



Commonwealth of Kentucky Department of Juvenile Justice

JUVENILE JUSTICE PERFORMANCE ASSESSMENT OF FACILITIES

Final Report | January 29, 2024



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Executive Summary

CGL was contracted by the Commonwealth of Kentucky's Auditor of Public Accounts (APA) in August 2023 to conduct a juvenile justice performance assessment of facilities. This project involved assessing the overall performance of the Detention Division of the Commonwealth's Department of Juvenile Justice (DJJ).

The report reflects our findings and recommendations regarding overall DJJ performance under the guidelines outlined in the contract. The following represent summaries of our major findings.

FINDINGS

- **Follow-Up on 2017 CCLP Findings:** DJJ has not operationalized most of the findings from the 2017 report authored by the Center for Children's Law and Poverty.
- **Isolation.** DJJs policies and practices for isolation are inconsistently defined, applied, and in conflict with nationally recognized best practices.
- **Use of Force:** DJJs use of force practices are not aligned with common practices in juvenile detention and are poorly deployed and defined. The introduction of chemical agents, tasers and other security control devices have been done so without a policy in place.
- **Behavior Management Model:** DJJ lacks a clear, evidence-based behavior management model for managing youth in the detention division.
- **Mental Health/Physical Health Records Review:** CGL's evaluation of medical and mental records demonstrated the direct services being provided to youth patients in DJJ meet expected standards of care. However, there was a lack of appropriate documentation in many of the files.
- **On-Site Mental Health/Physical Health Review:** CGL's on-site reviews of mental health and physical health services found chronic staffing challenges, poor workload balancing, lack of consistent operational practices, and inefficiencies associated with the use of a problematic medical record system that has fostered an environment

that is unable to effectively accommodate the inherent challenges in the healthcare delivery system.

- **Regional Detention:** The move from a regional detention model has created continuity of care issues for DJJ's youth population.
- **Education:** The provision of education service to youth is inconsistent, poorly implemented and lacks oversight.
- **Staffing:** DJJ's juvenile detention facilities are significantly understaffed. Current funded levels for correctional officer positions are not sufficient to meet the requirements of national staffing mandates. This understaffing fuels high levels of overtime which can negatively impact recruitment and retention.
- **Staff Training:** While the content of DJJ's staff training program appears consistent with national standards, its implementation is ineffective and can contribute to staff retention issues.
- **DJJ's Strategic Direction:** DJJ's Detention Division lacks a unified strategic direction. Facilities and major functional departments operate in silos creating a disconnection and inconsistency across the organization. Conflicting communication creates confusion regarding its detention mission.
- **DJJ Policies:** DJJ's policy manual lacks clarity and consistency. Policies are exceedingly confusing, disorganized, and often conflicting. The organization of the policy manual creates the potential for misunderstanding and may negatively impact agency performance and operations.
- **Quality Assurance:** DJJ lacks an effective quality assurance program that supports its mission and helps ensure compliance with its expectations.
- **Youth Information Management System:** DJJ's youth information management systems have limited functionality and inadequate reporting capabilities. These limitations impact DJJ's access to key performance metrics and a comprehensive understanding of their operations.

CLG would like to thank the staff from the Auditor of Public Accounts and DJJ for their involvement and assistance during this review. Most significantly we found supervisors and staff in many of the youth detention facilities who demonstrated a high level of dedication to serving the Commonwealth and the youths under their supervision.

Review Constraints: CGL's assessment was conducted under certain limitations, primarily stemming from a constrained time frame. Detention system operational reviews typically require eight months to complete. This project had a much shorter timeframe with a kickoff on September 19, 2023, and completion of site work four months later in December.

Considering these time limitations, we focused on the major operational practices within DJJ that are key to their successful performance, and consistent with the requirements of our contract. These included, but were not limited to the use of isolation, use of force, internal compliance, and medical/mental health services.

Methodology

CGL's approach to this project was driven by two factors: the specific project requirements and our extensive history evaluating the operational performance of detention systems. Our methodology involved the following key aspects:

- **Document/Data Review:** A considerable amount of documentation was provided for CGL's review. Additional information was specifically requested. This information provided a foundation for our understanding of DJJ's operations. While CGL reviewed a significant amount of this information, we focused on more recent to get a clear picture of DJJ's current operational practices.
- **Facility On-Site Visits:** Two separate CGL teams visited the sites: Operational Review Team and a Medical/Mental Health Review Team.
 - **Operational Review Team:** The operational review team spent multiple days on site to observe and assess the facility mission, operational practices, and any challenges. During that time on-site the team conducted in-depth tours of each facility, interviewed, leadership, line staff and youth, and reviewed current operating practices.
 - **Mental Health/Physical Health Review Team:** CGL's teams spent days on site at each of the eight juvenile detention facilities. During their time on-site they interviewed medical/mental health staff, reviewed the spaces allocated for those services and observed practices.
- **Mental Health/Physical Health Records Review:** Our team members conducted in-depth assessments of youth mental health and physical health records.
- **Interviews:** CGL conducted interviews with DJJ leadership as needed. As we toured facilities, we interviewed line staff and youth. We also scheduled and conducted interviews with youth at facilities to gain a more private, comprehensive understanding of their time in custody.

External Factors Impacting Detention Systems

Any evaluation of a detention systems operation, whether juvenile or adult, must consider the context and challenges under which these systems have had to recently operate. The last four years have been some of the most challenging in the detention field. Any review of DJJ's operational practices must consider external factors that had a direct impact on their operations, including:

- **COVID-19 Pandemic:** The impact of the pandemic on the permanent housing of youth cannot be understated. During the pandemic, nearly every aspect of detention operations had to change. DJJ staff reported that the detention facilities were virtually emptied during that time, only to receive a large influx after the pandemic began to subside.
- **Correctional Officer Staffing Shortage:** Operating a detention system has become much more complicated because correctional systems across the country are facing historic-level retention and vacancy issues. This issue has become so prevalent and pervasive that many systems have been forced to close beds due to the lack of staff, something that would have been unheard of 20 years ago.

Our on-site observations found the impact of these external factors continues. Facilities were still dealing with high vacancy levels in the correctional officer and medical positions. While staffing levels are improving, we still found significant vacancy levels in the institutions. The pandemic has ended, but COVID continues, increasing the need for separation of youth who test positive or are exposed.

Additionally, **this report focuses only on DJJ's Division of Detention**, which is just one aspect of how DJJ manages services for sentenced, committed, probated, and detained youth. DJJ also operates six youth development centers, nine group homes and five day treatment programs as part of its continuum of services. This report does not evaluate the operations of those other DJJ functions.

Juvenile Detention/DJJ Background

In the United States, the need for a justice system that addressed the differences between juveniles and adults was recognized as early as 1899. Since then, states across the country have been transforming their systems of juvenile justice from an adult “correctional” model to one that reflects mandates focused on treatment and rehabilitation of youth. These efforts have been more rigorous in the last two decades with use of valid academic research that has strengthened reform efforts. As a result, states are improving their systems and creating more just, fair, and effective systems for youth involved in the justice system. Juvenile Justice reforms have provided in many cases better conditions and quality of life, and better long-term outcomes.

Many reforms put in place have had dramatic impacts on changing juvenile justice environments. Systemic changes have drastically reduced the number of young people receiving short- and long-term incarceration. Changes have produced the effect of more young people being served in their communities. While this is a positive, this results in a higher concentration of high risk and needs youth being placed in detention and secure residential facilities. Youth who are coming into the system have documented mental health diagnoses involving a plethora of challenges including neglect and abuse, trauma, substance use disorders, developmental and intellectual disabilities, and sexual abuse. Juvenile Justice systems are continually finding innovative ways to address the changing landscape of challenges presented by societal shifts and responses to societal demands of the justice system.

Agencies, foundations, research networks, and universities have been instrumental in developing principles to transform juvenile justice systems. In the last decade much has been published to help guide agencies in the transformation of juvenile justice to provide increased fairness, justice, equitable and effective juvenile systems. Yet, juvenile justice systems continue to struggle in finding the right balance of community safety as well as addressing the individual treatment needs of justice involved youth. Below is an accumulation of guidelines or principles that are best and promising practices based on research for secure detention facilities:

- **Safety:** Safety must be the first priority in detention facilities. Treatment and rehabilitation will not occur unless staff and youth are safe in the environment. Basic security procedures that are proven to provide safety and security should be in place and consistently practiced daily. Policies should be well written, current, easily understood, and address areas such as security counts, movement of youth, minimum staffing requirements, searches, and uses of force, access to and use of more restrictive alternative uses of force such as chemical agents (pepper spray). Policies should guard against an abundance of adult correctional methods of control such as the use of restrictive housing, and the use of youth separation from daily activities. Additional adult corrections practices such as tasers, restraint chairs, and five-point restraints are seldom seen as useful or necessary in a juvenile setting that has appropriate levels of staff.
- **Limit Confinement:** Confinement of youth should be limited only to those youth who are a high risk for future violence and they should be detained in secure care facilities; the principle of youth being placed in the least restrictive appropriate environment should be applied in all placement decisions. Research has shown that low-risk youth (truants, runaways, defiant behavior disorders) when subjected to high-risk youth, actually increase their risk of becoming a higher risk when they eventually return to their communities.
- **Staffing:** Staffing is the single most important resource a system has in being able to meet its mission. Hiring the right staff for this demanding and challenging work is essential. Retention of talented and dedicated staff is the second most critical factor in being able to meet the mission. Developing a workforce plan that supports minimal qualifications for education, minimum age consideration, as well as appropriate incentives localized to meet demands in specific regions, retention bonuses, shift differential pay, and the ability to take earned leave without concerns for shortages on shifts, is essential in meeting the goals of detention.
- **Training:** Effective training of staff is essential to meeting the mission of detention in the juvenile justice system. Training should be focused on transferring skills and knowledge to prospective juvenile justice officers. This can best be done by utilizing the adult learning model where participants are presented with information and are

given opportunities to learn and demonstrate skills. Different styles of learning are presented, and participants have a chance to adapt their own supervision skills in dealing with youth before working directly with youth. Youth who are in custody in detention can best be managed by staff who have the skills to build positive relationships with youth and their families which directly impacts the way they respond to various challenges in youth behavioral incidents. This response either deescalates a situation or plays a role in escalating negative behavior of youth which can result in the possible unnecessary use of physical, mechanical, chemical restraint response, or use of isolation and restrictive confinement.

- **Education:** The continuity and quality of education services must be a priority. The provision of education services in detention is the primary form of rehabilitative services that should reflect equitable education services in the community. Whether in state custody or in the community, the community standard is youth must receive a minimum of 260 minutes of daily instruction. Detention facilities must ensure that whether education is provided by the local school district, or an agency-wide managed system, education services must be a primary emphasis for youth in detention.
- **Location:** Detention facilities should be located in areas that can be accessed within a reasonable distance where families, attorneys, and prosocial support systems, such as local schools, counselors, and clergy can easily access youth while in custody.

The history of juvenile detention in the United States is a complex and evolving one, marked by shifting ideas about childhood, punishment, and rehabilitation. What follows is a brief overview:

Early years (18th-19th centuries):

- Prior to the 18th century, children accused of crimes were generally treated as adults and often faced harsh punishments like imprisonment or even execution.
- The concept of a separate juvenile justice system began to emerge in the late 18th and early 19th centuries, driven by reformers who believed that children should be treated differently than adults due to their unique psychological and developmental needs.

- The first specialized institution for delinquent youth, the New York House of Refuge, opened in 1825. It focused on education and moral rehabilitation rather than solely punishment.

Late 19th-early 20th centuries:

- This was known as the “Progressive Era” and saw further refinement of the juvenile justice system that differentiated itself from adult corrections. It included an emphasis on individualized treatment, education, and social services.
- Juvenile courts were established to handle cases involving young offenders, with judges granted broad discretion in deciding on appropriate interventions.
- However, these reforms often fell short in practice, with many detention facilities facing overcrowding, understaffing, and harsh conditions.

Mid-20th century: "Get tough" era and rise of rehabilitation:

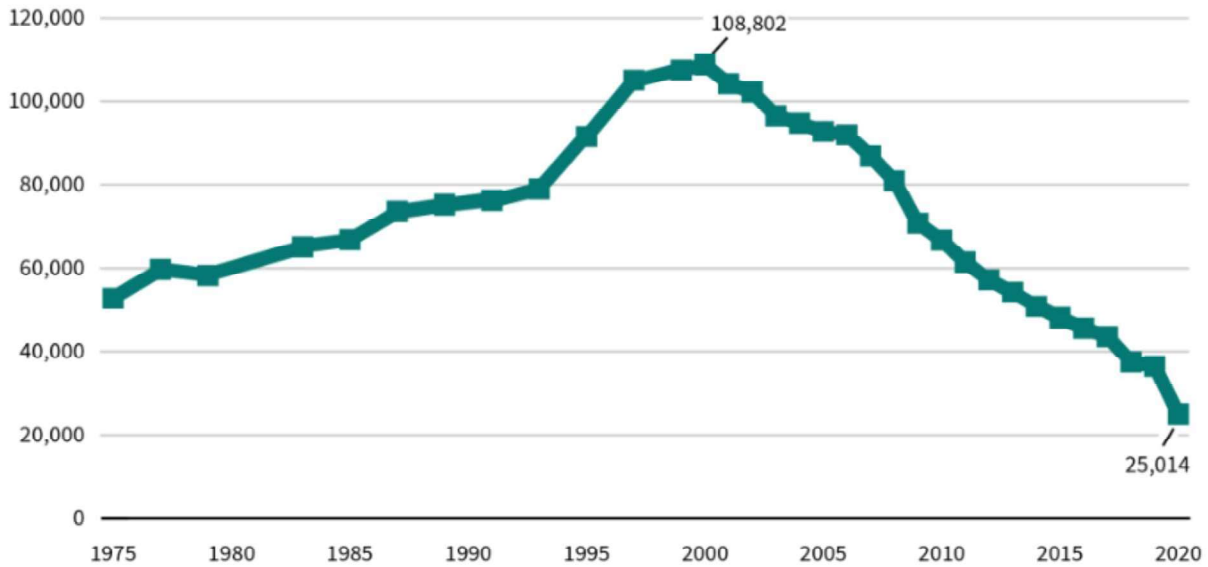
- The mid-20th century saw a shift towards a more punitive approach in juvenile justice, fueled by rising crime rates and concerns about juvenile delinquency.
- "Get tough" policies were implemented, leading to longer detention sentences and increased reliance on secure facilities.
- However, concerns also arose about the negative effects of incarceration on young people, sparking renewed interest in rehabilitation programs and community-based interventions.

Late 20th century and beyond: Juvenile justice reforms and challenges:

- Since the late 20th century, there has been a continued push for reform in the juvenile justice system, with a focus on reducing the number of youth incarcerated, addressing racial disparities, and prioritizing evidence-based rehabilitation practices.
- Significant achievements include raising the minimum age for adult criminal prosecution, reducing reliance on solitary confinement, and expanding access to mental health services.
- However, challenges remain, concerns about conditions in some facilities, and changing detention population, with greater mental health needs and increased levels of aggression.

These philosophical changes have led to significant swings in the youth detention population.

Exhibit 1: Youth in Juvenile Facilities in U.S. 1975 - 2020

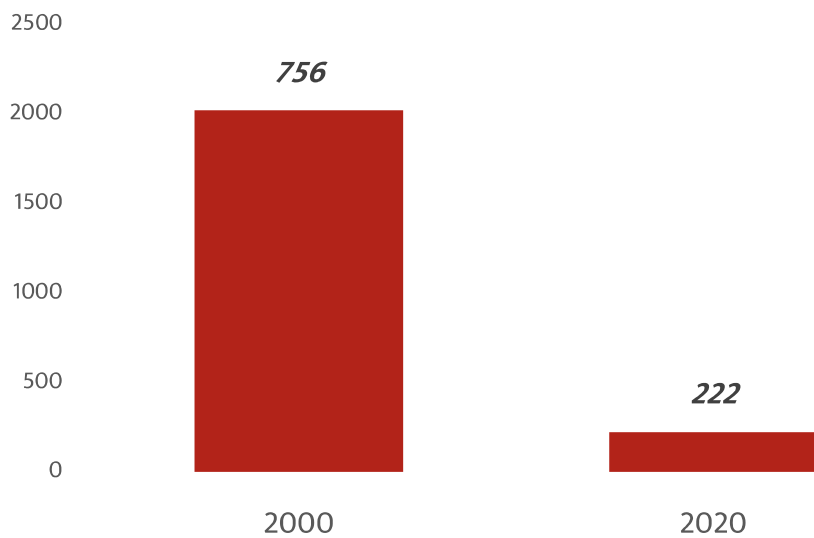


The number of youth held in facilities in the US increased from over 50,000 in 1975 to a peak of 108,802 in 2000. Efforts to reduce the number of incarcerated youth had a dramatic impact since that time, reducing the overall population to 25,014 in 2020¹

DATA provided by U.S. Office of Juvenile Justice and Delinquency Prevention (OJJDP) shows Kentucky has seen a similar change in their youth detention population:

¹ Office of Juvenile Justice and Delinquency Prevention, 2020, Juvenile Residential Facility Census.

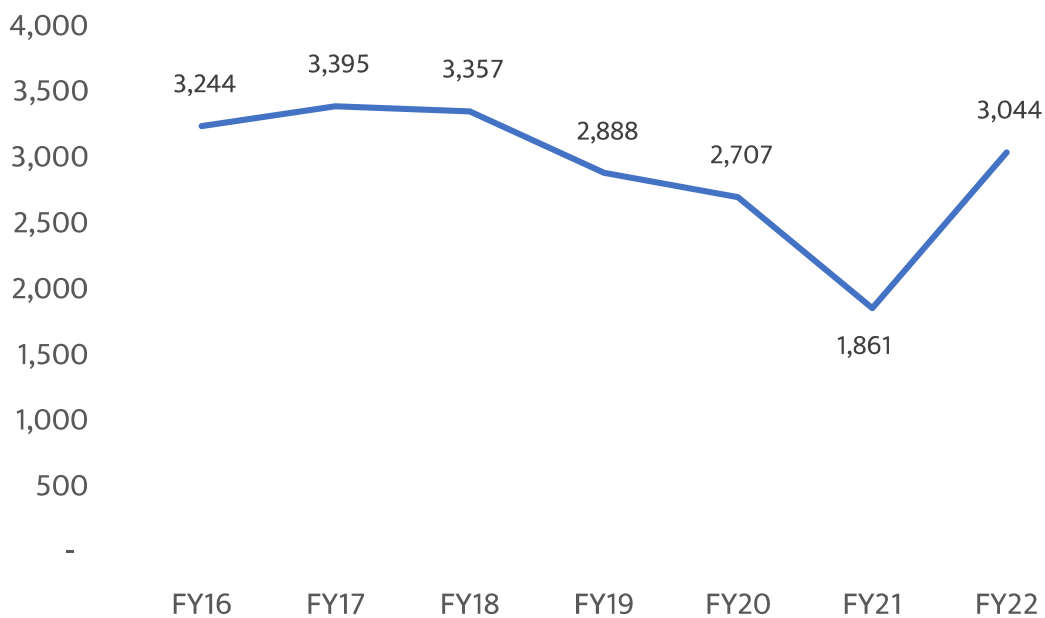
Exhibit 2: # of Youth Held in Public Facilities – State of Kentucky



The number of youth held in Kentucky’s public facilities fell from 756 in 2000 to 222 in 2020.

Detention Intakes in DJJ have followed a similar pattern to what is found in other states.

Exhibit 3: DJJ Detention Intakes by Year



Intakes into DJJ detention were gradually decreasing until FY2019, then with the pandemic, they fell significantly to 1,861, before rising back to earlier levels in FY2022.

DJJ History: A federal consent decree regarding Kentucky's inability to meet the constitutional rights of juveniles led to the establishment of DJJ in 1996. The consent decree included concerns of abuse of juveniles through the overuse of isolation and lack of timely investigation of staff abuses, poor education programs, poor mental health programs, inadequate medical and mental health care, and inadequate staffing levels. DJJ was established with the responsibility of providing a continuum of services for delinquent youth, including prevention, detention, residential and community based services, aftercare programs, and alternatives to detention with the goal of reducing delinquent behavior.

Today DJJ operates as one of five major departments in the Kentucky Justice and Public Safety Cabinet. Other agencies in the cabinet include the adult Department of Corrections, Kentucky State Police, Department of Criminal Justice Training, and Department of Public Advocacy.

