Justification: It is written in department's policy that all employees are screened to ensure they pass a criminal background check upon hire, however, there is no documentation or record of a staff member being checked periodically.

B. Staffing

1. There are sufficient staff at the facility to provide adequate and continuous supervision of youth. Staffing is adequate to provide for visitation, transportation to health care appointments (on-site and off-site), and other scheduled activities.

Justification: According to detention facility policy, when females are being transported, female staff must be present. Team observed 3 male juveniles being transported to court, with one female, and only 2 male staff were present. During an interview with a female resident, she stated when she was on lockdown, she was supervised by a male when they did not have sufficient staff (females). A female staff member also complained that there are not enough female officers hired in the facility which creates staffing issues.

6. Female staff are always on duty in living units housing girls.

Justification: In meeting with a female resident, she stated a female staff member is always on housing units; however, when she was on lockdown during one of her stays, she was supervised by a male staff when there were not enough females present.

C. Training for Institutional Staff

2. Written policies, procedures, and actual practices ensure that all categories of personnel meet training requirements. Training for staff with youth care and supervision duties includes at least 40 hours of training prior to assuming any job duties, and additional 120 hours of training during the first year of employment, and 40 hours thereafter. Training for all other facility staff includes at least 40 hours of training prior to assuming any job duties and an additional 40 hours of training annually. On the job or "shadowing" types of training (while valuable) do not count toward the hours of required training.

Justification: In interview with staff member it was stated that on the first day, he/she was told to shadow another employee and the following week, he/she was in charge of a pod. This staff member stated he/she did not receive any perspective training, such as SCM or CPI for 3 years. Most staff stated it is how comfortable the supervisor is with your performance which determines how much training will be offered. Staff reported that they receive written training documentation that they are required to

<i>read at their leisure; however, are not sure of what it is. Staff feels they need more professional development.</i>
3. Facility staff receive training on policies and practices regarding:
c. Conflict management, de-escalation techniques, and management of assaultive behavior, including when, how, what kind, and under what conditions physical force, mechanical restraints, and isolation may be used.
<i>Justification: Although staff are trained in SCM training which addresses de-escalation techniques and the use of physical force and restraints, during the tour a youth had been on isolation (G-pod) for over 30 consecutive days. An administrator stated the minor was placed in isolation due to past behaviors displayed during previous stays. It was stated he has a history of threatening, attacking, and picking on other youth, and had been tried on other pods in the past, but not current stay. The detention policy states that a youth is separated from the population when necessary for short period of time as possible and for currently acting out behavior. The amount of time shall in no case be longer than 4 hours.</i>
6. Training personnel incorporate recommendations and complaints from youth, parents, staff, management, quality assurance personnel, and others into training plans and curricula.
<i>Justification: According to staff, grievances are handled poorly, "the whole process". Youth are not informed or are not aware of the process. If a grievance is filed, most times they are not granted due process and their side is not taken into consideration. Staff are encouraged to notify a supervisor of a complaint, and are encouraged to put it on paper, but this is not always followed. In interview with the youth, he stated there is no opportunity for feedback from staff; however, when meeting with female youth she stated she felt her voice was heard when speaking to an administrator.</i>
D. Supervision of Institutional Staff
5. The facility administrator regularly schedules meeting or provides other opportunities for staff to propose and discuss new policies or issues of concern, as well as to offer suggestions for improvement of the facility or programs.
<i>Justification: In an interview with staff there are no regularly scheduled meetings.</i>
E. Child Abuse Reports, Incident Reports, and Complaints
4. Written policies, procedures, and actual practices ensure that the facility administrator or designee advise those making complaints of the results of the complaints or child abuse reports that they file.
<i>Justification: Although there is written policies, when it comes to actual practices, staff is not certain on the proper protocol as to how to report child abuse other than telling the supervisor. Staff will only report suspected abuse to supervisors, but stated there is no follow-up with them as to the results of the report.</i>
5. The facility has a code of conduct requiring staff to report misconduct of other staff members. Staff that fail to adhere to the code of conduct face appropriate discipline.
<i>Justification: Several staff reported during interview that code of conduct is not handled appropriately. Staff feels that they have filed a grievance and no one ever talks to them about it, and just pass the buck from supervisor to supervisor. This particular staff member feels if you are not a part of the "click" you are not getting anything.</i>

6. Staff receive specific training in handling disclosures of victimization or other sensitive information made to them by youth.

Justification: During the interview the staff was not sure of the protocol or process other than to notify a supervisor.

(Continued)

VI. ENVIRONMENTAL ISSUES

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, 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, normal eating experiences; and that they may have personal items and some measure of privacy.

A. Positive Institutional Atmosphere

2. Staff demonstrate an appropriate level of tolerance of normal adolescent behavior in their day-to-day working with youth.

Justification: The staff appear to have a good rapport with the youth, however we observed two females who were locked in their cells, and who both separately anticipated being locked in all day due to them "play-fighting". Both females seem non-aggressive and told separate similar stories. The punishment appeared excessive.