DJJ has recently experienced issues and incidents that have raised questions about its ability to maintain safe facilities and at the same time support a youth detention population in a positive and beneficial manner for the Commonwealth. These major incidents include:

- Disturbance at Warren Regional Juvenile Detention Center on Aug 20, 2022. Three juvenile offenders attacked staff at Warren on August 20, 2023.
- Riot/Disturbance at Adair Regional Youth Development Center (Adair) on November 11, 2022. Per reports, a Youth Worker on Adair's 3rd shift unlocked a youth room door and was attacked and seriously injured. After the attack the juvenile offender took the keys of the youth worker and with assistance of other youths unlocked many youth rooms. Subsequently a significant amount of vandalism occurred and serious assault of a female youth, and assaults on other youth occurred.
- Fire/Escape at Jefferson RJDC. A female offender smuggled a lighter into the facility and used it to start two fires. While staff and responding fire departments and EMS were attempting to extinguish the fire, youth were left unsupervised and one youth escaped by breaking a window and climbing over the perimeter fence.

In response to those issues, DJJ has taken the step, under the guidance of SB162, of implementing inmate control/management practices like what is found in adult corrections. This includes the introduction of pepper spray and tasers in the detention facilities, as well as the establishment of a tactical response teams at each facility.

Findings

2017 CCLP REPORT

Finding: Most of the findings from the 2017 audit by the Center for Children’s Law and Policy (CCLP) have not been operationalized.

Our review found little if any of the findings from 2017 report issued by the Center for Children’s Law and Policy have been corrected in DJJ facilities. Findings regarding the overuse of isolation and room confinement, the use of a punishment based behavior management system, the poor quality of their policy manual, and specific medical and mental health findings have not been addressed.

2017 CCLP Medical/Mental Health Findings: The 2017 CCLP report had 18 medical/mental health recommendations noted. As with the operational findings from that report, little progress has been made by DJJ in complying with those recommendations. The following lists each medical/mental health recommendation and our follow-up findings:

1. **CCLP Recommendation:** Hire mental health professionals who are onsite in DJJ's detention facilities and who can work with staff to manage the mental health problems of detained youth. Increase in-person access to DJJ's psychological and psychiatric services.

Finding: We found no evidence that this recommendation has been fulfilled.

2. **CCLP Recommendation:** Address the nursing staff shortages by hiring or transferring appropriate personnel and explore options to increase the salaries of nursing staff to improve hiring and retention.

Finding: While there has been an expanded utilization of agency staffing to fill critical vacancies, there is no evidence that this recommendation has been fulfilled on a systemwide basis. We do note that at our last operational site visit at McCracken, the facility was moving toward 24-hour medical coverage through a medical contract.

3. **CCLP Recommendation:** Ensure that the DJJ Medical Director (1) regularly revises chronic care guidelines for nursing staff and physicians, (2) regularly revises acute and chronic care protocols for nursing staff, (3) revises and improves the model for clinical review of provider practice (the form in use is more than 10 years old and contains out-of-date references), (4) provides nursing and provider staff with access to current medical, obstetric, and pediatric textbooks or electronic textbooks (e.g., "Up-do-Date"), and (5) provides accredited continuing education courses for nursing staff and medical providers via webinar.

Finding: There was no evidence to support that the DJJ has a review process for chronic care guidelines, protocols, or the model of practice. (Staff "thought" that policies were reviewed annually, but there was never a reference to how or who was involved in updates, nor did it appear that any training on updates was provided.)

4. **CCLP Recommendation:** Revise and standardize emergency treatment protocols for anaphylaxis, status asthmaticus, status epilepticus, opioid overdose, and other common medical conditions of adolescents.

Finding: We found no evidence that this recommendation has been fulfilled.

5. **CCLP Recommendation:** Develop clinical and laboratory monitoring protocols for management of youth prescribed psychiatric medicine. Such protocols can be based on the practice parameters promulgated by the American Academy of Child and Adolescent Psychiatry.

Finding: We found no evidence that this recommendation has been fulfilled.

6. **CCLP Recommendation:** Expand screening for sexually transmitted infections to include syphilis and HIV. Identify and secure appropriate training for staff to provide counseling for youth who identify as HIV-positive.

Finding: As noted in the primary report, HIV testing does not appear in the screening protocol.

7. **CCLP Recommendation:** Obtain adequate staffing to maintain up-to-date vaccination records.

Finding: Adequate staffing remains an issue across multiple medical and mental health segments. As noted in the primary report, vaccination records and tracking are less than what would be expected for this patient population.

8. **CCLP Recommendation:** Reevaluate the DJJ's commitment to provide mental health care within its detention facilities. While detention is not the venue within which to provide long term intensive therapeutic services, facilities must provide screening, assessment, and crisis stabilization to youth with significant mental health histories. Mental health staff in detention facilities, along with case management, must also ensure linkages to necessary services upon the youth's release, whether it be to the community or to a commitment facility.

Finding: Mental health staffing remains a critical challenge for the DJJ. This recommendation has not been fulfilled.

9. **CCLP Recommendation:** Request additional funds to be able to hire enough mental health staff. Until that occurs, develop a new understanding or contract between DJJ and detention facilities so that mental health professionals can provide a greater number of onsite assessments of the youth.

Finding: The underlying shortage of appropriately trained mental health staff persists within the DJJ.

10. **CCLP Recommendation:** Ensure that qualified medical professionals are available daily for medication administration.

Finding: We found no evidence that this recommendation has been fulfilled.

11. **CCLP Recommendation:** Provide a supply of naloxone for each DJJ facility and develop emergency care protocols and training for medical and non-medical staff on the appropriate use of naloxone in the case of overdoses.

Finding: We found no evidence that each facility had appropriate emergency care protocols and the necessary training to provide these services.

12. **CCLP Recommendation:** Resume annual emergency and "man down" drills in all facilities.

Finding: We found little to no evidence that "man down" training/drills occurred. Furthermore, given the number of vacancies, turnover, and use of agency staff, annual training is not remotely sufficient to meet this expectation. We strongly suggest these drills be conducted monthly.

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

Finding: We found no evidence that this recommendation has been fulfilled.

14. **CCLP Recommendation:** Determine which medicines must never be discontinued abruptly and develop a plan to ensure such medications can be continued.

Finding: We found no evidence that this recommendation has been fulfilled.

15. **CCLP Recommendation:** Provide assistance for youth without health insurance to become insured. This may be a regional or a home office function. Currently "health navigators" funded under the Affordable Care Act are assisting families in the community to obtain health insurance. Health navigators based in DJJ could help youth and their families to enroll in Medicaid, the Child Health Insurance Program

(CHIP) or another health insurance program for low-income children subsidized under the Affordable Care Act.

Finding: This was discussed in the onsite reviews. Staff offered the explanation that due to the short length of stay; they do not assist with this type of discharge planning services. The DJJ did not appear to have a process for identifying youth without health insurance or a method to assist in obtaining health insurance.

16. **CCLP Recommendation:** Provide direct care staff with a full day of suicide prevention training followed by an annual four-hour refresher. The training should be specific to the juvenile justice population and deal with roles and responsibilities, incorporating relevant agency policy.

Finding: This was discussed during our onsite reviews. It did not appear that the DJJ has consistent training or documentation to support a full day of suicide prevention training at the initial point of hire nor is a four-hour refresher provided annually.

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

Finding: While each detention facility could explain its procedures for addressing certain aspects of this recommendation, there was no substantiating evidence to demonstrate a consistently applied, systematic process to ensure a standardized approach across the board.

18. **CCLP Recommendation:** Consult with emergency medical professionals to determine if a longer evidence collection period than 72 hours is warranted following allegations of sexual abuse.

Finding: There was no evidence to support consistency of this recommendation at the detention centers.

2017 CCLP Report - Recommendations:

- The 2017 report should have been the impetus for change in DJJ detention facilities. However, over time, the attending to those findings and efforts to develop comprehensive corrective action appear to have waned. We note the pandemic and DJJ's staffing shortage likely contributed to DJJ's inability to address those issues. But, as the pandemic has ended and staffing improved, it did not appear those past findings have been given renewed attention. DJJ' should focus their efforts in the future on addressing past and current findings.

ISOLATION

Finding: DJJ's policies and procedures for isolation are inconsistently defined, applied, and in conflict with nationally recognized best practices.

The use of isolation in juvenile detention is a highly debated and controversial topic, with arguments both for and against its use. Due to the potential for negative consequences for youth, including increased risk of mental health issues, self-harm, and recidivism, isolation should be considered a last resort and be used only in very specific and narrowly defined circumstances. Those circumstances may include:

- **Immediate Safety Threat:** When a juvenile poses an imminent threat to themselves or others, including staff, and all other attempts to de-escalate the situation have failed, isolation may be used as a temporary measure to ensure safety. However, even in these cases, continuous monitoring and support are necessary.
- **Suicide Risk:** If a juvenile is actively suicidal and isolation is deemed the only way to prevent immediate self-harm, it may be considered. However, extensive and immediate mental health intervention must be provided during and after the isolation period.
- **Medical Isolation:** In some cases, such as during an infectious disease outbreak, or pandemic, isolation may be necessary to prevent the spread of illness. However, even in these instances, efforts should be made to maintain social contact and provide emotional support to the isolated juvenile.

It is important to note that even in these extreme cases, several critical factors must be considered before resorting to isolation:

- The duration of isolation should be as short as possible, with constant monitoring and reevaluation of the situation.
- The conditions of isolation must be humane and respectful. Adequate lighting, ventilation, access to hygiene facilities, and age-appropriate reading materials should be provided.
- Regular contact with staff and mental health professionals is essential. The isolated juvenile should not be left alone for extended periods.

- Alternative solutions should always be explored first. De-escalation techniques, conflict resolution methods, and access to calming activities should be prioritized before resorting to isolation.

Meeting these requirements means that all staff should be properly trained in the procedures for placing a youth in isolation status and the services and privileges that should still be afforded to them. Data from written documents and digital programs should be collected and reviewed routinely to monitor the use and overuse of isolation.

National Best Practices Regarding Isolation: According to the Council of Juvenile Correctional Administrators², the term “isolation” has many different names and variations in how, when, and where it is applied. Whether it is referred to as solitary confinement, time out, room confinement or restriction, or special management, when a detained youth is physically and/or socially isolated for disciplinary or administrative purposes during non-sleeping hours, they are “isolated” from activities, peers, and staff. While no substantive research exists showing the benefits of placing youth in isolation, an abundance of data and research can be found to indicate isolation causes a great deal of harm to youth, particularly those with disabilities or histories of trauma and abuse.

National organizations routinely caution against the use of isolation and often recommend its prohibition. In those systems in which isolation is utilized, standards are generally established to provide agencies and staff with the guidelines to properly implement and track the process. The Juvenile Detention Alternatives Initiative (JDAI) has an exhaustive list of standards³ dedicated to the principles of room confinement, many of which seems to contrast with current Kentucky DJJ policy and procedure.

² Council of Juvenile Correctional Administrators. (2015). Council of Juvenile Correctional Administrators Toolkit: Reducing the Use of Isolation

³ Annie E. Casey Foundation, Juvenile Detention Alternatives Initiative: Juvenile Detention Facility Assessment, 2014

Regarding classification and intake⁴, the JDAI standards clearly state that “*staff do not use room confinement as a means to ensure [youth’s] safety,*” which is outlined in this report as one of the reasons for placement in room confinement at the McCracken RJDC.

Further JDAI standards require room confinement⁵ to only be used “as a temporary response to behavior that threatens immediate harm to the youth or others.” Kentucky DJJ was observed to utilize room confinement for both preventative measures and for historical behaviors, not immediate threats from harm to the youth or others.

Varying Definitions of “Isolation” within Kentucky DJJ: DJJ uses multiple different terms to describe the involuntary restriction of youth to a room or cell. For example, in DJJ policies the involuntary restriction of youth to a room or cell can be defined as “isolation,” “room restriction,” or “room confinement”. How each of these terms are defined in policy differ.

⁴ Annie E. Casey Foundation, Juvenile Detention Alternatives Initiative: Juvenile Detention Facility Assessment, 2014 – Section V. Classification and Intake, Section E.13

⁵ Annie E. Casey Foundation, Juvenile Detention Alternatives Initiative: Juvenile Detention Facility Assessment, 2014 – Section V. Restraints, Room Confinement, Due Process, and Grievances, Section B.1.a

Exhibit 4: Varying Definitions of Isolation and Room Restriction in DJJ Policies

Policy	Definition
Isolation	
Policy 300	<i>“Isolation means the removal of a youth from the general population and placed in a room with the door closed for a threat to the safety or security of the facility, staff, or youth. Isolation shall never be used as a punishment or disciplinary sanction.”</i>
Policy 700	<i>“Isolation means the removal of a resident from the general population.”</i>
Room Restriction/Room Confinement	
Policy 300	<i>“Room Restriction means temporary removal of a youth from the general population to a specified location for behavior management with the door open and for a time not to exceed (60 minutes)”</i>
Policy 700	<i>“Room Restriction means the temporary removal of a youth from general population to a specified location for behavioral management purposes for maximum of 24 hours.”</i>
Policy 300	<i>“Room Confinement means when a youth at a Level 4 facility is placed in a room in a general population unit with the door closed as a safety and security measure for a period of time not to exceed 4 hours for the purposes of assisting the youth with regaining control of their behavior while avoiding placement in isolation.”</i>

One reason for the varying definitions may partially be due to the applicability of the policies. For example, most of the 300 series, and its specific policy on Isolation (323) is applicable to youth development centers, while most of the 700 series are applicable to juvenile detention centers. However, given the importance and critical nature of the use of isolation in juvenile systems, **varying definitions created confusion and can lead to the improper application of this practice.**

Further, there is little clarity between the differences of isolation and room restriction in policy. While Room Restriction is defined as a response to a behavioral management problem, isolation is clearly identified a response to the safety and security of the facility,

staff, or other youth. DJJ Policy 717 titled “Discipline” defines the situations where isolation can be considered:

- Assault or attempted assault;
- Sexual Assault or attempted sexual assault;
- Attempted escape or attempted absent without leave;
- Escape;
- Absent without leave;
- Riot;
- Plotting a Riot;
- Dangerous contraband;
- Extensive property damage;
- Chronic program disruption that creates an immediate threat to self or others.

Yet, the consequences to the youth whether placed in room restriction or isolation status are nearly identical: they are placed in a room with the door closed for a period of time.

JDAI addressed the varying different terms used to denote placing youth in a locked room in their 2014 Juvenile Assessment Facility Update. In this update, JDAI eliminated the use of the term “isolation” and uses a single term “room confinement” to describe *“any involuntary restriction of a youth alone in a cell, room, or other area for any reason.”*

JDAI’s change acknowledges that from a youth’s perspective, there is little difference whether they are placed in room restriction or isolation status.

Use of Isolation in Kentucky DJJ: Isolation is utilized in Kentucky DJJ inconsistently. Site visits revealed isolation used for disciplinary, non-behavioral, and housing assignment purposes.

Use of Isolation as a Disciplinary Sanction: The use of isolation by DJJ staff for disciplinary purposes is inconsistent and at times seem to overreach. We note that DJJ Policy 300 clearly states “Isolation shall never be used as a punishment or disciplinary sanction” yet, the

procedures for using isolation in juvenile detention centers are defined in a policy (717 entitled “Discipline and Special Behavior Management.”

Even facility policies clearly identify the use of isolation as a disciplinary sanction. For instance, Fayette’s SOP number JD 17.3, Section II.C.9.a states that (emphasis added):

- a. *Isolation may be utilized as a sanction for a Major Rule Violation and or for the following reasons:*
 - i. *Stop physical assault upon staff or peers.*
 - ii. *Keep a youth from harm who is in danger of inflicting harm to himself or others by decreasing exposure to dangerous items and providing observation. (A suicidal youth shall not be placed into Isolation unless he/she is a high risk to the general population or must have constant supervision during sleeping hours via surveillance camera.)*
 - iii. *Decrease exposure to the general population and increase observation of youth who have escaped or who were apprehended in the process of escaping.*
 - iv. *Prevent residents who cause riotous, highly disruptive, or assaultive behavior from continually inciting the group.*
 - v. *For medical quarantine when ordered by a physician or nurse to ensure the safety of other residents and to prevent the spread of communicable disease.*
 - vi. *For residents who refuse to complete the intake process or are uncooperative, disruptive and refuse to follow directions. This is to ensure that an adequate intake screening and evaluation process occurs before assignment to a living unit and exposure to the general population.*
 - vii. *For initial observation and evaluation purposes for youth who have a history of assaultive, disruptive behavior before intake into the facility.*

Fayette policies allow for isolation to be utilized as a sanction for a “Major Rule Violation”. Fayette further also added items vi. and vii. which are inconsistent with DJJ policy and allow the facility to place youth in isolation for being uncooperative, or if they have been assaultive or disruptive prior to being received at the facility.

Facility Youth Resident Handbooks also outline the use of isolation for disciplinary purposes. In a 2017 Conditions Assessment Narrative Report by the Center for Children’s Law and Policy (CCLP) for the McCracken RJDC, on page 9 the report refers to the facility’s Handbook, which at that time stated violations “*may result in automatic 24-hour consequences, room restriction, isolation, and additional actions and or criminal charges. Consequences will be determined by staff.*” The statements raised concern about the broad authority of staff to impose room confinement and isolation. CCLP recommended changes be made to the Youth Resident Handbook. However, today page six of McCracken RJDC’s Handbook continues to state (emphasis added), “*Room Isolation which may, under significant circumstances, continue beyond twenty-four (24) hours for major rule infractions.*” Likewise, on page 8 of the Campbell RJDC Handbook revised January 25, 2023, it is noted that Major Rule Violations are “*non-negotiables*” and include “*passing notes*”, which could result in the youth being placed in isolation. Fayette RJDC’s Handbook dated September 18, 2022, page 5 states “if [a youth resident is] violent or aggressive, staff may put [the youth] in a cell ” *till you calm down.*”

Kentucky DJJ’s Use of Non-Behavioral Isolation: The CGL team observed various types of isolation throughout their DJJ site visits. Not all types of isolation were a direct result of disciplinary sanctions or behavior based. Operational lockdowns or limited/restricted lockdowns due to staffing levels create times where youth are placed in isolation status in their rooms. We note that JDAI standards prohibit the use of any room confinement for staffing shortages.

“Special Management” (another term used by DJJ for confining a youth to a room) was observed to be used by a facility even when a youth did not necessarily act out with any behavior that would warrant room confinement.

For example, at Fayette RJDC, we observed a youth was placed on special management status and confined to a room, yet he presented as calm and had no current documented behavior or disciplinary issues. Observation notes for more than two days while the youth was in the isolation room indicated the youth was sleeping or standing at his door most of the time. This documentation of periodic observations of the youth while in special management lacked substantial information to justify continued placement in room confinement.

In follow-up with facility supervisors, we were informed the youth was placed in special management status due to behavior exhibited by the youth during previous stays at the facility. Therefore, the assignment to special management upon return to the facility was not behavior based during the youth's current stay. Additional observations throughout DJJ indicated an improper use of isolation as a preventative measure.

McCracken RJDC Observation: Another example of improper use of room confinement was observed during our site visit to the McCracken RJDC, CGL team members discovered the facility housed three (3) "high level" youth residents who were co-defendants serving a court-ordered 10-day detention sentence after fighting at a Youth Development Center (YDC). McCracken, designated as a "low security" facility, does typically house "high level" youth. If they must house high security youth, they place them in the housing unit 300. However, to keep all three of the youth residents who were transferred from the YDC separate during their 10-day detention sentence, only one youth was placed in the 300 Unit, another youth was placed in the 100 Unit while the third youth was placed in a holding cell outside of the housing units in the common hallway.

This 3rd youth was isolated not just from the other units, but from every activity available to youth at the facility. This specific youth was not allowed to go to the dining room and was provided a meal in his cell, was escorted to recreation alone, and participated in educational activities alone in his cell on his tablet.

The CGL team interview this youth during our site visit, and he stated during his 3-day stay in the holding cell, he had been to recreation one time for 30 minutes and provided a single shower. He stated he felt alone and that this type of housing "is not good for any kid."

He also stated he had seen his counselor only once during his stay and that he believed staff feel "bothered" when he wants to talk or makes a request. He indicated he is "losing [his] mind for 10 days looking at walls alone." He said he had not been given a handbook that provides the rules and guidelines and did not understand why he was placed in the holding cell alone without any interaction while his counterparts were placed in the 100 and 300 Unit and allowed to recreate, eat, and learn with the other youth in the 300 Unit. He further stated that he cannot brush his teeth before bed; he is only allowed to brush his teeth in the morning and the afternoon when on both occasions staff provide him with a toothbrush and

then remove it. He had not been offered and did not know he could request a book from the library to read.

CGL Follow-up on McCracken Concern: Upon exiting the facility for the day, the CGL team expressed concern for the youth in the holding cell and requested that the Superintendent have the Counselor visit the youth as soon as possible. The Superintendent informed the CGL team that each of the three youth would be “rotated” into the hallway holding cell.

Additional KY DJJ Isolation Observations: CGL’s tours at the eight detention facilities found several deficient practices regarding the use of isolation.