5. Staff allow youth to decorate and personalize their own living space.

Justification: Per the Detention Handbook, "in the pod areas, youth are allowed: a Bible, two incoming letters, and two pictures. All other items in pod are contraband". (p. 41, p. 2). The Detention Handbook policy was confirmed by the youth who stated they are not allowed any personal items, and the staff who said they may allow pictures and cards they receive in the mail. The living space observed was bleak, and cold. The sliver of window allowing natural light in was block by a dirty grate.

7. The décor and programming acknowledge and value the diverse population of youth in the facility.

Justification: There is almost no décor in the facility. The programming list is short, including: basketball, ping pong, yoga, and an art program. The center is preparing to start a garden to be maintained by the youth, and has been in discussion with a music producer regarding teaching the youth how to produce or create hip hop. The programs currently offered do not reflect diversity.

B. Sanitation

3. Rooms, bathrooms, and common areas are clean and free of mold and debris.

Justification: Roaches were commonly seen in multiple rooms, including the boys' shower within the Pod, which had a dead roach in it. The toilets within the girls' cells appeared dirty and not the standard that a youth should be forced to use. There appeared to be mold on the sinks, showers, and toilets. There is no cleaning staff. The pods appeared dirty, and unkempt, the youth are in charge of cleaning. The girls' bathroom had a rusted metal wall fold out chair, which looked like a health hazard. The medical area had multiple dead cockroaches, and seemed sloppy and unclean.

4. Youth perform the kinds of housekeeping tasks they might be expected to do at home, but are not substitutes for professional janitorial staff.

Justification: The Detention Handbook (P. 26, p. 1) states that a full-time housekeeper is employed Monday - Friday. The duties listed relate to washing Rivarde's laundry, washing the youth's intake clothing, supplying bath linen, and ensuring supplies are kept in stock. There is no mention of general cleaning duties. The Detention Handbook

<p>states that the youth clean their rooms, and perform other duties of their living area on a daily basis. (P. 57 Housekeeping Duties). The youth confirmed that they are responsible for all housekeeping in their room, and outside, including preparing the cell for their own stay. They appear to be substitutes for professional janitorial staff.</p>
<p>9. Youth have access to operable sinks with hot and cold running water in the housing units at a minimum ratio of one basin for every twelve youth.</p>
<p><i>Justification: Each cell has its own toilet and sink, however; the sink is cold. Youth additionally confirmed that the sink is never warm. The hot water button on the sink was pushed five times, and the water never became warm.</i></p>
<p>10. Youth have access to operable showers with temperature-controlled hot and cold running water at a minimum ratio of one shower for every eight youth. Water for showers is thermostatically controlled to temperatures between 100 and 120 degrees Fahrenheit.</p>
<p><i>Justification: Per the Detention Handbook (P. 22, p 1) all youth are required to shower daily, and have access to personal hygiene and toiletry supplies. However, the showers observed and physically felt did not become hot at any point, even when they were ran for an extended period of time. Additionally, the sinks attached to the toilets in the pods were cold. The youth reported that they had not experienced a hot shower since arriving at the facility, and that the sinks were always cold. It is noted that the intake shower was the only hot water observed on the premises related to the youths' use.</i></p>
<p>11. The facility is free of insect and/or rodent infestation.</p>
<p><i>Justification: Although the facility is currently under a pest contract, roaches were observed in multiple rooms/areas, including, but not limited to: multiple roaches in the nurse's area (isolation room had roaches that appeared to be killed, but not disposed of; the tele-med room where youth are examined); the intake locker room; the intake laundry room; the boys' pod shower.</i></p>
<p>17. Staff disinfect mattress covers after each youth moves out of the room, before the next youth occupies the room. Staff repair or remove from circulation any mattresses with holes or cracks since such mattresses cannot be properly disinfected.</p>
<p><i>Justification: There is no move-out procedure mentioned in the Detention Handbook. Per the youth asked, it is the job of the youth to clean the cell once they move in. A female youth informed us that she was given 409 spray in order to clean the cell in its entirety (sink, toilet, bed, floors), she stated that the cell was completely dirty, and disgusting and she requested the spray because the cell was inhabitable. We observed a cell being "cleaned" by staff after a youth had moved out, and it appeared to just be a bed stripping. The supervisors questioned had conflicting responses (the staff completely cleaned and disinfected the cell versus the youth do it). Staff stated that they will patch the mattresses, or replace if there is a hole which cannot be hemmed. No holes in the mattresses were observed.</i></p>
<p>18. The furnishings are in good repair and appropriate for their expected use (e.g., mattresses are of sufficient quality and thickness for sleeping).</p>
<p><i>Justification: The mattresses observed were not at a comfort level acceptable for youth. They were thin, and most likely did not provide enough support and cushion between the youth and the concrete bed structure. The youth complained that the mattresses were uncomfortable. Other furniture seemed to be that which would be in a</i></p>

<p><i>school setting, it seemed to be in decent shape, not damaged and appropriate for youth.</i></p>
<p>D. Temperature, Ventilation, and Noise</p>
<p>1. Temperatures in indoor areas are appropriate to the summer and winter comfort zones, with no unhealthy extremes.</p>
<p><i>Justification: It was cold in the facility, especially the pods. Female youth questioned stated that it's always cold. Staff stated that the maintenance people control the temperature. It was stated by a supervisor that the facility is purposely cold to calm the youth, as heat can lead to violent temperaments.</i></p>
<p>E. Emergency Preparedness and Fire Safety</p>
<p>1. The facility has an emergency preparedness plan that includes, but is not limited to, fire and fire prevention, severe weather, natural disasters, disturbances or riots, national security issues, and medical emergencies. The plan covers:</p>
<p>e. Needs of youth with disabilities in cases of an emergency.</p>
<p><i>Justification: Hurricane: COOP states that the nurse will coordinate medications and medical records for the juveniles, and the Home Supervisor will take responsibility for all medication and medical records. Does not mention disabilities, only medical treatment. Staff could not state any disability specific plans.</i></p>
<p>f. Immediate release of youth from locked areas in case of an emergency, with clearly delineated responsibilities for unlocking doors.</p>
<p><i>Justification: Fire & Bomb specific: COOP states the Detention Officers are to evacuate the detained juvenile to the outside Recreation Area, but does not provide a clear plan for unlocking doors. The recreation area is fenced in, did not see a plan to get the youth off of the premises completely. Supervisors stated that each person in charge of the pod at the time of an emergency is in charge of moving youth from the pods and into a safe area. However, after the youth are released the plan seems to not be complete. The plans all seem to involve keeping the youth on the facility grounds (outside areas still fenced in), which could be potentially dangerous, as they are still contained. A supervisor confirmed that they keep them inside as much as possible. When given a proposed situation of a fire blocking an exit door, the supervisor stated that they would take them out and back through another door that would be right next to the hypothetical fire, or they would take the kids out one by one. This does not seem practical or safe.</i></p>
<p>8. First aid kits are immediately available and fully stocked with non-expired items.</p>
<p><i>Justification: The first aid kits are available throughout the building, however items were expired. The staff was questioned regarding basic first aid, and it appears no one is properly trained to handle a first aid situation. It appeared that the staff had either never been trained in basic first aid, or it occurred multiple years ago. This included staff who handle youth, and should have these trainings.</i></p>
<p>F. Lighting</p>
<p>2. The lights in youth rooms are turned out at night (or adequately darkened for sleep), unless the youth requests otherwise, or for security, health, or mental health reasons.</p>

<p><i>Justification: Youth complained within two rooms that the light in the pod shines into their individual cells at night, making it hard to sleep. It appears that the pod's dayroom lights are left on, which is shining into the cells.</i></p>
<p>G. Clothing and Personal Items</p>
<p>1. Youth wear shirts or sweatshirts, and pants or sweatpants that are appropriate in size. Youth do not wear prison-like jumpsuits or smocks.</p>
<p><i>Justification: According to the Detention Handbook (P. 21, p. 2), the Pod Detention Officers should "provide jumpsuits that fit youth correctly". Additionally, P. 33, p. 2 states that after the youth's initial shower, they should be dressed in a properly sized Rivarde jumpsuit, clean underwear, socks, and shoes. "Youth are not to wear jumpsuits that are two or three sizes too large for them". Although given sweatshirts, the youth were all wearing blue jumpsuits, and the additional outwear has to be worn under the jumpsuit. The boys clothing was observed as being too big, and the girls too small. The jumpsuits are prison-like.</i></p>
<p>2. Youth wear their own underwear or the facility provides them with new underwear. The facility provides girls with bras and underwear that fit and are appropriate for females. The facility allows transgender youth to wear underwear appropriate to their gender identity.</p>
<p><i>Justification: Per the Detention Handbook (P. 33, p. 1), after the initial shower, a female resident is to be "issued" one pair of panties, and if she remains a second day she will receive a second pair. Additionally P. 33, p. 2 states that after the youth's initial shower, they should be dressed in a properly sized Rivarde jumpsuit, clean underwear, socks, and shoes. In the facility it was observed, and confirmed by the staff and youth, that the boys do not receive new underwear, but instead bleached reused boxer shorts. Multiple staff stated that the females receive a pack of two pairs of new underwear, however, upon observing a female during intake, no pack was seen, only a pair of white underwear. Female youth questioned stated that she did not receive a new pack of underwear. The bras received were not new, and not white, so impossible to have been bleached. Multiple staff confirmed that transgender youth, are given underwear of that sex that they identify as. The laundry room seemed to contain a variety of sizes for the youth.</i></p>
<p>4. Youth may keep a reasonable amount of personal items in their rooms.</p>
<p><i>Justification: Per the Detention Handbook (P. 34, Sec. O), "youth are not allowed to wear or bring personal items in the secured areas of detention." P. 37, p.1 then contradicts, and states that at the time of admission "personal property other than that which the youth is allowed to keep pursuant to local policies shall be listed in writing..." P. 41, p. 2 states "in the pod areas, youth are allowed: a Bible, two incoming letters, and two pictures. All other items in pod are contraband". A supervisor stated that they're allowed to keep pictures and cards received in the mail. The youth stated they have no personal items. No personal items were observed in the cells. When asked who the books belonged to, they said that the church brought them.</i></p>
<p>6. The facility provides adequate and appropriate hair care services and supplies for youth.</p>
<p><i>Justification: A barber is available upon request, but the parents are notified and will have to agree to pay for it. The facility does not provide hair service.</i></p>