- **Remote Observation of Youth in Isolation:** Due to staffing issues, facilities have used remote video observations for youth in room confinement in place of the required in-person checks. The remote video observation is conducted by staff in the facility’s master control room, which is centrally located in the facilities, and separate from the housing areas where most room confinements take place. We found the master control officer post is already inundated with a significant number of responsibilities throughout their shift, making it unreasonable to expect the officer to be able to provide appropriate attention to a youth confined in their room. This issue had been cited in the previous CCLP reports⁶ from 2017 but it is still being practiced.
- **Observation Documentation Is Poor or Questionable.** We found documentation to often be illegible. Also, observations are required every 15 minutes. Standards required this be random within that 15 minute timeframe, however document observations were often noted in the log exactly every 15 minutes, with little variation. We also found dates illegible or omitted from observation sheets.
- **Removal of Youth Logs from Door Fronts:** Youth observation logs are required to be placed at the door of every youth’s room with the expectation that the correctional officer go to each room, observe the youth in the room, then make the documentation in the log. However, we found instances where staff removed the all the logs in a housing unit from the door fronts and place them at the officer desk.

⁶ Kentucky Department of Juvenile Justice, Conditions of Confinement Assessment Summary of Key Findings and Recommendations, by the Center for Children’s Law and Policy, September 2017

This gave the appearance that staff may be filling the logs out without conducting the room check. Observation logs should be placed on or near each individual door.

- **Delayed Release from Isolation:** Youth are not always released from isolation after regaining self-control per JDAI standards. Several log notations identify “youth is sleeping” “youth is laying on bed” “youth is standing at door”, all giving the perception that youth has regained self-control.

Isolation Data: DJJ provided a one-year summary of incidents of isolation in DJJ.

Exhibit 5: DJJ Number of Isolation Reported per Month - 2023

Juvenile Detention Centers		January	February	March	April	May	June	July	August	September	October	November	December
Number of Isolations Reported Per Month	Adair	6	8	30	29	40	79	89	29	54	82		
	Boyd	7	14	33	14	19	13	23	12	7	15		
	Breathitt	9	22	26	22	32	33	70	34	47	61		
	Campbell	14	11	11	15	14	7	1	2	4	2		
	Fayette	8	8	14	16	19	23	13	13	15	35		
	Jefferson	0	1	2	1	4	0	0	1	2	3		
	McCracken	40	24	28	13	18	21	20	18	15	30		
	Warren	17	11	16	11	9	24	22	8	18	4		

Information provided reveals a total of 1,579 occurrences of isolation during 2023 with an average of 197 occurrences across all DJJ per month. These numbers only indicate isolation was imposed, but not the duration of isolation status or under what circumstances. There is no indication if the isolations were non-behavior based such as a voluntary request by the youth resident, or if they were the result of an operational lockdown due to staffing shortages or other incidents.

Further, the information is inconsistent with data we received from facility visits. For example, during a site visit to McCracken, CGL was provided with an annual summary of incidents, including use of isolation for the months of July-October 2023. Comparing the July-October numbers provided by McCracken with those provided by DJJ reveal. DJJ’s report indicates a total of 83 uses of isolation while McCracken’s information totals 68 uses of isolation during this same timeframe.

Summary: As cited previously by the Center for Children’s Law and Policy Conditions of Confinement Assessment of the Kentucky DJJ in September 2017⁷, the use and often the overuse of “room confinement” is concerning. The use of room confinement, or isolation for any other reason than situations where a youth resident engages in behavior that poses an imminent threat to the safety and security of the facility, the staff, or other youth residents is counterproductive. Isolation of any type is labor intensive for any facility, especially those with limited staff availability. Reducing these occurrences and providing alternatives to placement in isolation could have an immediate and direct impact on facility staffing as well as providing an increased quality of life for the youth residents detained at the facility.

Room Confinement (Isolation) Recommendations:

- Consider review of the Toolkit⁸ provided by the Council of Juvenile Correctional Administrators titled “Reducing the Use of Isolation” for references to effective best practices of isolation and room confinement by other justice centers
- A comprehensive review of the agency’s policy and procedure for Isolation and its use should be conducted.
- A clear, concise, and consistent definition of the term “isolation” should be established in collaboration with, at minimum, agency leaders, medical and mental health experts, security operations staff, DJJ training administrators, and the agency’s legal team.
- In accordance with JDAI Standards⁹, eliminate the use of multiple terms and applications for “isolation” and utilize a single term, (JDAI recommends the use of “room confinement”) to describe the involuntary restriction of a youth alone in a cell, room, or other area for any reason.

⁷ Kentucky Department of Juvenile Justice, Conditions of Confinement Assessment Summary of Key Findings and Recommendations, by the Center for Children’s Law and Policy, September 2017

⁸ Council of Juvenile Correctional Administrators. (2015). Council of Juvenile Correctional Administrators Toolkit: Reducing the Use of Isolation

⁹ Annie E. Casey Foundation, Juvenile Detention Alternatives Initiative: Juvenile Detention Facility Assessment, 2014

- All DJJ staff and youth residents should be advised of the definition and policy language, including the application of isolation to create awareness and increase knowledge of the process.
 - The DJJ Training Academy should develop a comprehensive training curriculum for the use of isolation for all staff.
 - Remove any need for local facilities to create their own Standard Operating Procedure (SOP) for implementing disciplinary measures.
 - Each facility should follow the Department’s policy on the subject matter to ensure consistency and continuity throughout DJJ facilities.
 - Isolation should not be utilized as a disciplinary sanction. Policy language for imposing discipline should be separate from a policy for isolation or behavior management.
 - Remove references of “Isolation” from DJJ Policy number 717 Discipline and Special Behavior Management to ensure isolation is not used as a punishment or disciplinary sanction.
 - Remove references to “Isolation” as disciplinary sanctions in detention facility Handbooks.
 - Create a separate, comprehensive policy for Disciplinary Measures to be implemented throughout all DJJ facilities.
 - Classification policies and procedures should be reviewed to address proper housing assignments based upon risk, needs, and behavior rather than crime alone. Once those variables are considered, the DJJ should review each facility’s role for housing youth with various security and operational needs.
 - Centralizing housing or revising individual facility mission statements may allow for specific facilities to specialize in the management of special populations, reducing the amount of room restrictions and isolation occurrences throughout the DJJ.
 - The use of isolation should be tracked, and data collected to monitor the increased (or decreased) use of isolation and how that relates to among other

things, the use of force, educational impact or missed hours of classroom attendance, disciplinary sanctions, and youth repeatedly placed on isolation status.

- Demographics such as age, race, crime, and sentencing county should also be considered in data tracking.

USE OF FORCE

Finding: DJJ’s use of force practices are inconsistent with national best practices and poorly deployed and defined. The introduction of chemical agents, tasers, and other security control devices has been done so without a policy in place.

In response to recent incidents and with legislative approval, the Kentucky Department of Juvenile Justice made a conscious decision to introduce allowable measures of force which, in some cases, are more commonly found in an adult detention setting.

National Best Practices: Current nationally recognized best practices do not support the widespread deployment of chemical agents or the use of electroshock devices (such as Tasers) within juvenile detention and instead recommend strategies to reduce or eliminate these uses of force.

- **Chemical Agents (Pepper Spray):** According to the National Institute of Corrections¹⁰, *“Use of pepper spray puts the health of youth at risk: chemical agents generate adverse physical reactions that can be exacerbated in secure settings with poor ventilation, causing potential harm to youth and staff, even if they are not direct targets of its use. Children with asthma and other health problems are at particular risk, as are those who are taking psychotropic medications. Studies conducted on the adult population further indicate that the use of pepper spray on those with mental illness may lead to an increase in violent behavior and a worsening of the mental health condition. Moreover, the use of chemical restraints, like mechanical restraints, can traumatize youth and undermine their rehabilitative efforts.”*
JDAI standard A.3.c prohibits the *“use of chemical agents, including pepper spray, tear gas, and mace.”*
- **Electroshock Devices (Tasers):** A Position Statement¹¹ by the National Partnership for Juvenile Services provides that, *“When the safety and security of youth and staff in a facility do require the use of physical control techniques, that intervention should only consist of methods and practices that are designed for a juvenile population, and*

¹⁰ National Institute of Correction’s Desktop Guide to Working with Youth in Confinement, 02-11-2015

¹¹ National Partnership for Juvenile Services, Position Statement. October 18, 2011.

which emphasize the least amount of restraint necessary to attain control. The use of such pain-compliant techniques and tools as electroshock devices within a facility that is already secured is not necessary.”

There are other juvenile detention systems within the US that allow the use of pepper spray in certain circumstances. However, most restrict who can carry pepper spray to supervisory staff or have the pepper spray secured in a control room. Most juvenile systems, and few adult correctional systems provide access to Tasers. Data shows 27 state adult correctional systems own tasers, but most of those only allow access to special tactical teams on a very restrictive basis.

Given legislative and executive approval has been granted for DJJ Detention Facilities to use chemical agents and introduce electroshock devices, or Tasers, it is highly recommended that DJJ leadership reevaluate how these deterrents are currently deployed.

General Use of Force Recommendations:

- Ensure staff training continually stresses the use of force as a last resort.
- The agency should identify master trainers at each facility who would be responsible for training staff on their use and evaluating the use of chemical agents and any other physical restraint device. This master trainer should be fully trained on the appropriate use of these deterrents which includes the legal implications of their use.
- Reintroduce tactical communication (formerly known as Verbal Judo) training to DJJ staff. This training has been demonstrated across detention systems to reduce use of force incidents while ensuring successful compliance and cooperation from youth and adults.
- Policy language should be developed for each specific type of force being used (pepper spray, tasers, etc.) with clear guidance for staff as to their uses. Examples of use of force policies from other agencies are in the appendix to this report.

Use of Force Continuum

Finding: DJJ's policies do not define the use of force continuum. With Kentucky DJJ's recent introduction of additional options for the use of force (such as chemical agents, Tasers, and restraint chairs) within its facilities, it is imperative that a use of force continuum is established.

Overall, a use of force continuum policy is a vital tool for promoting safe and professional practices. It protects staff, youth, and the integrity of the detention system by establishing clear expectations and encouraging de-escalation, proportionality, and accountability.

A use of force continuum should serve as a guideline and reminder for staff to only use the amount of force necessary to mitigate an incident. Depending on any given situation, the level and type of force used will vary. Because of this, guidelines for the use of force must be memorialized within policy. Failure to develop a use of force continuum and provide appropriate training for staff may lead to legal claims of liability, an increase in staff injury or harm or possible disciplinary action being taken for the misuse of force.

Use of Force Continuum Recommendations:

- Develop a Use of Force Continuum and place it into policy language specific to the Use of Force.
- Ensure an appropriate training curriculum is developed and all staff are properly trained on the Use of Force policy and implementation of the Use of Force Continuum.

Use of Chemical Agents within Kentucky DJJ

Finding: DJJ deployed the use of pepper spray to all correctional officers and other security staff in the facilities without a policy being in place to clearly define its use. Even today, there are existing policies in place that prohibit the use of chemical agents.

In March 2023, DJJ detention staff were trained and allowed to carry pepper spray. However, as of seven months later, no official policy had been issued. A memorandum was issued indicating Kentucky administrative regulations identifies changes were made to Policy 713 "Restraints." However, the policies provided to CGL in September 2023, and the policies DJJ's website today, still reflect a Policy 713 with an effective date of October 5, 2018. Our review of

DJJ policy manuals in the detention facilities also found this outdated policy, and facility staff indicated the new policy was still under development. This policy clearly states:

“The use of fixed restraints is prohibited. The use of chemical agents is prohibited. The use of chemical restraints is prohibited.”

Facility policies also reflected the prohibition of the use of chemical agents:

A review of the training documentation that was provided to all staff appears to show the number one question about the use of pepper spray may not have been comprehensively addressed. That is: “When is it appropriate to deploy pepper spray?” Existing guidance and training notes “Always use de-escalation techniques if they are not in danger” and “use the least amount of force necessary to resolve the danger.” While these are correct, much more explanation is needed both in training and in policy.

For example, the South Carolina Department of Juvenile Justice Policy H-3.11 “Use of Chemical Force and Management of Chemical Agents,” provides a detailed description as to when and how pepper spray can be used. This and other examples of policy direction on the use of pepper spray can be found in the appendix.

The introduction of pepper spray and other enhanced security practices were described by the Public Safety Secretary, Kerry Harvey as needed to address the recent rash of serious incidents. In our interview with the Secretary, he indicated these recent serious incidents were primarily driven by the staffing shortages the agency has faced. CGL’s national experience has also found that the lack of staff in detention systems (both adult and juvenile) has been the main contributing factor for an increasing number of serious incidents.

Staffing levels were improving during our site visits, with significant numbers of new hire correctional officers in academy training. If low staffing levels were the primary driver of the recent incidents, then as staffing levels continue to improve, DJJ should have reduced need for these enhanced security practices (pepper spray, Tasers, etc.), and could begin to restrict or remove them from their facilities.

To improve staffing Kentucky has increased salary levels for security positions in DJJ. Starting salaries for a correctional officer are \$39,127.68¹² annually and additional locality premiums are given.

The legislature has also been generous to DJJ. Governor Beshear requested \$128.8 million in funding for DJJ in FY 2022-2023 and \$129.7 in FY 2023-2024. However, the legislature approved an additional amount of nearly \$9 million in funding for each of those years. This additional money was in the General Fund, providing DJJ with flexibility on how it can be used, including increasing staffing.

Pepper Spray Incidents: The following Exhibit provides a breakdown of pepper spray deployment by facility since its introduction through November 2023.

Exhibit 6: Incidents of Pepper Spray use in DJJ 2023 through November

Facility	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Total
Adair	6		1	3	8	7	5	5	6	41
Warren	1	2		2	2	2	3			12
Campbell		2	1	1			3	1		8
Fayette		2								2
Jefferson								2		2
Total	7	6	1	6	10	9	11	8	6	65

The use of pepper spray at some facilities was significant. For example, Adair identified 41 uses of pepper spray over that 9-month period. That equates to an annualized rate of 0.68 uses of pepper spray per youth (assuming the number of youths is 80 – Adair’s capacity). For comparison, in 2018, the U.S. Government Accountability Office (GAO) found the Federal Bureau of Prisons reported 1,680 incidents¹³ where pepper spray was used on its 181,690 inmates. This equates to a rate of 0.0092 pepper spray incidents per inmate.

¹² Kypersonnelcabinet.csod.com, job posting for a Correctional Officer position in the Department of Juvenile Justice

¹³ Federal Prisons: Additional Analysis Needed to Determine Whether to Issue Pepper Spray to Minimum Security Prisons, GAO report to Congressional Committees, June 2020

OC (Pepper Spray) Recommendations:

- DJJ and the state should consider restricting the deployment of pepper spray to trained supervisory staff only. As staffing levels improve, further consideration should be given to entirely removing pepper spray.
- If there is an updated Policy 713 that allows for the use of pepper spray, then it should be issued to all facilities and updated on DJJ's website with a notation as to which past policy it supersedes. Facility staff were unaware of any updated policy in place during our site visits.
- Practice changes should not be made without clear policy direction issued from the agency, and a removal of any policy in which it conflicts.
- DJJ should issue a policy immediately. Until one is issued, cease the use of chemical agents in any facility until such time as an appropriate policy is developed and distributed and staff receive appropriate training on those procedural guidelines.
- Revise existing DJJ policies to reflect appropriate practices for the use of chemical agents.
- Separate policy language for the use of chemical agents from existing policy language for "Restraints" such as in DJJ Policy number 713. Incorporating the use of chemical agents under a policy entitled "Restraints" creates confusion.
- Ensure the comprehensive standalone policy at the Agency level for the Use of Chemical Agents, includes, at a minimum:
 - Guidelines for the issuance, maintenance, and accountability of chemical agents.
 - Detailed guidelines for staff authorized to carry and utilize chemical agents in the course of their duties. Consider whether all staff are permitted to carry and use OC or supervisory-level staff are preferred.
 - Specific training requirements for staff who are assigned to carry and authorized to use chemical agents in the course of their duties.

- Requirement that medical staff provide immediate evaluation of the youth and staff affected using chemical agents and what to do if medical staff is not available at the facility
 - Development of a Use of Force Continuum, or at minimal, reference to an additional comprehensive Use of Force Policy.
 - Clear and concise circumstances and conditions for which the use of chemical agents is authorized.
 - Decontamination processes for the treatment of individuals exposed to a chemical agent.
 - Planned uses of force with chemical agents
 - Reporting requirements for the use of force
 - After action review of each deployment of a chemical agent by a DJJ staff member in the course of their duties
- Discontinue use of individual facility SOPs for the use of chemical agents, ensuring each facility follows the agency's policy directly without amendment or deviation.
 - DJJ should create a training curriculum to train authorized staff in accordance with the new policy for the use of chemical agents.
 - Develop and distribute system-wide forms and logs to track and document the use of chemical agents and any follow-up after action reviews to ensure consistency in reporting processes.
 - Establish a chemical agent/use of force master trainer at each facility responsible for ensuring staff comprehensively understand when they can use chemical agents and restraints. This position should also be involved in the evaluation of deployment incidents to ensure are consistent with policy and legal requirements.

Current Status of Tasers within Kentucky DJJ Detention Facilities

Most DJJ sites visited indicated they had received Tasers from DJJ Central Office. However, the Tasers and all accompanying equipment were being securely stored until they received direction on how they are to be utilized. Training is ongoing with only a few staff at facilities

still needing to be trained prior to use. Facility staff were not able to provide a current policy or procedure for the use of Tasers although training was being conducted throughout DJJ.

It must be noted that during the site visits, interviews, and document reviews conducted by the CGL team, there did not appear to be one incident in a facility that rose to a level where a response of force being use of a Taser would be appropriate. Every incident the team reviewed or that has been reported in recent news media has been effectively dealt with use of chemical agents - if used appropriately and with rigorous supervised training.

Additionally, the use of Tasers in adult correctional facilities is not prevalent. A report from 2017 found 27 states issue Tasers in their state prison systems, but most of those limit the weapon to special units, such as emergency response or transportation teams. As an example, CGL's team recently toured and assessed a maximum security state adult correctional facility that housed the system's most aggressive and difficult to manage inmates. Only supervisory security officers at this facility are allowed to carry and deploy pepper spray, and the facility has no Tasers.

Taser Recommendations:

- Tasers should be removed from the DJJ facilities.
- If Tasers are to remain, DJJ should:
 - Develop and make effective a comprehensive policy and procedure for the utilization of Tasers. This policy should limit their use to only the most extreme situations. Additionally, only properly trained supervisory staff should be allowed to use Tasers.
 - Ensure a training curriculum, including training which has already been completed, is in accordance with new the policy and procedure for the use of Tasers.

BEHAVIOR MANAGEMENT MODEL

Finding: DJJ lacks a clear, evidenced-based behavior management model for the operation of its detention facilities.

According to the National Institute of Corrections Desk top Guide to Quality Practice for Working with Youth in Confinement:

“Behavior management is the ongoing effort by facility staff to implement strategies that elicit positive behavior from resident youth. Ensuring appropriate youth behavior is a never-ending task that requires constant attention from staff; behavior management is not a one-time response to a troubling incident. Seen in this light, it becomes clear that behavior management is about more than the immediate response to aggressive or inappropriate behavior. It involves creating a therapeutic culture within the facility that supports the development of positive relationships between youth and staff, that ensures the safe and humane treatment of the youth, that provides youth with the treatment and programs they need to learn problem-solving skills and overcome thinking errors and past traumas, and that ensures a consistent and clear message about behavioral expectations for both youth and staff.”⁴

Youth who are involved in the criminal justice system are often challenged by their impulsive decisions, criminal thinking, trauma experiences and mental health struggles. It is imperative that juvenile detention services recognize the needs of the youth in their custody and implement effective behavior management strategies with an emphasis on role modeling, positive rewards, and challenges to triggers and impulsive behavior. Staff should be responsible to guide youth to improve their responses and gain skills. Juvenile interventions, even while detained, are meant to be rehabilitative.

Behavior management systems are seen to be crucial to effectively managing youth in detention for several reasons.

⁴ Desk top Guide to Quality Practice for Working with Youth in Confinement. Chapter 14, Behavior Management.

Safety and Security:

- **Maintain order and prevent violence:** A clear and structured system helps minimize disruptive behavior creating a safer environment for both youth and staff.
- **De-escalate situations:** When conflicts arise, consistent interventions can prevent them from escalating, reducing the risk of injuries.
- **Promote cooperation:** Understanding expectations and consequences for behavior encourages compliance with rules, leading to a more manageable environment.

Rehabilitation and Development:

- **Teach pro-social skills:** Effective Behavior Management Systems can be designed to provide opportunities for youth to learn how to manage their emotions, communicate effectively, and resolve conflicts constructively.
- **Increase accountability:** Consistent consequences for actions help young people understand the impact of their choices and develop a sense of personal responsibility.
- **Prepare for reintegration:** Learning positive behaviors within the structured environment of detention can better prepare youth for a successful return to the community.

CGL's team have observed effective behavior management systems have a positive impact, even with difficult to manage youth.

Over the last several decades, juvenile detention systems across the country, including Kentucky', have focused on diverting youth from detention. By some estimates the number of U.S. youth in juvenile justice facilities has dropped from nearly 110,000 in the early 2000's to approximately 25,000 today.

Through site visits, policy review, and examination of facility handbooks, we discovered inconsistent processes, lack of policy guidance and lack of an evidenced based behavior management model.

Policy Review: No DJJ policy could be found that addresses "Behavior Management" in detention facilities. Kentucky DJJ Behavior Management Policy 318 is currently only applicable to DJJ group homes and DJJ youth development centers. Policy states: *"Staff shall utilize*

behavior management methods and techniques to promote an environment that supports treatment and teaches new skills to youth. Staff shall respond to youth behavior in a controlled, well disciplined, and safe manner.” The elements of the policy are comprehensive and inclusive of essential standards of a behavior management system. Juvenile Justice systems often overlook applying these standards to detention facilities due to length of stay for youth in detention. It should be noted that CGL’s team found that length of stay for youth in detention varies from two days to two years.

CGL’s team found that most facilities employed some variation of the “Upper/Lower” system and relied on isolation and staff directed or youth requested time outs to address negative behavior. The upper/lower status is reflective of a level system. Youth move to “upper” if they have demonstrated some positive behavior as indicated in the facilities level system. Similar to privilege based systems found in many adult correctional systems, the Upper/Lower system identifies a youths eligibility for privileges. Those in “upper” level receive access to extended phone calls, visits with those other than their legal guardian, extended phone calls and access to electronic video game equipment. Those in “lower” have privileges restricted.

Additionally, youth must request to be considered for placement in “upper” by requesting and completing a “Upper-Level” Request Form. In that form they must document how they have earned Upper-Level privileges.

CGL found no consistency in these processes. For example, the Campbell facility had a 3-phase level system and required seven days on the “orientation” phase. The Adair facility had a 4-phase level system and described an “orientation” phase that was four weeks long. Levels systems are enhanced when paired with behavior management. Although level systems do not need to be the same, they need to have consistency so that all youth are motivated for success and clear understanding of consequences.

The implementation and information regarding level systems varied greatly by facility, with some having detailed written descriptions and others appearing vague and arbitrary.

- Breathitt SOPs: JD 17.1, Positive Behavior Reward/Program¹⁵: relies on demonstrating positive behavior and helping other youth. This SOP lacks behavioral management focus on staff modeling behavior, guiding youth through pro-social skill building, skill building and de-escalation.
- Fayette SOPs: JD 17.1, Positive Behavior Reward/Program¹⁶: Also relies on demonstrating positive behavior and helping other youth. This SOP also lacks staff modeling behavior, guiding through prosocial skill building and de-escalation.

Youth need clear guidance on expectations and consequences. DJJ's detention facilities seem to rely heavily on discipline and isolation to address youth negative behavior rather than behavioral interventions.

We also observed a lack of consistent practice for applying positive behavioral interventions in education programs in the facilities. During a site visit to Fayette, we noted that education staff there were proficient in Positive Behavioral Interventions and Supports (PBIS) and utilized the elements to intervene, redirect, praise, or reward positive youth behavior. This was not consistently found at other Kentucky DJJ facilities. This lack of consistent practice causes confusion and division within a system especially for those youth who get transferred between facilities. . Behavior management systems should be implemented in all aspects of the facility for continuity and for consistency for the youth and staff.

It should be noted that in the Center for Children's Law and Policy Conditions of Confinement Assessment of the Kentucky DJJ in September 2017 it was recommended that Kentucky DJJ *“create a behavior management structure that focuses on rewarding positive behavior as opposed to simply punishing negative behavior”*.¹⁷ This has not consistently occurred. As noted earlier, Fayette has implemented PBIS. But other facilities indicated it was a past

¹⁵ Breathitt RJDC Standard Operating Procedure number JD 17.1 Positive behavior reward/program, eff. 04-15-2001

¹⁶ Fayette RJDC Standard Operating Procedure number JD 17.1 Positive behavior reward/program, eff. 04-15-2001

¹⁷ Kentucky Department of Juvenile Justice, Conditions of Confinement Assessment Summary of Key findings and Recommendations, by the Center for Children's Law and Policy, September 2017

agency topic of discussion, but little progress has been made. It further advised that staff should be required to document the use of positive incentives.

Ideally, DJJ would explore and select an evidenced based Behavior Management system for all detention facilities. Once a system is selected, comprehensive policy and training should be developed. All staff in the facilities would be trained initially and refresher training provided annually. Master instructors should be developed, not only for training staff, but also to ensure the consistent management of the model through reviews of incidents, guiding staff in skill development, such as: motivational interviewing, effective communication, and positive youth development. Master instructors and facility management would be responsible to ensure behavior management is integrated into all the daily activities and ensure fidelity in delivery.

Behavior Management Recommendations:

- Implement a consistent, evidenced based behavior management system that focuses on positive behavior management for all DJJ detention facilities.
- Utilize a behavioral management model that has been vetted and is supported by evidence and applicable to youth in custody. Ensure that positive youth development and trauma informed care are integrated into a behavior management system.
- Implement a system in all aspects of facility programming including education.
- Monitor the Behavior management system for continuous improvement.
- Develop a behavior management policy and comprehensive training for all detention staff.
- Ensure that staff are not only trained but also have opportunities to develop and practice skills to gain proficiency.
- Articulate the behavior management system in facility handbooks so that youth understand expectations and consequences.
- Ensure the system delivery maintains fidelity through quality assurance reviews.

SUMMARY - DJJ MENTAL HEALTH/PHYSICAL HEALTH REVIEW

CGL tasked its partner on this project, J Allen and Associates, with two elements relative to the provision of mental health and physical health services in DJJ: an onsite assessment, and the review of medical records of the Kentucky Juvenile Justice program. The two primary reports for each section are included in the body of this report. The detailed medical record reviews are provided in the Appendix.

The on-site review and medical record review displayed a dichotomy of findings:

- **On-Site Reviews:** Our on-site reviews found chronic staffing challenges, poor workload balancing, lack of consistent operational practices, and inefficiencies resulting from the poor medical records system creates difficulties in meeting the challenges of a youth detention system.
- **Medical Records Review:** Our review of medical and mental health records demonstrated that the direct services being provided to the youth patients met the standard of care.

This dichotomy is explainable. The medical records review is an assessment of available *clinical transactions*. On the other hand, our on-site review evaluated issues that are not in DJJ's medical records, such as the adequacy of staffing levels, service consistencies across facilities, compliance with the 2017 CCLP report, and adequacies of medical and mental health spaces. This dichotomy is further exacerbated by the current DJJ medical records system that does not lend itself to a high degree of auditability and is a hindrance to the adequate evaluate the effectiveness of the healthcare delivery system. Additionally, we found several records incomplete, and lacking documentation that could fully describe the treatment provided.

Our primary findings regarding physical health care are:

- Our interviews and observations found medical staff who attempted to provided quality services to youth. However, several factors, including high vacancy levels in medical/nursing positions impacts overall performance.

FINDINGS: SUMMARY - DJJ MENTAL HEALTH/PHYSICAL HEALTH REVIEW

- There was little evidence that findings from the 2017 CCLP report had been corrected. This is detailed earlier in this report.
- Medical practices across facilities are inconsistent.
- The current sick call intake procedure form signed by youth lists several requirements which could discourage youth from requesting or accessing health care.
- Sick call request processes do not routinely allow for confidentiality of the request.
- DJJ lacks a set of standardized nurse sick call protocol templates designed to address high-volume medical complaints and support uniform and replicable medical practices.
- Nurse vacancy levels have been high in DJJ. There appears to be a disparity between DJJ nurse salary levels and salary levels for community positions. This is negatively impacting recruitment and retention.
- The high levels of medical vacancies have resulted in substantial workloads imposed on staff. Unfilled positions and insufficient staffing levels in critical roles places a strain on the existing workforce, as well as potentially compromising the quality of patient care.
- Facilities have lacked a 24-hour health care presence and often rely on unlicensed health trained correctional staff to deliver some aspects of youth healthcare including conducting initial screenings, administering medication, and addressing sick calls.
- DJJ appears to lack sufficient licensed mental health staff to meet the needs of the youth.
- Facilities could not demonstrate a formalized process or tracking system for specialty care and/or follow-up appointments.
- The existing Electronic Health Record (EHR) exhibits functional deficiencies, lacking fundamental features typically expected. It serves more as a data archive. Of particular concern is its limitation in quickly and accurately identifying youth upon intake from previous stays in the system.

FINDINGS: SUMMARY - DJJ MENTAL HEALTH/PHYSICAL HEALTH REVIEW

- DJJ lacks a Total Quality Management program that would provide a structured framework for systematically assessing and improving the quality of healthcare services.
- Multiple inconsistencies exist with the detention centers conducting emergency and “man down” drills, with most centers reporting no such activities despite this being a policy requirement.
- The detention centers do not utilize or maintain a predetermined “do not stop” list of medications.
- The layout of most of the detention facilities creates confidentiality issues as the intake area provide little privacy for intake interviews when more than one youth is in the room.
- Intake screening requirements are being met. Medical records demonstrate that vision screenings, dental check-ups, and health education are being provided shortly after the youth arrived. Records show that physical exams and sick call requests were appropriately addressed.
- Documentation in the medical record is inconsistent.
 - In some cases, physical exam and history were documented as completed, but findings were not in the medical record.
 - In most cases, immunization records were not included in the chart.
 - In some cases, the age of the youth was not noted.
 - Often it was difficult to determine admission and discharge dates and what facility the patient was residing at the time of a chart entry.
- Some health screening practices do not align with what is currently recommended by the U.S. Preventative Services Task Force and the American Academy of Pediatrics. It is not clear if HIV testing is being consistently offered to youth.
- In several cases, meningococcus vaccines were not up to date.

Our primary findings regarding mental health care records are:

FINDINGS: SUMMARY - DJJ MENTAL HEALTH/PHYSICAL HEALTH REVIEW

- Overall, mental health care records shows DJJ provides timely access to care and continuity of care to youth with psychiatric needs.
 - New youth arriving at the institution on psychotropic medications were seen by nursing staff in a timely manner where their needs were addressed.
 - Youth not presently on psychotropic medications who presented with anxiety, depression, impulse control issues, or sleep complaints were referred to and seen by a child psychiatrist in a timely manner.
 - Documentation in some cases was inconsistent:
 - Nursing documentation regarding the Nursing Problem List and Outcomes varied.
 - Psychiatrist's documentation was lacking in several areas.
 - As it was with the medical record reviews, it was sometimes difficult to determine the date of intake and discharge and at what facility the youth was residing at the time of a chart entry.
 - In several cases involving the use of psychotropic medications, patient education was lacking.

MENTAL HEALTH/PHYSICAL HEALTH RECORDS REVIEW

Record Selection Process

Working with CGL and the State of Kentucky, John Allen & Associates (JAA) requested a master list of all youths who were active within the system during 2021 and 2022. Several of the records included information from 2023; however, the predominance of records reviewed are from 2021 and 2022. This list was delineated both by year and by DJJ facility.

Furthermore, to maintain patient confidentiality, the list references a unique patient tracking number with no names or other identifiable information. Then, JAA randomly selected 60 charts from the initial list of roughly 250 in proportional relative to the total number of youths at each facility.

The randomly selected 60 charts was further pared down to a total review pool of 40 records. Twenty records were removed from the total sample for one of two reasons:

- 1. The medical record was too short.**

Some records had fewer than 15 pages which did not provide enough clinical encounters for our review team to make a fair assessment of care.

- 2. The medical record showed significant movement within the DJJ system.**

We accepted records that did not reflect an inordinate number of facility transfers during the designated 2021 to 2022 timeframe. While we understand that transfers are not uncommon within the DJJ, we believe that reviewing “high turnover” charts would not provide an accurate reflection of the “routine” care and treatment provided at the DJJ.

Client Identification Crosswalk

Once the final 40 charts were selected, an identification “crosswalk” was created to ensure that readers of the report were not able to identify individual chart reviews with specific client names. The crosswalk was provided under separate correspondence to CGL and designated members at the DJJ. A redacted version of the crosswalk is provided (see Attachment A).

Charts Reviewers

The pool of charts was reviewed using a three-step process. The initial reviews were conducted to evaluate the overall quality of medical care. Initial chart reviews were conducted by:

- Erin Freeman, PA

Ms. Freeman has over 15 years of correctional healthcare experience and has worked with JAA on multiple consulting projects.

- Dr. Stephen Boone, MD

Dr. Boone is board certified in both internal and emergency medicine. Dr. Boone regularly participates in JAA consulting projects in addition to his primary role as an emergency medicine provider and adjunct professor at Baylor University Medical School in Houston, Texas.

Any record within the pool of 40 that showed significant reference to mental health services were further reviewed by:

- Dr. Joseph Penn, MD

Dr. Penn currently serves as the Chief of Mental Health Services for the University of Texas Medical Branch – Correctional Managed Care (UTMB-CMC) system. He is a past member of the Board of Directors for the National Commission on Correctional Healthcare (NCCHC) and is an active member of the American Correctional Association (ACA). Dr. Penn attended medical school at the University of Texas with residency training at Brown University and a Fellowship in Forensic Psychiatry at Yale University. Dr. Penn has served as a consultant for multiple state correctional agencies including the states of Kansas, Rhode Island, Vermont, and California. Dr. Penn leads our team's psychiatric and mental health services working groups.

Once the individual medical and mental health assessments were finalized, JAA's senior medical advisor, Dr. Owen Murray, reviewed each assessment and provided summary feedback.

- Dr. Owen Murray, DO

Dr. Murray is a sitting Commissioner on the ACA healthcare committee. He is board certified in Family Medicine and is the current Chief Medical Officer at UTMB-CMC. Dr. Murray started his correctional career in 1991 at the Cook County Department of Corrections in Chicago, Illinois. He has experience as a direct care provider, regional physician manager, and state-wide physician executive. Dr. Murray has participated in numerous consulting projects to include Vermont, California, Illinois, and Arizona. Dr. Murray leads our team's medical and ancillary services working groups.

Summary of Physical Health Care Reviews

After reviewing the medical records provided, documentation confirmed that the DJJ medical department has a robust intake screening process. Vision screenings, dental check-ups, and health education were provided shortly after the youth arrived. Physical exams were conducted, and sick call requests were appropriately addressed. The youth receive essential medical care expeditiously which is important given the short length of stay of many youth.

Although the DJJ met the standard of care for the youth in its charge, we found several areas of concern as detailed below.

Documentation was inconsistent.

- In some cases, the physical exam and history (including medical, dental, and vision) were documented as completed; however, those findings were not provided in medical records available for review.
- In most cases, immunization records were not included in the chart.
- In some cases, the age of the youth was not noted.
- It was difficult to determine admission and discharge dates and at what facility the patient was residing at the time of a chart entry. Adopting an electronic health record (EHR) would improve the standardization of records and would also help in the continuity of care between facilities.

Health screening practices did not align with what is currently recommended by the U.S. Preventative Services Task Force (USPSTF) and the American Academy of Pediatrics (AAP).

- Most charts documented education on self-testicular examinations with signed refusals for this examination. However, the USPSTF recommends against self-testicular exams.¹⁸ The AAP does not include testicular cancer screening in their Recommendations for Preventative Pediatric Health Care.¹⁹ It is unclear as to why self-testicular examinations were emphasized as the requirement did not appear to be policy-driven.
- The USPSTF and AAP recommend HIV screening beginning at the age of 15. The DJJ policy states that youth may receive HIV testing with pre and post-test counseling from the local health department, but it was not clear after reviewing the health records if this test is being offered to the youth.

Care was not addressed adequately.

- In several cases, meningococcus vaccines were not up to date.
- In several cases, morbid obesity was not sufficiently considered. Patients may have benefitted from targeted interventions; however, appropriate screenings for metabolic disorders and screening questionnaire for OSA were not completed.

Summary of Mental Health Care Reviews

After reviewing the psychiatric and mental health records provided, this documentation confirmed that the DJJ provides timely access to care and continuity of care to youth with psychiatric needs.

There was documentation of timely communication between nursing staff and psychiatrists. New intake youth who arrived in the detention settings on psychotropic medications were seen by nursing staff in a timely manner. The medication dose and schedules were confirmed. There was timely communication with the psychiatrist to obtain orders to continue past/current psychotropic medications shortly after the robust intake screening

¹⁸ Testicular cancer: screening. USPSTF. April 15, 2011. Accessed November 19, 2023.

<https://uspreventiveservicestaskforce.org/uspstf/recommendation/testicular-cancer-screening>

¹⁹ American Academy of Pediatrics. Preventative care/periodicity schedule. Updated April 2023. Accessed November 19, 2023. <https://www.aap.org/periodicityschedule>

process. Youth were evaluated by the psychiatrist in a clinically appropriate manner. Youth not presently on psychotropic medications who presented with anxiety, depression, impulse control issues, or sleep complaints were referred to and seen by the child psychiatrist in a timely manner.

Although the DJJ met the psychiatric and mental health standard of care for the youth in its charge who were reviewed, we found a few areas of concern as detailed below:

- In some cases, nursing documentation regarding the Nursing Problem List and Outcomes was inconsistent.
- Psychiatrist's documentation of mental status findings and suicide/homicide risk assessment was inconsistent. In some freehand narrative notes, this important information was not explicitly documented. Alternatively, as opposed to freehand documentation, there were several examples of psychiatric documentation that contained check-off boxes and specific prompts for greater detail regarding MSE findings and the presence or absence of pertinent positives and negatives (i.e., level of attention, hallucinations, or suicidal versus homicidal ideation).
- It was difficult to determine date of intake and discharge and at what facility the youth was residing at the time of a chart entry. Adopting an EHR would improve the standardization of records and would also help in the continuity of care between facilities.
- As is common within child and adolescent psychiatry, and even more so with youth in the juvenile justice system, it is common to see youth on polypharmacy and off-label (non-FDA approved) use of psychotropic and other medications. There appeared to be a lack of psychiatrist's documentation regarding off-label psychotropic medication use, medication changes, risks/side effects, and monitoring. It also remained unclear as to the youth's assent and parental/legal guardian consent. I have provided a copy of a recent publication that provides evidence-based support regarding juvenile correctional psychotropic medication for reference on these challenging issues (see Attachment B).
- Some psychiatric documentation referenced that in addition to psychotropic medications, youth were receiving individual therapy, group therapy, and multimodal

treatment. However, the amount, frequency, and provider of such treatment was unclear. Further, it was unclear as to whether there were multidisciplinary treatment team meetings. There also appeared to be a lack of documentation of supplemental mental health or substance use treatment. Again, an EHR might help with the facilitation, maintenance, and organization of clinical documentation by different mental health professionals.

- In several cases involving the use of psychotropic medications, atypical antipsychotic medications in particular, patient education was lacking. Discussion with youths was insufficient regarding: monitoring of weight gain, obesity, metabolic syndrome, and pre-diabetes risks.
- If not already in place, the implementation of disease management guidelines (DMGs) is recommended. These would be beneficial for youth who are prescribed antipsychotic medications or have been diagnosed with ADHD, depression, anxiety, bipolar disorder, PTSD, and other mental disorders. Furthermore, the specifics around the use of sleep studies and sleep medications agents is another suggested area for review.
- It remained unclear if there is a formulary, formulary management system, protocol for non-formulary medication approvals, and other pharmacy involvements. If not already in place, the DJJ could consider the formation of a Pharmacy and Therapeutics Committee that could institute standardized psychotropic prescribing approaches and practices. For close to two decades, the State of Texas has achieved major cost savings for incarcerated juveniles through a robust 340B medication program.
- If not already being done, telepsychiatry could be used to improve access to and continuity of care within the DJJ system.

MENTAL HEALTH/PHYSICAL HEALTH ONSITE ASSESSMENTS

Working in coordination with CGL Companies, comprehensive healthcare site assessments were conducted by two teams from J. Allen & Associates encompassing all eight Kentucky Department of Juvenile Justice Regional Detention Centers to include Campbell, Boyd, Jefferson, Adair, Fayette, Breathitt, McCracken, and Warren. As part of this assessment and prior to the onsite visits, team members reviewed past audit findings from the 2017 Center for Children’s Law and Policy report as well as all current DJJ policy and procedures.