8. Youth receive clean bedding and linen, including two sheets, a pillow and a pillowcase, a mattress, and sufficient blankets to provide reasonable comfort.

Justification: The Detention Handbook references that the Detention Officer will issue clean sheets, blankets, etc., and that mattresses, sheets, and bedcovers should not be taken from youth as disciplinary measures (P. 33, Secs. L, M). Bedding should be washed and changed weekly or when soiled. The youth were observed with no pillows in their cell, however supervisors informed us that this was a safety precaution. The mattresses had an incline as a pillow substitute, although it did not appear sufficient. Multiple youth complained that the elevated head area was uncomfortable and they had to use their clothes to keep their head comfortable. Youth also stated that they were cold at night, the blankets did not appear sufficient for the temperature we observed. The youth stated that they are not allowed two blankets, but will request or take one if they see an opportunity. Clothing was observed as being used as pillows/bedding.

(Continued)

VII. RESTRAINTS

Security and good order in a facility are best exercised when expectations are clear; 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, and force, restraint, room confinement or isolation must be used. This section includes the facility's rules for discipline, provisions for due process, and discipline sanctions. Finally, this section addresses the facility response to concerns and complaints by youth through an effective grievance process.

A. Physical Force, Mechanical Restraints, and Chemical Agents

2. Written policies and procedures in the facility set forth the principles below for use of force and mechanical restraints:

b. Except for handcuffs used during transportation or facility emergencies, the only mechanical restraints that staff may use in the facility are soft or "therapeutic" restraints: fleece-lined leather, rubber, or canvas hand and leg restraints, and only with physician or mental health authorization as provided in this section.

Justification: Per policy and procedure manual- Handcuffs are metal not soft or therapeutic restraints. Per interview with staff, the mechanical restraints used are handcuffs or shackles

d. During transportation (inside or outside of the facility), staff may use handcuffs to prevent injury or escape. In the rare instances that staff need additional restraints during transportation, such as belly belts/chains or leg shackles, staff must provide particularized reasons for their use and obtain approval by the facility administrator. Staff do not use belly belts/chains on pregnant girls. Staff do not handcuff youth together during transportation, or restrain youth to the vehicle.

Justification: Per policy and procedure manual- shackles and transport chain are used when transporting youth to court. Otherwise conforms to standard regarding pregnant youth. .

3. Written policies, procedures, and actual practices prohibit:

e. Hogtying youth or placing youth in restraints in other uncomfortable positions.

Justification: It was communicated that on rare occasions a youth may have hands and ankles bound together to keep a youth from injuring themselves. If this is done, youth is observed the entire time.

4. Written policies and procedures in the facility set forth the principles below for use of soft restraints:

a. Staff may only use soft restraints where a youth's behavior threatens imminent harm to self or others.

Justification: Was told that there were no soft restraints, but that they could be fashioned if needed. Also said that there were tie cords and zip cords, but that they haven't been used in a long time. Could not find soft restraints defined in policy and procedure manual.

b. Except in a clear emergency, only a physician or qualified mental health professional may authorize use of soft restraints. In a clear emergency, where neither time nor availability permit authorization by a physician or qualified mental health professional, facility staff who have been certified by the physician or psychiatrist may