The teams assembled for this project bring a wealth of experience and knowledge in the fields of correctional nursing and behavioral healthcare. Their collective expertise equips them to navigate the complexities inherent in multifaceted correctional healthcare systems and provide recommendations and strategies that meet or exceed national standards tailored to the specific needs of this unique population. Team members included:

<i>East Team</i>	
Kirk Abbott, MBA, BSN, RN, CCHP, CCN/M Chief Nursing Officer	Tonya Campbell, MA, LPC Senior Mental Health Manager
<i>West Team</i>	
Teresa Gilmore, RN Nursing Program Manager	Beverly Echols, MA, LPC, LBSW Admin. Director, Mental Health Services

On-Site Review Findings and Recommendations

Our spotlights areas of concern noted to be overarching within the DJJ Detention Center operations. Additionally, it provides recommendations to mitigate and address the areas of concern identified during our onsite assessment reviews.

Please note that these findings should not take away from the dedicated hardworking medical and mental health professionals our teams encountered throughout the detention center site visits across the state.

Access to Care – Sick Call

Access to care is a fundamental principle on which all national correctional healthcare standards are based and is backed by landmark legal precedent *Estelle v. Gamble*.²⁰ Our teams identified significant concerns with the current intake “Sick Call Procedure/Access to Medical Care” notification form reviewed and signed by all residents at the time of intake. The attached document (Attachment A) has numerous “DO NOT” sections, several of which deter and discourage the resident from requesting or accessing healthcare. It places an unrealistic expectation on a youth resident to self-diagnosis or determine if their medical need or complaint is “minor.”

²⁰ *Estelle v. Gamble*, 429 U.S. 97 (1976)

Exhibit 7: Sick Call Procedures Form

**SICK CALL PROCEDURE
ACCESS TO MEDICAL CARE**

I understand that while I am a resident at Boyd Regional Juvenile Detention Center that I will have access to medical care.
I understand that the proper procedure for obtaining this care is as follows: Sick call will be held seven days per week. I understand that I will be seen on the day that I sign up. I will be seen immediately in the event of an emergency.

DO NOT yell out at the nurse in the classroom, hall, dining room, etc.
DO NOT sign up for minor problems that may be solved by a giving you a cough medicine, Tylenol, or other over-the-counter medication. Ask your youth worker as they can take care of these needs without you having to wait to see a nurse.
DO NOT sign up for sick call for clothing, hygiene supplies, shoes, etc. The nurse does not handle these concerns. Notify your youth worker.
DO NOT sign up for sick call unless you are actually sick, have a personal medical problem or need to discuss your medication with the nurse.
DO NOT sign up for sick call just to visit the nurse.

I have read these sick call procedures or had them explained to me in the event that I had questions. I have been informed of my right to file a grievance if I feel that I have received inadequate medical care. I understand its contents and agree to abide by it.

Resident Name:

Staff Name:

The current sick call process as described by the detention centers varied slightly in how the residents sign up for evaluation, but none allowed for confidentiality of the request. To access any type of healthcare services, the established process requires the resident to place their name on a board or spreadsheet located in a common area of the day room visible to other residents.

The DJJ utilizes “Nursing Protocols” which authorize licensed healthcare staff as well as “health trained staff” (any staff member who has completed additional training) to administer numerous over the counter medications based on the resident’s medical

symptoms. The process of utilizing health trained staff is since there is not a staffing plan for 24 hours a day, seven days a week nursing coverage at all the detention centers (which is explored further below). When nursing staff is present and conduct nurse sick call, there are no formalized assessment protocols to guide the nurse's focused assessment for the specific complaint. This has the potential to lead to notable disparities in the extent and quality of care delivered during these encounters, influenced by the individual judgments of each nurse. These variations pose challenges and potential liabilities, hindering the achievement of consistent and replicable systemwide continuity of care. Furthermore, utilizing standardized protocols is considered "best practice" in correctional and detention settings.

Recommendations:

- Avoid unreasonable barriers to youths' access to care. Revise the "Sick Call Procedure/Access to Care" form removing all the "DO NOT" language to eliminate any actual or perceived obstacles for access to care.
- Revise the sick call procedure to prioritize the safeguarding of residents' healthcare confidentiality. Implementing this objective can involve various approaches, such as introducing walk-up clinics and or having residents submit their health-related requests on slips deposited into a specifically designated secure box which is collected daily by the healthcare department.
- Develop standardized nurse sick call assessment protocol templates specifically designed to address high-volume medical complaints. This initiative aims to ensure a uniform and replicable quality outcome, enhancing continuity of care. Simultaneously, it aids in eliminating individual variances in evaluations and reduces potential liability for the program.

Recruitment

Leadership at all detention centers consistently provided feedback about the difficulties they face in recruiting high-quality healthcare candidates, specifically citing challenges related to the current salary structures for healthcare positions. It was observed that several detention centers are addressing vacant healthcare positions (primarily nursing) by utilizing agency staffing vendors, incurring substantial expenses for this resource. Inadequate salaries for healthcare staff significantly impede recruitment endeavors, posing a substantial challenge

in attracting qualified professionals due to the compensation disparity with the private sector. The lower salary rates create a financial disincentive, discouraging potential candidates from applying for positions within the DJJ. This financial gap diminishes the attractiveness of a healthcare career within this environment.

The table below further illustrates the significant salary disparities between the DJJ and the community. It lists the hourly salaries for DJJ nursing positions based on job title, both standard and highest monthly salary for each position grade, adjusted for the 37.5 hour workweek. It should be noted that according to many national salary data collection sources (Incredible Health, Trusted Health, and Zip Recruiter), Kentucky is one of the lowest paying states for nursing positions. When comparing DJJ salaries with those actively under recruitment, the salaries are lacking. Additionally, nursing positions in a detention or correctional setting are historically more difficult to fill than those in traditional medical office settings, hence higher compensation is oftentimes necessary.

An additional factor when contemplating competitive nursing salaries is the migration of nursing staff to the per diem or contract nursing arena. This trend has become more prevalent post-COVID as the number of practicing nurses has decreased across the country. Travel/agency nurses throughout the state of Kentucky can easily demand \$1,400 to \$1,900 a week in some areas.

Exhibit 8: Nurse Salary Comparison

Job Title	DJJ Equivalent Hourly Rate (Base)	DJJ Equivalent Hourly Rate (Highest)	Community* Hourly Rate (Base)	Community* Hourly Rate (Highest)
RN Special Entrance	\$28.91	\$31.32	\$31.00	\$47.00
Licensed Practical Nurse	\$23.89	\$25.88	\$29.75	\$33.00
Nurse Supervisor	\$34.99	\$37.90	\$46.15	\$50.00
Nurse Program Manager	\$38.49	\$41.70	\$46.50	\$62.00

*Community hourly data pulled from a sampling of online job postings for outpatient clinic positions.

DJJ Nursing Salary Data:

- Registered Nurse – Special Entrance Rate - \$4,699 monthly for a 37.5 hour employee. The highest monthly salary for a pay grade 14 is \$5,091.
- Licensed Practical Nurse – Special Entrance Rate - \$3,883 monthly for a 37.5 hour employee. The highest monthly salary for a pay grade 12 is \$4,207.
- Nurse Supervisor – Special Entrance Rate - \$5,686 monthly for a 37.5 hour employee. The highest monthly salary for a pay grade 16 is \$6,160.
- Nurse Program Administrator – Special Entrance Rate - \$6,254 monthly for a 37.5 hour employee. The highest monthly salary for a pay grade 17 is \$6,776.

Recommendation:

- Address salary disparities to attract and secure a robust and talented workforce capable of meeting the increasing demands and challenges within the DJJ.

Retention/Turnover

Substandard salaries among healthcare staff significantly influence retention. The contrast in compensation compared to the private sector presents a persistent challenge in retaining experienced and skilled licensed professionals. The financial strain caused by lower salaries can result in job dissatisfaction, diminished morale, potential burnout, and a higher probability of staff members seeking better-paying positions outside the correctional environment. Consequently, this contributes to a cycle of turnover, disrupting the continuity of care and imposing additional strain on other staff and the healthcare system. In our discussions with all detention center leadership teams, it was clear that turnover for healthcare professionals is significant. While turnover data was requested for this subset of their workforce, no data was readily available at the time of our visits, nor had it been provided prior to the writing of this report.

Despite With a “Special Entrance Rate” being applied, the minimum hourly rate for a Registered Nurse position in the Commonwealth of Kentucky is \$28.92/hour²¹. Even in less populated areas of the Commonwealth, this salary level is much lower than local competition. For example, there are several job listings for Registered Nurses in Columbia,

²¹ Commonwealth of Kentucky, Job Class Specification “Registered Nurse” dated 09/16/2023

Kentucky, with salaries listed in the \$40/hour range and above, and some of these offer substantial signing bonuses. This example holds true for all the DJJ healthcare salaries regardless of position/job title.

Workload

From a systemic perspective, all detention centers are contending with significant staffing challenges, evident in the substantial workloads imposed on their staff. Further contributing to this workload issue are the inconsistent healthcare staffing allocations seen when comparing the detention centers. Unfilled positions and insufficient staffing levels in critical roles place a strain on the existing workforce at each center. This situation not only compromises the quality of patient care, but also contributes to heightened stress and potential burnout among staff members. The imposition of on-call responsibilities for both the nursing and mental health staff exacerbates the workload challenge, requiring these healthcare professionals to be available beyond regular working hours. The unpredictable nature of on-call duties means that employees must be ready to address issues or emergencies at any given moment, often disrupting their work-life balance. The impact of on-call responsibilities extends beyond the immediate time spent addressing issues. The anticipation of potential disruptions can create a pervasive sense of anxiety, making it difficult for individuals to fully recharge during their non-working hours, thereby impacting overall job satisfaction.

Limited 24-hour Healthcare Presence

None of the detention centers were observed to have 24-hour onsite healthcare staffing coverage. From a systemic perspective, the detention centers lack a uniform approach in their staffing coverage model, with some offering varying degrees of 24-hour coverage during portions of the week, while others had no 24-hour coverage at all. Because of the absence of

round-the-clock healthcare coverage, unlicensed health trained correctional staff provides and delivers many aspects of healthcare for the youth by their own determination or by delegation of an on-call nurse. Examples included unlicensed health trained correctional staff members conducting initial intake screenings, administering medication, and addressing sick

calls, among other responsibilities. The absence of 24-hour onsite licensed healthcare staffing coverage in the detention centers, coupled with the utilization of unlicensed health trained correctional staff for various healthcare tasks, poses several potential issues and liabilities for the organization to include: quality/accuracy of care, errors, and patient safety, as well as legal and regulatory compliance.

Recommendations:

- Tackle the challenge of below market salaries for retaining a stable and experienced healthcare workforce, ultimately elevating the quality and effectiveness of healthcare services.
- Develop a strategic workforce plan to determine optimal and uniform staffing levels among all the detention centers. Additionally, targeted recruitment initiatives should be an essential component to impact persistent vacancies. Address on-call responsibilities by distributing the burden more equitably among team members.
- Develop a staffing plan to provide each detention center with onsite 24-hour licensed healthcare personnel. This affords all youth immediate access to a licensed health professional and would ensure 24-hour access to care while mitigating the current liability the organization has with health trained correctional staff providing numerous aspects of healthcare.

Mental Health Staffing Levels

Considering the demographics of the population served by the detention centers, mental health professionals play a crucial role in these facilities due to the unique and complex mental health needs of the youth. Many juveniles entering the system have experienced trauma, abuse, or neglect, which can significantly impact their mental well-being. Juveniles within detention facilities often exhibit behavioral and emotional challenges that require specialized attention. Mental health professionals are needed to conduct comprehensive assessments to identify any underlying mental health disorders, such as depression, anxiety, or conduct disorders. In addition, they are instrumental in crisis intervention and determining the self-harm risk level of the youth. Implementing evidence-based therapeutic interventions can help juveniles manage their emotional struggles and develop healthier coping mechanisms. By addressing mental health issues early on, these professionals can

help prevent the escalation of behavioral problems and reduce instances of self-harm or violence.

Our observations left us with the perception that there is not a comprehensive approach nor sufficient licensed staff to address the significant mental health complexities inherent in this population. The need for licensed mental health professionals in comparison to unlicensed individuals within the mental health field is paramount. Licensure ensures a standardized level of education, training, and competency in practitioners. Licensed mental health professionals, such as clinical social workers, licensed psychological associates, and licensed professional counselors, typically undergo extensive education and supervised clinical experience, adhering to established ethical and professional standards. This ensures a higher level of expertise and reliability in delivering effective mental health care.

Recommendations:

- Reevaluate current mental health staffing allocations with the goal of hiring more qualified mental health professionals (QMHP), who are master's degree- prepared and licensed. Work experience should not be a substitute for education. Bachelor's degree-prepared staff are helpful for case management functions and for providing psychoeducational group counseling.
- Consider consolidating known patients with significant mental health needs at one facility if challenges in hiring or recruiting licensed QMHPs persist, even after salary adjustments. The proposal would involve establishing a **Center of Excellence** for mental health care, either at an existing or new location in a region of the state with a substantial pool of licensed healthcare staff. This strategy aims to facilitate the recruitment of a comprehensive healthcare team required for such a program. At the core of the staffing allocation would be a full-time onsite child and adolescent psychiatrist, supported by the necessary team of licensed healthcare professionals. Similar programs utilized in other state correctional programs has proven benefits: in improving overall treatment cost effectiveness and producing more consistent quality patient outcomes. These principles form the foundation for providing holistic, patient-centered, evidence-based, and sustainable healthcare services for the population served.

Mental Health Center of Excellence

Our team would like to expand on the concept of a Center of Excellence. The State of Kentucky has mandated²² the DJJ to contract with mental health care providers to ensure the availability of “institutional treatment” for severely emotionally disturbed children “as soon as practicable.” Senate bill 162²³ also requires DJJ to provide children who are in a mental health crisis access to a mental health professional whose communications with the child are privileged under Kentucky Rules of Evidence. Contracting out institutional mental health treatment for juvenile offenders may not be the most practical or effective solution due to the unique challenges this population brings to the continuum of care, not to mention the importance of crisis management intervention services being offered in a timely fashion to address the immediate concern and to prevent further escalation and potential harm. This unique type of institutional mental health treatment requires a comprehensive understanding of the exceptional dynamics within juvenile detention facilities.

Per our discussions with all detention center leadership teams, external providers lack interest in providing services to their youth. Juvenile offenders often require complex mental health needs, and effective treatment requires a comprehensive understanding of the intersection between mental health and the juvenile justice system. Contracting out mental health services may lead to inconsistencies and lack of standardization in care, as external providers typically have limited interaction with the detained youth, resulting in fragmented treatment plans. In addition, external providers may focus on minimizing expenses, which could compromise the actual services provided and the quality of the services. Utilizing providers who are unfamiliar with this population may result in inadequate training and experience of the inpatient treatment staff. This lack of expertise can hinder the ability to address the complex mental health needs of this vulnerable population, leading to suboptimal outcomes.

In-house mental health care providers are better positioned to establish therapeutic relationships, understand the youths' histories, and tailor interventions to meet their evolving needs. Furthermore, the collaborative nature of mental health care within a juvenile

²² S.B. 162, Section 4, Subsection 7 (2023)

²³ S.B. 162, Section 4, Subsection 8 (2023)

detention center is critical. In-house providers can work closely with other staff members, including correctional officers and educators, fostering a holistic approach to the well-being of the juveniles. External providers may encounter difficulties in integrating their services within the broader institutional framework, potentially leading to a disjointed approach to the offender's overall welfare. This discontinuity can disrupt ongoing therapeutic relationships, exacerbate mental health issues, and impede the overall progress of juvenile offenders in addressing and managing their mental health challenges.

We are of the opinion that establishing a well-integrated, in-house mental health program at a Mental Health Center of Excellence tailored to the specific needs of juvenile detention facilities is likely to be a more viable and successful approach.

The Massachusetts Youth Screening Instrument, Version 2 (MAYSI-2)

All detention centers report utilizing the MAYSI-2 inventory questionnaire, a behavioral health screening tool that has been designed for juvenile detention facilities. In some instances in DJJ, the screening instrument is administered by non-licensed trained staff, which is appropriate according to the tool's administration guidelines. However, concerns were raised about the proficiency of the staff responsible for conducting MAYSI-2 training and the DJJ's established cutoff score for referrals to medical and mental health services.

A significant challenge associated with the MAYSI-2 is the lack of standardization in its administration and interpretation. This lack of uniformity poses several issues for reliable and valid assessment across different settings and populations.

Variations in administration procedures may occur due to differences in training and expertise among the individuals responsible for conducting the assessments. This variability can lead to inconsistent results and compromises the reliability of the instrument. Standardization in training protocols is crucial to ensure that assessors possess a consistent understanding of the instrument's administration.

Interpretation of MAYSI-2 scores involves comparing them to established cutoff values or norms. Higher scores on specific subscales or the Total Problem Score may indicate a heightened risk or presence of mental health issues. However, it is crucial to consider cultural and contextual factors when interpreting scores, as well as to recognize the instrument's limitations and the potential impact of external factors on the results. Utilizing standardized

scoring procedures and guidelines, along with considering the broader context of the individual being assessed, enhances the reliability and validity of the MAYSI-2 as a tool for identifying mental health needs and risks in young people within the juvenile justice system.

Recommendations:

- Establish consistent training protocols, scoring methods, and culturally sensitive guidelines to enhance the instrument's effectiveness across various juvenile justice settings and populations. Standardization is essential for ensuring that the MAYSI-2 fulfills its intended purpose of accurately identifying mental health needs and risks in young individuals within the juvenile justice system.
- Select another assessment tool that is administered by trained mental health professionals who understand the nuances of considering cultural and contextual factors, as well as the need for reliability and validity. An example of such a tool is the Personality Assessment Inventory-Adolescents (PAI-A).

Utilization of Healthcare Staff

Due to high vacancy rates healthcare professionals find themselves diverted to nonclinical tasks, such as clerical and administrative responsibilities, as well as collateral correctional officer duties. This misallocation of licensed and skilled healthcare professionals places an undue burden on these staff, diverting their attention and skills away from their primary areas of expertise. Examples discussed with our teams included significant correctional officer duties, filing paperwork and other clerical/administrative office tasks. This not only diminishes the capacity of licensed staff to provide direct patient care but also decreases overall productivity and effectiveness, as the licensed staff is forced to split their focus between these other duties. Furthermore, this inefficient allocation of responsibilities may contribute to workplace dissatisfaction. Employees may experience frustration and burnout when required to juggle diverse roles that do not align with their professional training. This situation could also impact the overall quality of services provided, potentially compromising the safety and efficiency of the correctional facilities.

Recommendation:

- Reassess healthcare professionals' responsibilities, focusing on the optimal utilization of healthcare personnel to ensure balance of workload, high-quality patient care, and

job satisfaction. Review measures to alleviate the burden on licensed staff and identify positions/staff whose job responsibilities better match the skills and qualifications for nonclinical tasks.

Emergency Response

Our teams noted multiple inconsistencies with the detention centers conducting emergency and “man down” drills, with most centers reporting no such activities despite this being a policy requirement. Of significant concern is such drill activities which are a mandatory standard with the DJJ’s program accrediting body, the American Correctional Association. Failure to adhere to this mandatory standard could raise questions about each detention center’s national accreditation status. These exercises serve as proactive measures to assess and enhance the organization's preparedness for unforeseen events, such as natural disasters, security breaches, and or medical emergencies. Regular drills enable staff to familiarize themselves with emergency protocols, ensuring a swift and coordinated response in real-life situations. Additionally, these activities help identify potential weaknesses in the organization's emergency procedures, allowing for continuous improvement and the development of effective risk mitigation and crisis management strategies. Ultimately, the proper execution of emergency and "man down" drills is paramount for maintaining the safety and security of both staff and residents within the detention centers.

An additional observation was the extremely limited inventory of emergency medical response equipment. Outside of automated external defibrillators (AEDs) which were checked only monthly, no other emergency equipment was noted. A lack of emergency drills in a healthcare setting can pose several significant issues, impacting both staff readiness and patient safety.

Recommendations:

- Reeducate and enforce compliance with current policy on conducting emergency response and “man down” drills. Consider prioritizing regular (quarterly) and realistic emergency drills, incorporating various scenarios to ensure staff competence and readiness for a wide range of potential emergency scenarios.

- Increase status checks of AEDs to daily at a minimum to ensure they are in working order and have the necessary supplies. Create a log specific to the AED model being used so personnel know how to conduct the status checks and document completion.
- Consider increasing minimal emergency response equipment to include oxygen, bag valve masks, cervical spine stabilization collars, and backboards. This would ensure healthcare staff has the essentials needed to care for patients and staff, providing minimal life supportive care, in the event of an emergency until emergency medical personnel arrive on scene.

New Employee Training

The consistency of the training programs varied significantly across facilities. Staff at one facility stated that new employees go to Jefferson County for four weeks of training, while staff at another facility stated that they only do on-the-job training. This lack of consistency poses significant challenges which can impact the development and integration of staff. The lack of uniformity results in gaps in understanding, and employees being ill-prepared for certain aspects of their roles, potentially impacting their performance and confidence. A standardized program is essential for fostering a consistent and well-prepared workforce who can contribute effectively to their roles. Consistent training extends to organizational culture and employee satisfaction.

Recommendation:

- Develop a standardized and thorough employee training program for all new healthcare staff.

Immunizations

Per our team's onsite discussions with the healthcare staff, there are no provisions for screening and/or tracking of immunization status resulting in considerable missed opportunities for this population. This responsibility is passed to the Youth Development Centers (YDCs), however not all youth in the detention centers will be committed to a YDC. Data gathered in 2022 from the DJJ reflects the combined average length of stay for all detention centers was approximately 20 days. This timeframe provides ample opportunity for immunization screening, vaccine procurement, and administration activities to occur at the detention centers.

Recommendation:

- Ensure all detention centers have access to the Kentucky Immunization Registry (KYIR) system to assess immunization status for all youth entering a detention center setting. Develop a screening record and adopt an immunization process in accordance with national immunization recommendations to ensure all youth are up to date with their immunizations prior to discharge.

Pharmacy Operations

Our observations reflected a deficiency at all the detention centers with the current procedure utilized for medication reconciliation that occurs during the intake process. The detention centers do not utilize or maintain a predetermined “do not stop” list of medications.

Medication reconciliation is crucial for patient safety and optimal healthcare outcomes. Firstly, it helps prevent medication errors by ensuring that the medications a patient is prescribed align with their current health status and other medications they may be taking. When implemented properly, the process minimizes the risk of withdrawal symptoms from abruptly stopping certain classes of medications, adverse drug interactions, allergic reactions, or duplications that could compromise the patient's well-being.

Secondly, accurate medication reconciliation promotes effective communication among healthcare providers during transitions of care, such as admissions, discharges, or transfers between healthcare facilities. This ensures that all members of the healthcare team are aware of the patient's medication history, facilitating continuity of care and reducing the likelihood of misunderstandings or oversights.

To further complicate this situation, the detention centers maintain an extremely limited supply of onsite stock medications, none of which are utilized for the treatment of mental health conditions. The detention centers employ an offsite mail order pharmacy vendor (Diamond Pharmacy Services) for the ordering and procurement of their pharmaceutical medications. While the vendor has an afterhours process to dispense critical medications, it is limited by the detention center's proximity to a local drug store. In the rural locations where several detention centers are situated, there is a scarcity of 24-hour retail pharmacies. As a result, youth prescribed medications not received at intake with label precautions

indicating they should not be stopped abruptly and/or critically needed medications are not readily available for administration. This practice breaks with the community standard of care and generates substantial liability for the department.

Recommendation:

- Develop a “do not stop” abruptly list of medications and ensure accessibility to critical medications to prevent any delay in administration. This may necessitate the need for a limited supply of onsite commonly prescribed stock medications at each of the detention centers.

Total Quality Management (TQM) Program

When questioned about quality monitoring activities, the medical staff could only provide copies of their DJJ monthly Statistical Reports. None of the detention centers could demonstrate to our teams any true activities and/or audit tools touching on a continuous quality management program for the healthcare department. The lack of a TQM program means that there is no structured framework for systematically assessing and improving the quality of healthcare services. A TQM program includes continuous and ongoing evaluation, feedback mechanisms, and data-driven decision-making, which are crucial for identifying areas of improvement and ensuring that the healthcare services provided aligns with established community and national standards as well as best practices. Patient safety is another critical aspect that is compromised in the absence of a TQM program. Continuous monitoring and assessment of healthcare processes are integral to identifying potential risks, mitigating errors, and ensuring a safe environment for patients. A robust TQM program includes proactive measures to enhance patient safety, minimizing the likelihood of adverse events.

We note DJJ Policy 401.1 Health Services briefly touches on continuous quality improvement (CQI) by noting DJJ facilities should meet quarterly to discuss this topic (among others). However, no other references or description of a quality management program is noted in policies.

Recommendation:

- Develop a TQM program to systematically enhance the quality of patient care and operational efficiency. The framework of this program should focus efforts to enable

the organization to proactively identify areas for improvement, foster a culture of continuous quality enhancement, and ensure a timely, safe, patient-centric approach to healthcare delivery. Program monitoring and feedback mechanisms should occur at all levels but at a minimum include detention center leaderships teams as well as DJJ's central office.

Intake Diagnostic Screening

All detention centers reported screening for the following conditions at intake: pregnancy (as applicable), COVID, tuberculosis, ectoparasite infestation, and sexual transmitted infections (STIs) to include syphilis (patient can opt out of this test), gonorrhea, and chlamydia. Notably omitted from their diagnostic screening is HIV. Current literature reflects a higher prevalence of coinfection of STIs and HIV.

Recommendation:

- Add HIV testing as an optional component to the existing intake diagnostic screening protocols to facilitate early identification and enable prompt intervention.

Continuity of Care

Significant variances were identified among the detention centers with the practice of obtaining freeworld/community healthcare records for youth under their care.

None of the detention centers were able to demonstrate a formalized process or tracking system for specialty care and/or follow-up appointments (for both onsite and offsite care).

The existing Electronic Health Record (EHR) system exhibits functional deficiencies, lacking the fundamental features typically anticipated in such software applications and appears to be more of an electronic data archive. Of particular concern is the limitations in quickly and accurately identifying youth upon intake from previous stays as the system does not utilize a unique patient identifier.

Recommendations:

- Create a standard operating procedure to delineate the process and circumstances that would initiate obtaining freeworld/community healthcare records.
- Adopt a formalized process that includes a tracking database to reflect all specialty care and or follow-up appointments. The database at minimum would include details

of the appointment type, appointment urgency, date of referral, and date seen. This process would serve as a foundational component of a quality management program for monitoring timely access to care.

- Select an EHR system that incorporates the essential components tailored for a correctional healthcare program.

Privacy and Confidentiality

Due to the design and layout of the areas designated intakes areas, most detention centers provide minimal privacy for intake interviews when more than one intake is occurring at a particular time.

Concerns were raised regarding the utilization of Zoom and Microsoft Teams applications for conducting video healthcare appointments and encounters, raising concerns about compliance with HIPAA standards. Additionally, internet connectivity and power outages were reported to impact or delay video appointments.

Recommendations:

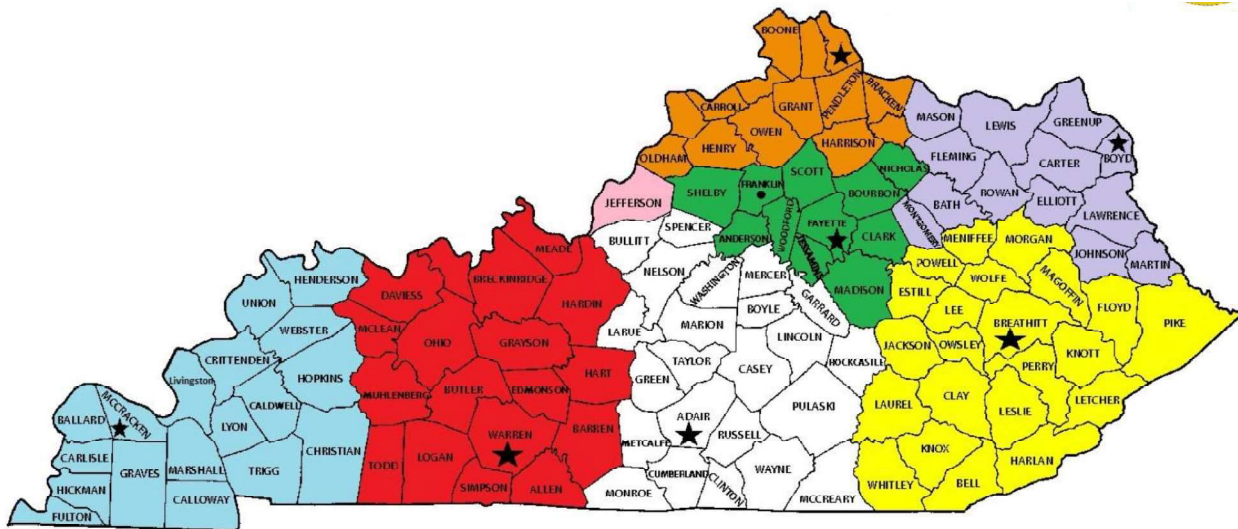
- Designate or design space at each detention center to confidentially conduct the intake interview process when there is more than one intake at a time.
- Verify that the software application used for video healthcare appointments fully adheres to HIPAA standards, as platforms such as Zoom and Teams may not encompass all the necessary elements for compliance with HIPAA regulations. The designated location for these appointments should be given priority access to the network, and the equipment should be connected to backup emergency generator power.

REGIONAL DETENTION

Finding: The move from a regional detention approach has created continuity of care issues in DJJ.

In the regional approach, youth would normally be housed at the youth detention facility in the region in which they reside. DJJ has established “Catchment Counties” for each facility identifying the specific counties served by the detention facility.

Exhibit 9: DJJ Catchment County Map

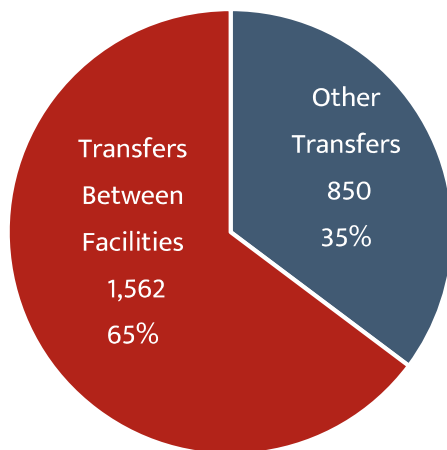


However, in response to serious incidents, DJJ moved from a regional approach to one based on a youths security management level. Youths are either classified as “High Security” or “Low Security” depending on their charging offenses. Those with more serious charges are sent to facilities designated as High Security such as Adair, Warren, and Fayette.

The impact of this security level approach to youth management is that youth can be housed farther away from their homes, families, and loved ones. Additionally, youths are increasingly transported in the agency. For example, if a youth from Breathitt County is designated as High Security based on his/her charges, they will need to be transported to one of the high security facilities. Whenever they must attend court, they must be transported back to Breathitt temporarily to attend court.

Data provided by DJJ identified 2,412 transports of youth in detention in 2023. Sixty-five percent of those transports was between detention facilities.

Exhibit 10: 2023 DJJ Youth Transports



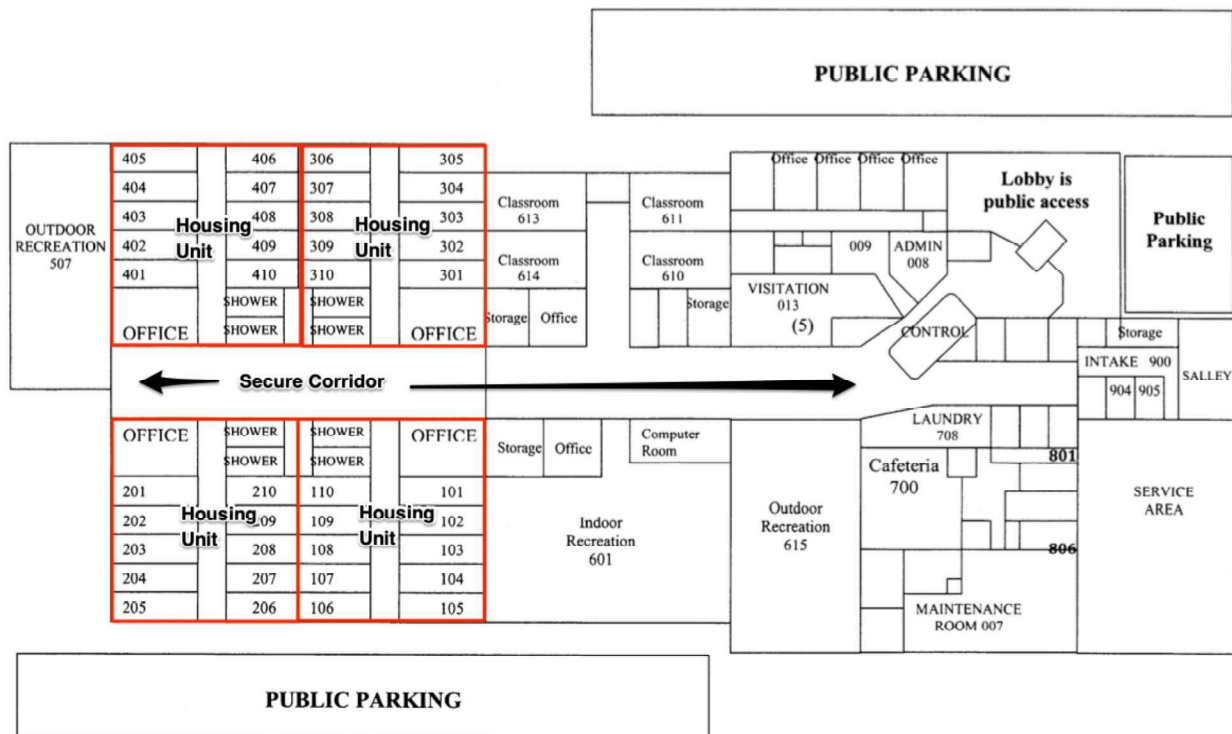
We found these transports interrupt a wide variety of services provided by DJJ including education, medical and mental health services, negatively impacting youth continuity of care.

Recently enacted Senate Bill 162 requires DJJ “*return to a regional model of juvenile detention center facilities.*” The legislature has provided funding to enable security enhancements at these facilities that will precipitate this return.

This return will not be without challenges. Some of the more remote facilities have limited access to community services. For example, Breathitt is in a rural section of Kentucky. We were informed that volunteerism has been virtually non-existent since the pandemic, affecting the religious services provided to youth. Additionally, outside providers of needed mental health services are difficult to find.

Regarding needed physical plant security improvements, CGL’s review of the existing facilities found their design generally very secure for youth detention facilities.

Exhibit 11: Layout of Warren RJDC



Each housing unit is separated and has a controlled doorway into a secure corridor. There are security vestibules that separate public and non-public areas. DJJ has already removed suspended ceilings in housing units that can be used to hide contraband. Security enhancements that are needed include hardening facility perimeters, ensuring there is appropriate space for the use of body scanners in the intake and transfer process, and providing private space for medical/mental health intake interviews.

Regional Detention Recommendations:

- CGL recommends DJJ return to a regional model approach. Each facility can hold multiple custody levels of youth, separated by housing unit.
- Youth should be classified by a valid risk assessment. That risk assessment should consider a variety of factors including mental health, substance abuse history, past criminal history, education level, family ties, as well as the current charging offense. DJJ’s current practice of classifying youth by their charging offense alone does not adequately identify their risk level. Several states have implemented validated

juvenile detention classification systems. CJJ should poll other state systems who have implemented a more comprehensive classification system.

EDUCATION

Finding: The provision of education to youth in DJJ is inconsistent, poorly implemented, and lacks oversight.

Education is a crucial and required component in juvenile detention facilities for several reasons, as it plays a significant role in the rehabilitation and prospects of the young individuals in these facilities. Here are some key reasons why education is important in juvenile detention:

1. **Rehabilitation:** Education provides juveniles with an opportunity to learn new skills, gain knowledge, and develop intellectually. This can contribute to their rehabilitation by helping them break the cycle of delinquency and develop a positive outlook on life.
2. **Reducing Recidivism:** Studies consistently show that individuals who receive education while in juvenile detention are less likely to reoffend. Education equips juveniles with the skills and knowledge they need to reintegrate into society successfully, making them less likely to engage in criminal activities in the future.
3. **Building Future Opportunities:** Education opens doors to future opportunities. By providing juveniles with access to educational resources and programs, they are better prepared to pursue further education or vocational training upon release. This can significantly improve their chances of finding employment and leading a productive, law-abiding life.
4. **Personal Development:** Education contributes to the overall personal development of juveniles. It helps them build self-esteem, critical thinking skills, and a sense of responsibility. Education provides them with the tools to make informed decisions and navigate challenges in a constructive manner.
5. **Social Integration:** Access to education fosters social integration by connecting juveniles with positive role models, mentors, and peers. It allows them to develop positive relationships and social skills, reducing the likelihood of them falling back into negative patterns of behavior.
6. **Cognitive and Emotional Well-being:** Engaging in educational activities can have positive effects on cognitive and emotional well-being. It provides a structured and

purposeful environment, helping juveniles cope with stress, anxiety, and other emotional challenges they may face.

DJJ through Eastern Kentucky University has established memorandums of agreement with local school districts for the provision of education services in each facility. These agreements clearly identify the following:

- The responsibilities of the school district regarding services (assessments, on-site education delivery, etc.) provided to the detention facility.
- The defined school year, identifying the number of instructional days.
- The ratio of pupils to teachers.
- Specific assessment and testing requirements
- Maintenance of youth education records

Each facility has substantial space dedicated to education including classrooms for instruction and staff offices. However, CGL found that in-classroom instruction is often not provided. During our on-site visits we found a high prevalence of youth during the education day working on projects in their housing units. In some circumstances, educators were in the units providing support, in others, educators visits were more infrequent.

There also were significant inconsistencies across facilities in how education is provided. For example:

- **Warren:** Uses the APEX online system for youth education. Youth go to classrooms and sit in front of fixed computer monitors following online programs tailored to their needs. Educators are responsible to be in the room and provide support to the youth as they progress through their online classes including answering questions and further explaining concepts.
- **Adair:** Youth either attend classrooms or study in their housing units under the observation of the housing unit correctional officer and with intermittent assistance from teachers that move from housing unit to housing unit. There is no online education program at Adair.

- **Boyd:** Boyd uses a different online system (Plato). Youths are provided laptops to use in a classroom or take to their housing units for study. When used in the housing units, teachers are to visit the units to provide assistance.
- **McCracken:** McCracken uses an online learning system called Edgenuity.

Education Observations: Our observations and interviews found that educational services lack oversight and are not being fulfilled according to the memorandums of agreement. detention facilities, nor in the best interests of the youth:

- We were informed that most of the MOUs allow for a gap of (6 weeks) during the summer when no instruction is provided. For example, the MOU at Boyd allows for 210 Instruction days per year.
- Multiple instances during our site visits to the facilities found little oversight over the education services provided. Because the contracted school districts are not part of DJJ, authority to monitor the daily activities of the department and their staff is limited. Our visits underscored this lack of oversight:
 - At Warren we entered a classroom on a Thursday, only to find that the students were watching a movie (The Blind Side) under the supervision of a correctional officer. The three educators were in a separate room with no youth.
 - Also at Warren, all the youth interviewed freely volunteered that every Friday is “movie day” in education, where no instruction occurs.
 - At Boyd we also were informed that Fridays are also typically a ‘movie day’ where no instruction is provided.
 - At Boyd we were informed that due to the lack of correctional officer staff, if a youth in a housing unit is on some form of mental health watch status or room restriction, the entire house cannot move to education and the youth are to use their assigned education laptops in the unit (laptops can only be used in the dayroom). Given the high level of mental health watches in the facility (6-10) at a time, this means that youth attendance in classrooms is severely reduced. When this happens, education staff are supposed to be visiting units

to provide individual tutoring, answering questions etc. Youth interviewed indicated this intermittent tutoring doesn't happen as much as it should.

Education Recommendations:

- At the very least, every effort should be made to provide education to youth in a designated area under the supervision and support of an educator.
- Movie days should cease unless approved in advance by DJJ and consistent with written agreements.
- DJJ should develop a consistent practice of education delivery across their detention facilities, whether it be in-person or online.
- Central office education leaders should conduct unannounced visits to detention facilities to monitor the provision of services.
- The facility should independently track school days to ensure youth are provided access to quality education services and providers are compliance with written agreements
- Require consistent education practices at each facility. Internal facility-to-facility transfers have increased recently. This creates inconsistency as youth move from facility to facility with different methods and online programs for education delivery. This negatively impacts the continuity of services provided.
- Consider allowing the use of educators to meet PREA ratio requirements. PREA guidelines allows the use of educators and others to fulfill the one to eight staff to youth ratios during waking hours if the educators receive proper training. Currently correctional officers must be present in classrooms. If there are not enough correctional officers present, classroom instruction is cancelled, and youth must study in their housing units. DJJ should consider using educators to meet these requirements. This will reduce issues where classroom instruction is cancelled due to the lack of staff, and free up security staff for other duties.

One additional option for consideration is for DJJ to establish its own school district that has authority over educational services in its detention facilities. Several other states have their own detention school districts. This would bring this importance service under DJJ's direct authority and allows for better monitoring.

STAFFING

Finding: DJJ’s juvenile detention facilities are understaffed. Current funding levels for correctional officers positions are not sufficient to meet national mandate requirements. This understaffing fuels high levels of overtime which can negatively impact recruitment and retention.