<p>authorize the temporary use of soft restraints. The only facility staff who may be so certified and who may authorize the temporary use of soft restraints are the facility administrator, the deputy administrator, the officer in charge of the facility, or a unit supervisor. If any of these facility staff authorize the use of restraints in an emergency situation, they must immediately contact a qualified mental health professional for consultation and crisis intervention.</p>
<p><i>Justification: No written policy on soft restraints.</i></p>
<p>c. Staff do not use soft restraints unless and until they try less restrictive techniques, such as talking with youth to de-escalate the situation and bringing in staff, mental health professionals, or other youth to talk with the youth, and such less restrictive techniques have proven ineffective. At the time restraints are applied, staff must tell the youth the reason for using the restraints and that they will remove the restraints as soon as the youth regains self-control. Except in emergencies, staff may not use soft restraints on girls who are pregnant.</p>
<p><i>Justification: No written policy on soft restraints.</i></p>
<p>d. During any time that a youth is in restraints, staff provide one-on-one crisis intervention and observation. The staff member shall be either in the cell with the youth, or directly outside the cell providing constant observation of the youth and interaction as appropriate.</p>
<p><i>Justification: No written policy on soft restraints.</i></p>
<p>e. Staff do not place a youth in restraints for any fixed period of time. Staff must release a youth from restraints as soon as the youth's behavior ceases to threaten imminent harm to self or others.</p>
<p><i>Justification: No written policy on soft restraints.</i></p>
<p>f. A medical professional or health-trained staff directly monitors any youth in restraints at least every 15 minutes, for as long as the youth is in restraints. A qualified mental health professional must directly monitor any youth held in restraints for longer than 15 minutes. If a youth is in restraints for longer than one hour, a qualified mental health professional must directly monitor the youth at least once every hour the youth is in restraints.</p>
<p><i>Justification: No written policy on soft restraints.</i></p>
<p>g. A qualified health professional may not authorize the use of soft restraints for longer than four hours. If a qualified mental health professional determines that a youth needs to be in soft restraints for longer than four hours, staff shall transport the youth to a mental health facility.</p>
<p><i>Justification: No written policy on soft restraints.</i></p>
<p>h. Youth in restraints have reasonable access to water, toilet facilities, and hygiene supplies.</p>
<p><i>Justification: No written policy on soft restraints.</i></p>
<p>5. Facility staff document all incidents (except for handcuffs used in transportation) in which physical force or mechanical restraints are used including:</p>
<p>h. The type of physical force or mechanical restraints used.</p>
<p><i>Justification: Not explicitly listed, but supervisor clarified that alluding to restraints always means handcuffs and shackles.</i></p>

<p>6. Medical and mental health staff document all contact with youth subjected to physical force or soft restraints, including the name and position of medical or mental health staff, the date and time of initial contact, all subsequent monitoring, pertinent findings, instructions to staff, and follow up to the incident.</p>
<p><i>Justification: Nurse stated that she logs the check of restraints in the nurse's notes and states the time they were put on and checked. Seemed to indicate that she only checked if youth were held over 60 minutes. Also round the clock nurse is not available, so there is the possibility that there will not be a medical person at facility during restraint. Mental Health Professional will follow up with youth after incident, by own volition- not per any written policy or procedure. There is no requirement of documentation by mental health professional unless they were directly involved in the incident.</i></p>
<p>7. Staff and youth involved in use of force or restraint incidents undergo an immediate debriefing process with supervisory staff and mental health staff to explore what might have prevented the need for force or restraint and alternative ways of handling the situation. Staff also notify parents of use of force or restrain incidents and ask for input and support on ways to prevent future such incidents.</p>
<p><i>Justification: Parents are not notified about use of restraints. However, staff speaks with youth once they have de-escalating and review committee meets following any use of mechanical restraint.</i></p>
<p>8. The facility administrator regularly reviews and maintains a file in his or her office, for a period of at least one year after the incident, of reports on all incidents in which youth are subjected to physical force or placed in restraints.</p>
<p><i>Justification: The file is in the supervisor's office, not the facility administrator's office</i></p>
<p>B. Isolation</p>
<p>1. Isolation is defined in this instrument as placing a youth in a room because of his or her current acting-out behavior. Isolation is not to be confused with room confinement, defined in this instrument as a disciplinary sanction discussed in a separate section below. Written policies and procedures in the facility set forth the following principles for the use of isolation:</p>
<p>c. Staff only keep youth in isolation for the amount of time necessary for the youth to regain self-control and no longer pose a threat. As soon as the youth's behavior ceases to threaten imminent harm to self or others or serious destruction of property, staff shall release the youth back to programming.</p>
<p><i>Justification: Isolation has not been used in last year with the exception of one child who was placed in Isolation in G--Pod for several days due to his extreme danger to himself and others. It was used not for punishment as much as to protect other youths and staff. He has since been sent to LTI. While in G-Pod he was not placed in room isolation. This was a very unusual situation and only happened with this particular youth.</i></p>
<p>f. A medical professional or health-trained staff directly monitors any youth in isolation at least every 15 minutes. A qualified mental health professional must directly monitor any youth held in isolation for longer than 30 minutes. If a youth is in isolation for longer than one hour, a qualified mental health professional must directly monitor the youth at least once every hour the youth is in isolation.</p>

<i>Justification: Written policy does not require this amount of time monitoring by medical professionals.</i>
g. Staff may not hold a youth in isolation for longer than four hours. If a qualified mental health professional determines that a youth needs to be in isolation for longer than four hours, staff shall transport the youth to a mental health facility or handle the youth through procedures for youth on suicide watch.
<i>Justification: Written policy does not require this amount of time monitoring by medical professionals. Requires 8 hour maximum.</i>
E. Room Confinement
1. Prior to any imposition of room confinement, staff provide the components of due process set forth above. Room confinement is defined in this instrument as a disciplinary sanction requiring youth to remain in a room after a youth has violated a rule. Room confinement should not be confused with isolation, which is defined in this instrument as placing youth in a room because of his or her current acting-out behavior.
<i>Justification: Rivarde written policy requires juveniles placed in room confinement for longer than 8 hours to receive due process procedures. After the hearing, the disciplinary committee renders the decision to place the youth in confinement or not, and this may be appealable.</i>
2. As soon as staff place a youth in room confinement, staff shall notify the unit supervisor. Staff may not keep youth in room confinement longer than one hour without explicit approval of the unit supervisor. Staff may not keep youth in room confinement longer than 4 hours without explicit approval of the facility administrator or designee.
<i>Justification: Rivarde written policy does not thoroughly discuss procedural matters when a child is placed in room confinement of less than 8 hours. Rivarde practice is better than what is written in the manual.</i>