Background: The passage of the Prison Rape Elimination Act (PREA) in 2003 resulted in the development of adult and juvenile facility physical plant and operational standards designed to eliminate sexual assault in correctional facilities. The U.S. Department of Justice issued juvenile facility PREA standards in 2012 and established a system for monitoring compliance in 2017.

The standards identify practices facilities should follow to eliminate the potential for sexual assault. These practices include enhanced staff training, housing requirements, information and communication regarding sexual assault reporting, sexual assault investigation requirements, and direct-care staffing ratios for the supervision of juvenile offenders. Specifically, standard 115.313, Supervision and Monitoring,²⁴ indicates:

“Each secure juvenile facility shall maintain staff ratios of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances, which shall be fully documented.”

This standard establishes firm requirements that juvenile facilities always maintain these ratios, including when youth are in their housing units, attending programming or recreational activities, when dining, or when off-grounds for transports to appointments or other activities.

In many youth facilities across the United States, the implementation of PREA minimum staff ratios of 1:8 during waking hours and 1:16 during sleeping hours has dramatically increased the number of direct-care staff required. This ratio must be maintained wherever there are youth in the facility, whether in housing units, program areas, or recreational spaces.

²⁴ US Department of Justice Final Rule, Juvenile Facility Standards, National Standards to Prevent, Detect and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA), 28 C.F.R. Part 115, May 17, 2012.

The facilities must regularly report to DJJ when they are not in compliance with PREA staffing ratios. The inability to meet PREA ratios is a regular occurrence at each facility.

Facility Staffing Assessment: CGL requested from DJJ a list of funded and filled position titles by detention facility. Instead, DJJ provided a raw data file²⁵. CGL’s analysts were able to extract filled and funded positions for each facility. **We note, however, that during our site visits there were discrepancies between the funded levels we extracted from DJJ’s data file, and the funded level identified by each facility Superintendent.** For example, the data file DJJ provided us indicated Adair had 53 funded and 45 filled correctional officers while the facility indicated they had 62 funded and 56 filled. This disparity added confusion to the analysis. The following table compares funded and filled correctional officer positions we extracted from the data file at each facility along with the calculated vacancy rate.

Exhibit 12: Funded and Filled Correctional Officer Positions

Facility	Funded Correctional Officers	Filled Correctional Officers	Vacancy Rate
Adair	53	45	15.1%
Boyd	25	21	16.0%
Breathitt	34	26	23.5%
Campbell	29	22	24.1%
Fayette	40	31	22.5%
Jefferson	27	14	48.1%
McCracken	34	23	32.4%
Warren	36	26	27.8%
Total Facilities	278	208	25.2%

Overall, at the time the data was provided the facilities have a 25.2 percent vacancy rate for correctional officer positions. Jefferson had the highest at 48.1 percent, while Adair had the lowest (15.1 percent).

²⁵ Filename: 9.15 Detention MPL- Rodney Filled Vacant List.xls

However, the vacancy rate understates the functional vacancy level in the institutions. Many of those correctional officers on board are new hires and unable to fill a post due to being enrolled in new hire training. Also, long-term leave levels are high across facilities, again taking staff in filled positions from working a post. For example, during our site visit to Adair, we were informed three correctional officers were on long term leave, and 14 were in the training academy, unable to fill a post. As a result, Adair’s “functional vacancy rate” of all correctional officers unable to fill a post is 49 percent.

Correctional Officer Staffing Needs: It was clear in our site visits that facilities were regularly unable to comply with PREA’s staffing ratio requirements and administrators were forthcoming to this fact.

Staffing needs in a detention facility are determined by two primary elements, a post plan, and a shift relief factor:

- **Post Plan:** A defined post plan identifies where posts are located (housing, intake, etc.), the frequency with which the post is filled (24/7, 5 days per week, etc.) and whether the post can/cannot be left vacant (requires relief).
- **Shift Relief Factor:** A shift relief factor (SRF) represents the number of full-time equivalent (FTE) employees needed to provide coverage for a specific relieved post. It is used to calculate the staffing needs for positions that require 24/7 coverage, such as those found in law enforcement, detention, and healthcare. When accurately calculated it considers the actual leave usage of staff, as well as training and breaks that pull them away from covering a post. For example, if a relief factor is 1.95, then it takes 1.95 FTEs to fill a post in the detention facility.

Any comprehensive analysis of security staffing needs must therefore develop a post plan and calculate an accurate relief factor.

CGL’s experience across the United States has found shift relief factors rising substantially over the last 10 years due to three causes:

- **Increased use of leave time:** The main driver of higher shift relief factors is increased use of leave time by staff. Leave time usage, including use of FMLA has increased

significantly in the past decade. During the COVID-19 pandemic, leave usage soared in most detention systems and has not fallen as the pandemic has receded.

- **High turnover rates:** Correctional staff turnover, especially in the correctional officer ranks, has been very high across the country. Shift relief factors are impacted by high turnover rates as newly hired staff are not able to fill a post for a significant period while they are in pre-service training.
- **Increasing training requirements:** In some jurisdictions, litigation and operational needs have increased the amount of annual training staff must attend off post.

The impact of a higher shift relief factor is that it now takes more staff to complete the same amount of work.

Recently developed shift relief factors by CGL show increased leave usage driving very high shift relief factors. The following represent examples of recently developed relief factors. Next to each jurisdiction is the year from which the leave data was collected.

Exhibit 13: Shift Relief Factors in Other Jurisdictions

County/Jurisdiction	State	8-hour, 7-Day, Shift Relief Factor
Bernalillo County (2021)	New Mexico	2.15
New Jersey DOC (Average of 3 years – 2020, 2021, 2022YTD)	New Jersey	2.08
Georgia Juvenile Detention Facilities (2019)	Georgia	2.00
Minnesota DOC (Average of 3 years – 2020, 2021, 2022)	Minnesota	2.00
King County (2022)	Washington	1.95
St Louis County (Average of 3 Years – 2019, 2020, 2021)	Missouri	1.95
Kent County (Average of 3 years – 2019, 2020, 2021)	Michigan	1.93
Nevada Juvenile Detention (2018)	Nevada	1.76

CGL was not tasked with developing a shift relief factor or definitively determining the number of correctional staff needed at each facility. Instead, we were charge with assessing the overall staffing levels.

To estimate correctional officer staffing needs at DJJ detention facilities, CGL worked with several facilities to document their current correctional officer post plan, i.e. the duty stations where correctional officers are assigned and how long those posts need to be filled. We then applied a generic shift relief factor of 1.85 to these post plans to estimate the number of positions that should be funded. Our observations found that the correctional officer staffing at the juvenile detention centers was significantly underfunded to meet PREA ratios.

The existing correctional officer post plan for Adair is found in the following Exhibit.

Exhibit 14: Adair Current Post Plan

Posts	Unit Capacity	Admin Shift	1st Shift 7:30a-8:00p	2nd Shift 7:30p-8:00a	Days per Week	Hours Per Shift	Relief (Y/N)	Total Posts
<i>Correctional Officers</i>								
East 100	10		2	1	7	12	Y	3
East 200	10		2	1	7	12	Y	3
East 300	10		2	1	7	12	Y	3
East 400	10		2	1	7	12	Y	3
West 100	10		2	1	7	12	Y	3
West 200	10		2	1	7	12	Y	3
West 300	10		2	1	7	12	Y	3
West 400	10		2	1	7	12	Y	3
Central Control			1	1	7	12	Y	2
Float/Utility/Runner/Intake. Sergeant						12		0
Front Desk		1			5	8	Y	1
Intake/Medical						12		0
Visitation						12		0
School						12		0
TOTAL- Correctional Officer Posts		1	17	9				27

Adair current staff deployment practices have 27 correctional officer posts. However, this post plan does not comply with PREA staffing ratios if housing units have over eight youth. Each housing unit has a capacity of 10 youth requiring two correctional officers during waking hours and one during sleeping hours. If waking hours start before 7:30 am or run past 8:00 pm (the duration of the 1st shift) then an additional officer is needed in each unit for a portion of the 2nd shift.

It is important to understand how juvenile detention facilities attempt to meet PREA requirements. In DJJ, a correctional officer, or other security staff is assigned to a group of youths during their shift. During waking hours, this correctional officer will monitor eight youths and will be with them in the housing units, will escort them to educational programming, and will also escort and monitor them in dining and recreational activities. Identifying the number of direct-care posts needed for these group activities is very straightforward: one for every eight youths during daylight hours and one for every 16 during sleeping hours.

However, the staffing needs of a facility become more complicated when youth need to be moved and supervised individually, separately from the group. During these occasions, a direct-care staff person must be present. For example, if a youth becomes ill and is unable to attend central dining, an additional staff person must be available to stay with the youth in the housing area. There are a wide range of needs that pull youth out of the group and results in needs for additional officers. These include visitation, transports, counselor meetings, medical visits, intake, incidents, etc. Often youth facilities have several “utility” or “rover” posts on their shift schedule established just to cover these extra needs.

Determining staffing needs in a detention facility is straightforward – apply a valid shift relief factor to a developed post plan. Assuming the current post plan in use is valid (which it likely is not), the following exhibit identifies the number of FTEs needed to adequately staff Adair using a very conservative shift relief factor of 2.85 for a 12-hour shift. The current post plan with the shift relief factor is applied is shown in the next Exhibit:

Exhibit 15: Adair Required Security Staffing – Current Post Plan and 2.85 SRF

Posts	Unit Capacity	Admin Shift	1st Shift 7:30-8:00 pm	2nd Shift 7:30p - 8:00a	Days per Week	Hours Per Shift	Relief (Y/N)	Total Posts	SRF	Total FTES Needed
Correctional Officers										
East 100	10		2	1	7	12	Y	3	2.85	8.55
East 200	10		2	1	7	12	Y	3	2.85	8.55
East 300	10		2	1	7	12	Y	3	2.85	8.55
East 400	10		2	1	7	12	Y	3	2.85	8.55
West 100	10		2	1	7	12	Y	3	2.85	8.55
West 200	10		2	1	7	12	Y	3	2.85	8.55
West 300	10		2	1	7	12	Y	3	2.85	8.55
West 400	10		2	1	7	12	Y	3	2.85	8.55
Central Control			1	1	7	12	Y	2	2.85	5.70
Float/Utility/Runner/Intake. Sergeant						12		0	2.10	0.00
Front Desk		1			5	8	Y	1	2.04	2.04
Intake/Medical						12		0	2.10	0.00
Visitation						12		0	2.10	0.00
School						12		0	2.10	0.00
TOTAL- Correctional Officer Posts		1	17	9				27		76.14

Note: Adair's post plan assumes sleeping hours begins at 8:00 pm, which allows each unit to decrease staffing to one post (1 to 16 PREA ratio)

Given this post plan, Adair would require 76.14 correctional officers.

Exhibit 16: Adair Funded vs. Estimated Correctional Officer Needs

	Funded Correctional Officers	Estimated Correctional Officers Needed	Difference
Correctional Officers	53	76	-23

With the current post plan, which is likely insufficient to meet PREA ratios, Adair is underfunded by 23 correctional officers.

The following Exhibit displays Warren’s current post plan with the 2.85 shift relief factor applied.

Exhibit 17: Warren Required Security Staffing – Current Post Plan and 2.85 SRF

Posts	Unit Capacity	Admin Shift	1st Shift 7:30-8:00 pm	2nd Shift 7:30p 8:00 a	Days per Week	Hours Per Shift	Relief (Y/N)	Total Posts	SRF	Total FTES
Correctional Officers										
HU 100	10		2	2	7	12	Y	4	2.85	11.40
HU 200	10		2	2	7	12	Y	4	2.85	11.40
HU 300	10		2	2	7	12	Y	4	2.85	11.40
HU 400	10		2	2	7	12	Y	4	2.85	11.40
Intake	3		1	1	7	12	Y	2	2.85	5.70
Rover/Utility/Float			2	1	7	12	Y	3	2.85	8.55
Central Control			1	1	7	12	Y	2	2.85	5.70
Front Desk			1	1	7	12	Y	2	2.85	5.70
TOTAL- Correctional Officer Posts		0	13	12				25		71.25

Note: Warren’s post plan assumes waking hours overlap both shifts, thus requiring two officers in each housing unit (1 to 8 PREA ratio)

Exhibit 18: Warren Funded vs. Estimated Correctional Officer Needs

	Funded Correctional Officers	Estimated Correctional Officers Needed	Difference
Correctional Officers	36	71	-35

Given the post plan provided, Warren is underfunded by 35 correctional officer positions.

The “Estimated Correctional Officers Needed” are approximations. A comprehensive staffing study would result in more defined staffing requirements.

Staffing Recommendation:

- DJJ facilities are significantly underfunded in correctional officer positions. DJJ should commission a comprehensive staffing needs analysis for its youth detention facilities. This analysis should develop a post plan that ensures compliance with PREA and also calculate an accurate shift relief factor based on actual DJJ staff time away from post for leave usage, training, and breaks.

STAFF TRAINING

Finding; DJJ’s new hire training program is ineffective and can contribute to staff retention issues.

CGL reviewed over 20 gigabytes of training documents received from DJJ in an expedited manner regarding new hire and annual training. Additionally, we observed virtual training sessions at several of the facilities visited.

New hire training is normally the first experience new correctional staff have to a detention environment and should not only train staff on the knowledge and skills they need, but also attempt to develop their commitment and loyalty toward the agency and occupation.

The following represents CGL’s training program findings/recommendations:

- **Training Content:** The content of the DJJ academy training appears consistent with national standards.
- **Comprehensive Training Curriculum:** As required by American Correctional Association (ACA) standards, there does not appear to be a comprehensive training plan developed and reviewed annually. DJJ should develop a comprehensive training curriculum.
- **Defining Training Requirements:** DJJ’s training practices for staff are found across several disparate documents and not combined into a single plan. Determining the actual training plans for staff is difficult given the information provided by DJJ. In fact, several documents are at conflict with each other. This includes:
 - DJJ Policy 505, Training Requirements, Special Staff Groups, and Specialized Task Training
 - DJJ Pre-Service Basic Training Academy, Catalog Course Descriptions
 - DJJ Professional Training Calendar, July 1, 2023 to June 30, 2024
 - Lesson Plans for each individual training module.

Example of the differences/discrepancies include: DJJ Policy 505, section IV.X.5.d indicates that for Youth Workers, “*Academy shall consist of five (5) weeks of instruction*”. We were informed by DJJ that this is the same for the recently created

“Correctional Officer” titles in DJJ. However, later in the same policy it indicates: *Youth Workers shall receive 120 hours of Academy Training during their first year of employment.* Other documentation indicates Academy Training is four weeks, with two of those weeks being virtual, and the other two weeks in-person.

- Training hours for each individual module are inconsistently identified. For example, the training hours noted in individual module lesson plans are often at odds with what is provided in the Catalog Course Descriptions and the Training Calendar. Examples include:
 - Fire Safety: The Fire Safety Lesson Plan indicates it is a 2.5 hour course, while the Course Catalog lists it as 3.5 hours.
 - Gang Training: The Gang Training Lesson Plan indicates it is a 3.0 hour course, while the Course Catalog indicates it is 4.5 hours.
 - Nearly half of all modules had course hour discrepancies between their lesson plan and other training documents.
- **PowerPoint-Heavy Training:** The method of presenting training relies primarily on the use of Microsoft PowerPoint to deliver information. In fact, we counted over 1,600 slides being presented during the new hire training. Most of the presentations appeared to have been developed by DJJ staff, but some were developed from outside sources. Presentations in this manner allow for a structured and consistent method for delivering training materials. However, overreliance on PowerPoint presentations in new hire training can have several drawbacks and may not be the most effective method for preparing detention staff for their roles. Here are some reasons why this reliance on PowerPoint presentations can be detrimental:
 - **Passive Learning:** PowerPoint presentations often encourage passive learning, where trainees simply listen to or read slides without active engagement. Correctional Officer training requires active participation, practical skills development, and critical thinking.
 - **Lack of Real-World Application:** Correctional work involves practical skills and decision-making in dynamic, often high-stress environments. PowerPoint

presentations may not adequately prepare trainees for real-world scenarios, as they often lack hands-on training and situational exercises.

- **Information Overload:** Lengthy PowerPoint presentations can lead to information overload, making it difficult for trainees to retain important information. Effective training involves breaking down complex topics into manageable chunks and reinforcing key concepts through practical application. Several DJJ training modules consisted of 120, 167, 131, and 210 PowerPoint slides.
- **Limited Interaction:** PowerPoint presentations can limit opportunities for interaction and discussion among trainees and instructors. Correctional Officers need to be able to communicate effectively and work as a team, which is better fostered through group discussions, role-playing, and scenario-based training.
- **Inadequate Preparation for High-Stress Situations:** Correctional Officers often face high-stress, potentially dangerous situations. PowerPoint presentations may not adequately prepare trainees to properly handle these scenarios, as they lack the stress and pressure of real-life training exercises.
- **Diversity of Learning Styles:** Different individuals have various learning styles, including visual, auditory, and kinesthetic. Overreliance on PowerPoint may not cater to these diverse learning styles, potentially leaving some trainees at a disadvantage.

While PowerPoint presentations can be a useful tool in training, they should be integrated into a broader, more comprehensive training program that includes hands-on training, role-playing, interactive discussions, scenario-based exercises, and practical skill development to better prepare new Correctional Officers for their challenging roles.

- **Virtual Training:** Newly hired correctional officers must sit through two weeks of virtual training. This virtual training is conducted remotely and the new staff report to the facility where they will be assigned. Interviews with facility administration identified the quality of the virtual training has led to staff resignations. Our interviews with new hires found that the virtual training impacted their readiness for

job assignment. Some training coordinators also noted substantial concerns regarding virtual training, that contributes to staff resignations before they ever can staff a post.

Our direct observations of virtual training found it was not beneficial, especially when paired with PowerPoint heavy presentations. While we did observe interaction between the presenters and the trainees, the ability to fully interact is limited due to the virtual nature of the presentation and the number of virtual sites. Virtual attendees could ask questions and get responses from the presenter. Also, our observations found trainee attention clearly dropped as the training day proceeded. Early in the day their attention levels were high, but just a few hours later, monotony and a lack of focus was setting in. Over the course of two weeks of 8-hour training days, the effectiveness of virtual training is questionable.

- **On-the-Job Training:** Detention Center Correctional Officers are required to complete two weeks of On-the-Job (OJT) training within 30 days of graduation from the Academy under the supervision of a Field Training Instructor. The OJT training appears to be designed to ensure new hire understanding and proficiency in key safety/security requirements. However, the lack of tenured staff in DJJ have resulted in inexperienced officers becoming Field Training Instructors.
- We were informed recently that DJJ has partnered with Eastern Kentucky University to review and improve their employee training practices. We support this effort and hope it will lead to improved training practices for new and existing employees.

Staff Training Recommendations:

- DJJ, through work with ECU should consider abandoning virtual training and return to in-person training.
- DJJ should ensure policies and documents defining training requirements are consistent across the organization and reflect actual practices.
- DJJ should expand training and reduce the use of PowerPoint presentations for delivering training information. Expanded hands-on training and table-top exercises should be conducted.

- DJJ should develop a comprehensive training curriculum for both new hire and annual training for all staff. This curriculum should include:
 - **New Hire Training:** A consistent comprehensive course syllabus that lists the individual course title and course length. This allows for new hires and others to quickly understand the requirements of their training. A portion of an example is shown below.

Exhibit 19: Example of a Training Course Syllabus

CORRECTIONS OFFICERS	
Course Title	Course Length
*Ethics	1.00
*Incident Command System	2.00
*Infectious Disease	1.00
*Leadership and Mentoring	0.50
*Mental Health First Aid (MHFA)	7.50
*Orientation	0.50
*Prison Rape Elimination Act (PREA)	2.50
*Professional Boundaries: Safety, Awareness and Expectations	4.00
*Sexual Harassment Awareness and Prevention	1.00
*Security Threat Group Awareness	1.00
*Suicide Prevention and Intervention	4.00
*Trauma Informed Response	4.50

- **Annual Training:** Similarly, for Annual Training DJJ should develop a syllabus that defines the course requirements for all positions. An example is provided below:

Exhibit 20: Sample Portion of In-Service Training Summary

2023 Required In-Service Training Courses	Hours	Contractors	Non-Contact /Admin	Security Staff	Medical
Fire Safety Training	1.00	X	X	X	
Supervision and Accountability	1.00			X	
Mental Health Ci/SP	1.50			X	
Naloxone Training	0.50	X	X	X	X
Personal Protective Equipment	0.50	X	X	X	X
PREA Policy	1.00	X	X	X	X
Tool Control	0.50	X	X	X	X
Trauma Informed Care	0.50	X	X	X	X
Use of Force	1.00			X	X
AMAC Combined	7.50				
AMAC Refresher	5.50		X	X	
Basic Life Support for Healthcare Professionals	5.00				X
Basic First Aid Recertification	2.25		X	X	X
Contraband/Searches/Evidence/Reentrant Property	4.00			X	
CPR/AED	2.25		X	X	X
Drug Awareness/Breathalyzer/Urinalysis/Drug Interactions	1.00			X	
Facility Access/Control Station/Count Procedures	1.00			X	
Firearms	22.00			X	
Keys, Tools, and Communication Equipment	0.50			X	
Infectious Diseases	1.00			X	X
Mental Health	3.00	X	X	X	X
Oleoresin Capsicum (OC)	2.00			X	
Offender Discipline	1.00			X	
Defensive Tactics	10.00			X	
Trauma Informed Care	4.00		X	X	X
Use of Restraints	2.00			X	
Verbal De-escalation Using Yield Theory	2.50		X	X	X

STRATEGIC DIRECTION

Finding: DJJ's Detention Division lacks a unified strategic direction. This lack of direction permeates to the detention facilities where inconsistent practices are implemented. Conflicting communication creates confusion regarding its detention mission.