(Continued)

VIII. SAFETY

Although safety is the last section of this assessment tool, safety for youth and staff is the overarching principle underlying all of the other sections. This section reinforces the facility's oversight and protections in relation to use of excessive force, sexual assault and harassment, intimidation, and weapons in the facility. The standards in this section require that proper oversight and action occur with respect to safety issues.

A. Youth are safe from physical assault, sexual assault and harassment, and intimidation by staff.

2. The facility administrator compiles and analyzes monthly statistic of violence, use of restraints, use of isolation, and use of physical force.

Justification: Management stated that administrator does not compile monthly statistics, that they are compiled by another staff member outside of Rivarde and it was unclear that a record is kept of times when the use of restraints, isolation, or physical force (statistically).

B. Youth are safe from physical assault, sexual assault and harassment, and intimidation by other youth.

6. There are regular opportunities for youth to provide input on how the facility can be made safer.

Justification: Youth stated no one ask for their input on what they think about the facility. There is no form in place for this to happen. Staff stated if a youth have a complaint about any problem in the facility, they can fill out a grievance.

APPENDIX 3

RECOMMENDED ACTIONS

Below is a list of recommended revisions to increase conformance to JDAI Self-Assessment standards based on self-assessment activities performed November 1 through December 31, 2016.

The below list is divided into four sections: Form Revisions, Policy Revisions, Records/Files Required, and Trainings Required. Each section contains several sub-sections that follow the CHAPTERS sections. If there are no sub-sections mentioned, there were no standards applicable to that specific section. For example, if there are no Classification standards mentioned in the Training Required section, then there were either no applicable standards or all standards were in compliance. Following each recommended revision is a standard number that corresponds to the applicable standard in each subsection.

Form Revisions

Health Care

- The pre-admission health screen needs to cover: (IA2a1,5,7)
 - Infection and communicable diseases
 - Frequency of drug use
 - Previous history of drug use
 - Gynecological problems
- The full health assessment needs to include: (IIB2c)
 - History of violence and use of weapons
- Written consent form needs to be utilized for refusal of medication (IIC18)

Environmental Issues

- The emergency plan needs to cover you with disabilities in the event of a hurricane. (VIE1e)
-

Policy Revisions

Classification System and Intake

- Intake staff need to have the authority to release or conditionally release youth. (IB2)
- Classification policies should require consideration of potential safety concerns for: (IE2f, 6)

- Suicide Risk
- Roommates

Health Care

- Admission screenings need to take place in a private, confidential setting. (IIA1)
- Written policy is needed for supervising youth identified with potential medical problems. (IIA6)
- A separate, comprehensive mental health screen needs to be conducted by the LPC other than review of probation files, evaluations, MAYSI scores, and pre-admission health screens. (IIB3a-k)
- Physician services must be adequate to serve the number of youth in the facility. (IIC4)
- On-site nursing services must be adequate to serve the number of youth in the facility. (IIC5)
- 24-hour on-call or emergency medical health services, including transportation should be available (IIC6)
- The facility needs a health services system that employs an ongoing quality assurance and improvement program through physician chart or at least quarterly committee meetings, with documentation of chart reviews, deliberations, and actions taken. (IIC12)
- The infirmary should be staffed 24 hours a day by a physician. (IIC20)
- Youth need to receive comprehensive, science-based medically accurate, and confidential family planning services. (IIC22)
- Pregnant girls should receive prompt prenatal care by providers. (IIC23)
- Written policy is needed for HIV testing. (IIC26a-c)
- Written policy is needed for substance abuse treatment. (IIC27)
- Health care policies should be included in a quarterly and annual review. (IIC32)
- Youth should receive a dental screening by a dentist or health personnel trained and designated by a dentist. (IID1a-b)
- You should receive a full dental examination within 60 days of admission by a licensed dentist and every 6 months thereafter. (IID2a-e)
- The facility should provide youth with a full range of dental health services. (IID3)
- Dental services must be adequate to serve the number of youth in the facility. (IID4)
- Adequate 24-hour on-call or emergency dental care services should be available. (IID5)
- Adequate dental examination areas and equipment should be available to serve the population in the facility. (IID6)
- Dental professionals need to provide oral hygiene instruction and education to youth within two weeks of admission (IID7)
- Written policies should ensure that youth are appropriately assessed and treated for suicide risk. (IIE10f,l,m)

Access Issues

- Staff should not limit the number of letters youth may send or receive. (IIIA1)
- Staff should only open envelopes containing mail for a youth in the presence of the youth in order to inspect for contraband. (IIIA3)
- Written policy should describe the approval procedure for special visitors, non-immediate family. (IIIC1)
- The visitation schedule should be posted in the facility. (IIIC2)
- Visits should be at least one hour in length. (IIIC4)
- Staff should use the least intrusive measure to protect against the introduction of contraband into the facility. (IIIC7)
- Regular family forums at which families of detained youth may voice issues of concern should be held. (IIIC10)
- Attorneys other than the youth's delinquency attorney may visit. (IIID3)

Programming

- At the time of admission, youth should be screened to identify special education status, school status, grades, and history of suspensions. (IVA1)
- The facility school needs to operate 12 months a year. (IVA5)
- The facility school needs to identify youth with limited English proficiency. (IVA8)
- There should be adequate substitute teaching staff. (IVA9)
- The facility school should provide the curricula required by the state for graduation from high school, including preparation for any required state exams. (IVA11)
- The facility school should comply with federal special education law (IDEA) and comparable state requirements for students with educational disabilities including: (IVA13a-e,g-l)
 - Procedures to determine educational disabilities
 - Individualized Education Plan (IEP) in place for each student
 - Full continuum of regular education classes for special education services
 - Related services required by the IEP
 - Parents involvement in decisions regarding special education
- Students entering with an existing 504 plan receive interim services that match the plan as closely as possible. (IVA14)
- Staff should keep youth occupied through a comprehensive multi-disciplinary program. (IVB1)
- Recreation activities should include a range of activities in dayrooms or common areas. (IVB2)
- There must be an adequate supply of games, card, and writing and art materials for use during recreation time. (IVB3)

- Additional programming should be provided to reflect the interest and needs of various racial and cultural groups within the facility. (IVB4)
- All youth in the facility must receive at least one hour of large muscle exercise every day. (IVB6)
- For the majority of time that youth are out of their rooms, they should be participating with staff or volunteers in structured, recreational, cultural, or educational activities. (IVB8)
- The facility should have sufficient games, balls, and athletic equipment to provide a variety of physical education activities. (IVB10)
- Reading materials should be age and literacy level appropriate. (IVB12)

Training and Supervision of Employees

- There needs to be sufficient staff at the facility to provide adequate and continuous supervision of the youth. (VB1)
- Female staff must always be on duty in living units housing girls. (VB6)
- The facility must have a code of conduct requiring staff to report misconduct of other staff members. Staff that fail to adhere to the code of conduct should face appropriate discipline. (VE5)

Environmental Issues

- Staff must demonstrate an appropriate level of tolerance of normal adolescent behavior in working with youth. (VIA2)
- Staff should allow youth to decorate and personalize their own living space. (VIA5)
- The décor and programming should acknowledge and value the diverse population of youth in the facility. (VIA7)
- Rooms, bathrooms, and common areas should be clean and free of mold and debris. (VIB3)
- Youth are to perform the kinds of housekeeping tasks they might be expected to do at home, but are not to be substitutes for professional janitorial staff. (VIB4)
- Youth must have access to operable sinks with hot and cold running water. (VIB9)
- Youth must have access to operable showers with temperature-controlled hot and cold running water. (VIB10)
- The facility should be free of insect and rodent infestation. (VIB11)
- Staff must disinfect mattress covers and repair or remove from circulation any mattresses with holes or cracks after each youth moves out of the room. (VIB17)
- All furnishings should be in good repair and appropriate for their expected use. (VIB18)
- Temperatures in indoor areas must be appropriate to the summer and winter comfort zones. (VID1)

- The facility emergency plan should cover the immediate release of youth from locked areas with clearly delineated responsibilities for unlocking doors. (VIE1f)
- The lights in the rooms must be adequately darkened for sleep. (VIF2)
- Youth should not wear prison-like jumpsuits and all clothes should be appropriate in size. (VIG1)
- Youth should wear their own underwear or the facility provides them with new underwear. (VIG2)
- Youth should be able to keep a reasonable amount of personal items in their rooms. (VIG4)
- The facility should provide adequate and appropriate hair care services and supplies for youth. (VIG6)
- Youth should receive clean bedding and linen. (VIG8)

Restraints

- Written policies and procedures in the facility should set forth the principles for the use of force and mechanical restraints, including when to use soft restraints and during transportation. (VIIA2b,d)
- Written policies, procedures, and actual practices must prohibit hogtying youth or other uncomfortable positions. (VIIA3e)
- Staff and youth involved in use of force or restraint incidents should undergo an immediate debriefing process with supervisory and mental health staff. (VIIA7)
- The facility administrator must maintain a file in their office on all youth subjected to the use of force or restraints. (VIIA8)
- Written policies and procedures in the facility should set forth the principles for the use of isolation including: (VIIB8c,f,g)
 - The duration and length of isolation
 - Monitoring by a mental health professional
- Written policy should state that prior to any imposition of room confinement, staff should provide the components of due process. (VIIE1)
- Written policy should state that as soon as staff place a youth in room confinement, they shall notify the unit supervisor. (VIIE2)

Safety

- There should be regular opportunities for youth to provide input on how the facility can be made safer. (VIIB6)

Records/Files Required

Health Care

- After screening, staff should promptly refer the following youth for needed services: (IIA3c-d)
 - Youth identified in the screen as requiring additional mental health follow up
 - Youth on prescription medication
- The medical assessment portion of the full health assessment should include: (IIB2d-e,g)
 - Immunization history
 - Gender and age specific recommendations of screening lab tests
 - Gynecological exams
- Staff should refer youth identified through the screening as needed mental health follow-up to a qualified mental health professional. (IIB5)
- Chronic disease care should be provided by physicians who have residency training in managing general internal medical conditions. (IIC2)
- The health authority must develop, approve, review, and revise at least annually, the written policies, procedures, and actual practices regarding medical and mental health care. (IIC8)
- Written job descriptions must define the duties and responsibilities of personnel in the facility health care system. (IIC9)
- Written policies, procedures, and actual practices ensure that staff document the youth or the parents' refusal of medical examination and treatment. (IIC18c)

Training and Supervision of Employees

- There must be documentation of a periodic re-screening of staff. (VA4)

Restraints

- Written policies and procedures in the facility should set forth the principles for the use of soft restraints. (VIIA4a-h)
- Facility staff must document the type of restraint used. (VIIA5)
- Medical and mental health staff must document all contact with youth subject to physical force or soft restraints. (VIIA6)

Safety

- The facility administrator must compile and analyze monthly statistics of violence, use of restraints, use of isolation, and use of physical force. (VIII A2)
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Trainings Required

Classification System and Intake

- At the time of admission or shortly thereafter, youth must receive a written and oral orientation to institutional rights, rules, and procedures including: (IC5a-c,j-l)
 - Identification of key staff and roles
 - Rules on contraband and facility search policies
 - A review of behavior
 - Policies on use of force, restraints, and isolation
 - The positive behavior incentive system
 - Emergency procedures

Health Care

- Professional medical and mental health care staff receive continuing education of at least 12 hours annually in courses relevant to their positions (and as required by state law), and those with patient contact are current with CPR training. (IIC14)
- All facility staff supervising youth should be trained in and know how to address signs and symptoms of cognitive, intellectual, and developmental disabilities. Training must include protocols for both boys and girls. (IIC15e,h)
- Youth with significant mental health needs receive a professional evaluation by a qualified mental health professional and ongoing mental health services in accordance with a treatment plan including: (IIE2a,c-e,g)
 - Identification of the mental or behavioral health issues to be addressed
 - Planned activities to monitor the efficacy of any medication or the possibility of side effects
 - A description of any behavioral management plan or strategies to be undertaken
 - A description of any counseling or psychotherapy to be provided
 - A plan for monitoring and the course of treatment

Programming

- Staff should implement the rewards and sanctions system fairly and consistently. (IVD3)

Training for Institutional Staff

- Written policies, procedures, and actual practices should ensure that all categories of personnel meet training requirements. (VC2)
- Facility staff should receive training on policies and practices regarding conflict management, de-escalation techniques, and management of assaultive behavior. (VC3c)

- Training personnel should incorporate recommendations and complaints from youth, parents, staff, management, quality assurance personnel, and others into training plans and curricula. (VC6)
- The facility administrator should regularly schedules meetings or provides other opportunities for staff to propose and discuss new policies or issues of concern, as well as to offer suggestions for improvement of the facility or programs. (VD5)
- Written policies, procedures, and actual practices should ensure that the facility administrator or designee advise those making complaints of the results of the complaints or child abuse reports that they file. (VE4)
- Staff should receive specific training in handling disclosures of victimization or other sensitive information made to them by youth. (VE6)

Environmental Issues

- Staff should be trained on first aid and the first aid kits must be immediately available and fully stocked with non-expired items. (VIE8)
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APPENDIX 4

Self-Assessment Remediation Plan

In order to ensure regular progress with standard remediation, the Detention Home Supervisor will hold weekly status meetings to provide guidance and monitoring to detention home supervisory staff. In addition, written quarterly reports will be provided to the Department Director by the Detention Home Supervisor beginning the first quarter of 2017 (January – March) and proceeding for two years.

These reports will utilize the following format:

Date of Report: _____
Quarter Observed: _____

Baseline Self-Assessment:

Total Number of Applicable Standards: 538

Number and Percent of Conforming Standards: 380 71%

Number and Percent of Non-Conforming Standards: 158 29%

Last Quarter Results:

Number of Standards Addressed: _____ %

Number and Percent* of Non-Conforming Standards: _____ %

Current Quarter Results:

Number of Standards Addressed: _____ %

Number and Percent* of Non-Conforming Standards: _____ %

Resources Required:

*Percent of total standards