Juvenile detention systems have become more complex to operate in past decades. Increased national mandates, litigation, and changing societal expectations have amplified the sophistication needed to manage a youth detention system. While the number of youth in detention have decreased in past decades, those that remain have increased mental health needs and pose risks of higher levels of violence. At the same time, society has come to understand the negative impact of managing these impressionable youth in an adult manner.

As a result, juvenile detention systems must have a robust and consistent strategic focus to ensure the safe, fair, and effective management of the youth detention population. To accomplish this a strong central office is essential for ensuring the effective operation. By providing centralized leadership, coordination, data analysis, policy development, and resource allocation a central office can ensure that youth in the system receive the care and support they need, and facilities remain safe. A strong central office can also coordinate the work of different departments in the system such as intake, security, education, and mental health services to ensure that the needs of individual youth are addressed in a comprehensive manner.

DJJ has lacked this regarding the Detention Division. Central office direction, communication, policy at best has been confusing in the past. Most of the facility staff interviewed did not have a clear understanding of the agency's strategic goals and mission. Initiatives identified appeared to have lost focus and direction over time. For example, field staff reported DJJ initially prioritized developing corrective action to the findings noted in The Center for Children's Law and Policy, September 2017 audit report. But after some initial meetings, those efforts diminished. Our review, found little if any meaningful efforts in the detention division to implement corrective action to those findings

Additionally, our findings in this report identify the lack of an evidence-based behavioral management system. We note the current “Upper/Lower” system is basic at best and facility leadership has identified the agency is planning to move to the Positive Behavioral Interventions and Supports (PBIS) system. However, this has been inconsistently implemented across facilities, with many not understanding what it entails.

Training developed by DJJ does not prepare staff to be successful within this environment with this population. Agency policies should serve as a guidebook for staff to follow in the performance of their duties. But DJJ policies are confusing and very poorly written. The act of an employee simply trying to find an appropriate policy for guidance can be very time consuming, much less the ability to understand its contents.

Even legislative requirements have not been implemented. The passage of Senate Bill 162 set specific requirements for DJJ’s Detention Division, some of which have not yet been initiated. For example, this statute requires that each facility:

“Enter into a memorandum of understanding with local law enforcement for emergency response and include those agencies in emergency response trainings. “

CGL attempted to contact local law enforcement in the localities where the juvenile detention facility is located. Of those in which contact was made, very few stated they had any interactions with their local detention facility. Most common interactions included the use of the facility’s intake process while transporting youth to the detention facility. Many stated that they had not been in meetings or trainings with detention facility staff in the last 12-24 months. Emergency responders indicated concern with responding to the detention facility and not being familiar with the physical plant layout.

Senate Bill 162 also established an “Office of Detention Division within DJJ “which shall require that all detention centers report to one (1) supervisor who reports directly to the commissioner. **CGL endorses this requirement as it provides focus to the Commonwealth’s juvenile detention system.** Since this statute was enacted, a Director of Detention was appointed, and the Detention Division was organized into two regions with facility superintendents reporting to a regional assistant director. Facility staff reported this change has significantly improved communication and that questions/requests that previously would have been left unanswered now get responded to quickly.

CGL observed this improved communication and responsiveness in the detention division, but also sees the need for continued efforts at ensuring consistency across facilities. As an example, in the November 2022 disturbance at Adair, a youth assaulted a correctional officer and got access to the facility keys the officer possessed, subsequently opening doors for other youth which amplified the incident resulting in further assaults on youth and staff. One of the corrective measures at Adair was to no longer provide keys to staff, resulting in the requirements that all doors be controlled by the master control center. Now, to access an area or housing unit, staff must either press the intercom button near the door or use their handheld radio to request master control open the door. Master control is required to review the camera feed on that doorway and verify the staff person making the request, before remotely unlocking the door. This change was appropriate and is consistent with Adair's original design intent to be a keyless facility. However, after a serious incident of this nature, one would assume DJJ would require the other youth facilities in the system also remove keys from staff. This has not happened, as we found many still operate with staff carrying keys, even though the facility design does not require it.

The remainder of this report documents findings that support the need to improve the strategic direction of the agency and implement consistent practices across facilities.

DJJ POLICIES

Finding: DJJ’s policy manual lacks clarity and consistency. Policies are exceedingly confusing and disorganized. The organization of the policy manual creates a potential for misunderstanding and may negatively impact agency performance and operations.

Why are Policies Important? Formal policies serve multiple purposes for an organization. Most importantly, they **act as a uniform guidebook for staff conduct and performance**. By delineating expected standards, policies help establish consistency across staff and better ensure compliance with expectations. But policies serve a wide variety of other purposes including:

- **Legal Compliance:** Detention system policies should be designed to ensure compliance with federal, state, and local laws, and court rulings as well as industry standards. Failing to adhere to policies can lead to legal liabilities, lawsuits, and sanctions.
- **Youth Rights:** Policies are crucial for safeguarding the rights of detained youth and should outline the rights and responsibilities of those youth.
- **Safety and Security:** Youth detention facilities must provide for the safety and security of both the detained youth and staff. Policies govern issues such as facility security, use of force, searches, and contraband control to ensure safety and prevent incidents of violence or escape.
- **Rehabilitation and Education:** Youth detention facilities emphasize rehabilitation and education to assist young offenders in successfully reintegrating into society. Policies should guide the provision of educational, vocational, and therapeutic programs aimed at reducing recidivism.
- **Staff Training and Development:** Policies should provide guidance for the training and professional development of detention staff, ensuring they are well-prepared to work with young offenders and provide appropriate care and guidance.
- **Accountability and Oversight:** Clear policies create a system of accountability, enabling oversight and internal and external reviews. This is essential for identifying

and addressing issues such as misconduct, abuse, or violations of youth rights within the system.

- **Public Trust:** Transparent and well-implemented policies help build public trust in the youth detention system. When the public sees that the system operates fairly, responsibly, and with a focus on rehabilitation, it is more likely to support and have confidence in its function.
- **Trauma-Informed Care:** Many youth detention systems are adopting trauma-informed care principles to address the specific needs of young offenders who may have experienced trauma. Policies can incorporate these principles to guide staff in providing appropriate care and support.

Because of these benefits, effective policies are critical for ensuring the quality of a youth detention system's operation.

DJJ Policy Structure: The format and structure of each DJJ policy is standardized. Each policy is broken into the following sections as noted in DJJ Policy 100.1 entitled "Promulgation and Revision of Department Policy":

- **Section I: Policy:** *"This section shall set forth the general purpose of the policy and outline the Department's general expectations."*
- **Section II: Applicability:** *"This section shall outline all applicable persons or programs."*
- **Section III: Definitions:** *"This section shall refer to the definitions chapter that defines terms that may not be generally understood by the reader of the policy."*
- **Section IV: Procedures:** *"This section shall outline general procedures that are to be followed by DJJ staff, volunteers, and contractors in implementing the policy and any requirements that apply to DJJ youth."*
- **Section V: Monitoring Mechanism:** *"This section shall outline the organizational units responsible for monitoring activities related to and any time frames required by the policy to ensure that the policy is being implemented."*

Exhibit 21: DJJ Policy Example

	JUSTICE AND PUBLIC SAFETY CABINET DEPARTMENT OF JUVENILE JUSTICE POLICY AND PROCEDURES	REFERENCES: 4-JCF-3B-10; 3C-03, 04; 4C-46 3-JTS-3C-13; 3E-01-05
	CHAPTER: Program Services	AUTHORITY: KRS 15A.0652
SUBJECT: Isolation		
POLICY NUMBER: DJJ 323		
TOTAL PAGES: 6		
EFFECTIVE DATE: 4/05/2019		
APPROVAL: Carey D. Cockerell		, COMMISSIONER

I. POLICY
 Youth who threaten the safety, security, and orderly management of the facility may be separated from the general population and placed in special isolation units to allow for individualized intervention. A youth shall not be isolated longer than necessary. Isolation shall never be used as a punishment or disciplinary sanction.

II. APPLICABILITY
 This policy shall apply to each youth development center (YDC).

III. DEFINITIONS
 Refer to Chapter 300.

IV. PROCEDURES

A. The following situations may constitute a threat to safety or security of the facility, staff, or youth and may result in an isolation placement:

1. Assault or attempted assault;
2. Sexual Assault or attempted sexual assault;
3. Attempted escape or attempted absent without leave (AWOL);
4. Escape;
5. AWOL;
6. Riot;
7. Plotting a Riot;
8. Dangerous contraband;
9. Extensive property damage; or
10. Chronic program disruption that creates an immediate threat to self or others.

B. Authorization shall be obtained from the Superintendent, Administrative Duty Officer (ADO), Treatment Director, or shift supervisor prior to placing a youth into isolation. If prior authorization cannot be obtained without jeopardizing safety and security, authorization shall be obtained

CGL Policy Review Approach: CGL assessed each DJJ agency-level policy and facility Standard Operating Procedures (SOPs). Our assessment considered the following factors:

- Is the policy manual organized in a manner that allows staff to quickly navigate, locate, and reference specific policies?
- Are the policies clear, coherent, and readable?
- Are the policies consistent with industry standards – specifically American Correctional Association (ACA) standards and the Annie E. Casey Foundation Standards (commonly known as JDAI standards)?

- Are requirements consistent across DJJ policies?
- Do policies address critical requirements of the agency?

The following summarizes our major findings and recommendations concerning DJJ's policies. Detailed policy notations can be found in the appendix.

Policy Findings: Policies are deficient in several areas.

- **Policy Clarity:** We found DJJ policies lacked clarity and did not appear to be cohesive. This creates confusion and frustration among employees attempting to understand the policies, leading to non-compliance.

Policies often lacked clarity and enough specificity of what the Department's position is on a given issue and did not allow for a clear understanding of the procedures needed to achieve compliance. Responsibilities of individuals and/or other functional units, times and locations, forms and documentation, and areas where local discretion existed, were often not clearly identified in policy language. Policy statements should be concise, yet clear and unmistakable in meaning.

Throughout this report, CGL will discuss and breakdown several poorly written policies. However, our review found a large portion of DJJ's policies to be confusingly written, especially in critical areas requiring compliance.

In their Desktop Guide²⁶, the National Institute of Corrections (NIC) discussed the importance of juvenile justice agencies developing clear, concise, policy based on data, national standards, and case law. The Desktop Guide states "*well-written policy and procedure is the core of modern correctional operations*" and is a "*necessity*" that "*informs and governs staff behavior, sets clear expectations, and confirms that the administration has performed its role.*"

The NIC's Desktop Guide provides a very thorough narrative and process for developing, categorizing, revising, and implementing policy and procedure in a detention setting. The NIC also provides a guide for Developing and Revising

²⁶ National Institute of Correction's Desktop Guide to Working with Youth in Confinement, 02-11-2015.

Detention Facility Policies and Procedures²⁷ that provides sample policy and procedure outlines as well as explanations for developing and maintaining a policy and procedure manual. That guidance need not be recreated in this report, but it is strongly recommended that the Kentucky DJJ utilize this resource as a guide to address the identified with current policy and procedure.

- **Policy Development:** The current process for developing or revising agency policy is inconsistent, ineffective, and opens the agency to liability concerns.

Policies should be developed by a well-rounded committee and never in isolation. Input should be sought and receive from subject matter experts, including staff those working in facilities who are responsible for complying with the policy. DJJ policy development and review process lacks transparency and clarity. Facility staff indicated they often are not consulted on policy changes and current practices only allowed policy revision to occur during an annual review period. Any policy change would generally have to wait until that review period, even if it is months away.

- **Annual Policy Reviews:** Policies are not being reviewed annually as required by DJJ and in compliance with national standards.

According to DJJ policy 100.1, the responsibility for the **annual** review of the DJJ Policy and Procedure Manual is assigned to the Division of Program Services or Assistant Division Director of Program Services. Many of DJJs current policies had a last review date (effective date) of 2004, a substantial number of policies had effective dates in 2019, with only a small number of policies showing an effective date in 2023.

- **Policy Organization:** DJJ's policy manual is poorly organized, making it difficult to locate agency guidance.

The DJJ policy manual is over 960 pages and its categorization of existing DJJ policies is inconsistent and illogical at best. Policies should be assigned to specific applicable categories and those categories should be easily identified and clearly expressed.

²⁷ US Department of Justice National Institute of Corrections: Developing and Revising Detention Facility Policies and Procedures; Mark D. Martin, June 1996, revised April 2002

Policy manuals should be organized in a logical manner that allows staff to quickly find applicable requirements. Policies should be assigned to specific categories that cover the overall objectives of the organization. Those categories should be easily identified and clearly expressed.

DJJ policies revealed multiple overlapping policies within various policy categories or series.

For example, the following Exhibit provides the organization of Chapter 1 of DJJ policies.

Exhibit 22: Policy Listing Sample Page from Chapter 1: Administration

Kentucky Department of Juvenile Justice

DJJPP Manual

CHAPTER 1. Administration			
Number	Title	Date	Pages
111	Use of Vehicles	05/30/18	3
112	Volunteers and Student Interns	12/01/14	4
113	Citizen Advisory Committees	12/01/14	3
114	Staff and Visitor Meals	10/26/16	2
115	E-mail and Internet Access	12/01/14	6
116	Staff Dress and Appearance	06/01/18	4
118	Insurance	12/01/14	2
119	News Media Contacts	12/01/14	3
121	Youth Access to Courts, Attorneys and Law Enforcement Officials	05/15/17	2
122	Legal Assistance for DJJ Staff	05/15/17	3
126	Construction, Expansion or Renovation of Physical Properties	02/15/04	2
126.1	Facility Physical Plant Requirements	01/18/06	2
126.2	Workstation Assignment	05/15/17	2
127	Research Projects	05/15/17	4
130	Cooperation with Community Agencies and Educational Institutions	02/15/04	2
131	Light Duty Assignment	12/01/14	2
131.1	DJJ Americans With Disabilities Amendments Act and Reasonable Accommodations Protocol	12/01/14	3
132	Privacy of Health Information	03/04/03	11
133	Ombudsman	12/01/14	2
134	Records Requests	12/01/14	7
135	Foster Care	05/15/17	2
138	DNA Sampling	05/15/17	4
140	Reporting of Special Incidents	12/01/14	2
142	Staff Involved in Special Incident Allegations	12/01/14	3
143	Confidential Information and Documentation for the SSA	06/23/17	4
144	Potential Data Breaches or PII	06/23/17	2
145	Quality Assurance Monitoring Program	05/15/17	2
147	Death of a Youth	05/15/17	4

Revised: 12/03/2014

As shown in the above Exhibit, this “Administration” chapter includes policies on “Reporting of Special Incidents,” “Death of a Youth,” “Construction, Expansion or

Renovation of Physical Properties,” “Youth Access to Courts, Attorneys, Law Enforcement Officials,” and “Staff and Visitor Meals,” all which appear to have little connection to “Administration.” This miscategorization of policies is present in every chapter.

Other examples of miscategorization of policies include:

- Chapter 9 includes disparate policies titled “Personnel Procedures,” “Juvenile Vulnerability Assessment Procedure,” “Data Collection and Review,” and “Facility Security Management.”
- Chapter 7 includes dissimilar policies titled “Individual Client Records,” “Bed Capacities and Staffing,” “Leaves,” “Inspections of Secure Juvenile Detention Facilities,” and “Instructional Staffing.”
- **Unclear Applicability:** DJJ’s policy organization creates confusion regarding which functional area of DJJ (detention, youth development centers, group homes) the policy applies.

Another factor that adds to the confusion of the existing policies is the determination of to what functions of DJJ a policy applies. DJJ not only operates detention facilities, but also developmental centers, group homes, and day treatment programs. Each policy must specify to which of these functional areas the policy applies. DJJ does not attempt to separate policies for group homes from policies specifically for detention facilities. Therefore, a reader, moving from one to the other may not understand to which function the policy applies. For example, much of the 300 series only applies to youth developmental centers and group homes. However, some of the policies in the 300 series do apply to all DJJ including detention centers. Again, this organizational structure is confusing.

We also found several key policies, such as the DJJ policies on Isolation (323), Restraints (324), and Incident Reporting (321) among many others were noted as being applicable to group homes and youth development centers. They were not noted as being applicable to detention centers.

- **Definitions Incorporated into Specific Policies:** DJJ’s practice of defining unique terms in a stand-alone policy, complicate readers ability to understand policy requirements.

Unique terms specific to DJJ must be defined for staff to understand. For example, terms such as “isolation,” “room restriction,” and “contraband” are a few of the terms that must be defined. Instead of including these definitions in the policy in which they are used (e.g. room restriction defined in a room restriction policy), DJJ combines all the definitions into a separate policy at the beginning of each section, requiring the reader to move back and forth between separate policies. Additionally, definitions must be consistent throughout each category and chapter of policy. Several policies lacked consistent definitions that affected overall understanding by an end user.

- **Flow of Policy Language:** Policy language was often found to be confusing and hard to follow making it difficult for a reader to gain a step-by-step understanding of the sequence of activities necessary to achieve compliance.
- **Inconsistencies with Standards:** Certain Policy language and procedures were found to be inconsistent and conflict with current industry standards.

For example, JDAI standard B.3 recommends: “[Telephone] Calls are available free of charge,” while DJJ 720.6 policy language, Section IV.D.2 talks about “reasonably priced telephone services” and “contracts for calling options.” Also, the JDAI Standards manual indicates the revised standards “Eliminates the use of the term “isolation” and uses a single term, “room confinement,” to describe the involuntary restriction of a youth alone in a cell, room, or other area for any reason.” However, DJJ Policy 717 references and provides guidelines for the use of “Isolation”, defined by DJJ Policy 700 as “the removal of a resident from the general population.”

- **Policies Issued after Major Practice Changes Implemented:** Staff indicated it was not uncommon for practice changes to be implemented that conflicted with existing policy. Often the policy modification would not occur for a significant period after the practice change. It is noted, the use of OC (pepper spray) was allowed in the

institution in March 2023, however during our site visits in November 2023, a policy guiding its deployment and use had not been issued.

- **Quality Assurance Policy:** The requirements outlined in this DJJ's *Quality Assurance Monitoring Program* policy are abbreviated and too broad, resulting in little definition for this important program.

The sophisticated and complicated demands placed on today's youth detention systems require a quality assurance accountability system to ensure DJJ expectations are being met across each facility. DJJ policy 145: *Quality Assurance Monitoring Program*, provides only 1½ page regarding this significant function.

Quality Assurance is also briefly outlined in the last section of each policy under Section V: Monitoring Mechanism. Per DJJ's own policy this section of each policy is intended to: "*outline the organizational units responsible for monitoring activities related to and any time frames required by the policy to ensure that the policy is being implemented.*" In some cases, the policy identifies a review period for policy compliance (annual, monthly, etc.) but in other cases no timeframe is indicated.

On-Site Follow-Up: CGL's on-site reviews allowed further assessment of the DJJ's policy development implementation and compliance monitoring process. Also, we spent considerable time evaluating the quality of local facility policies (SOPs).

Facility Policies: While somewhat better organized than DJJ policies, facility policies (SOPs) have many deficiencies.

Each detention facility should serve as a microcosm of the larger Department of Juvenile Justice. However, a review of each facility's existing SOP manual and Resident Handbook seem to indicate that each facility operates independently of each other as well as the agency.

Locally developed SOP manuals are redundant and do not follow normal processes for numbering and categorization consistent with DJJ policies. In addition to over 960 pages of DJJ Policy, a Classification Manual with 31 pages and multiple pages from the Mental Health SOP Manual and Health Care SOP Manual (96 pages), there are well over 1000 pages of DJJ policy alone for staff to read and understand.

Local procedures are then created, often with little to no variation from the DJJ policy and placed into an SOP Manual for staff to review and familiarize themselves with. In each instance, staff are expected to not only read and understand all policies and procedures but also sign training documents verifying such. A review of the SOP Manuals provided to the CGL team members reveals local procedures totaling from 323 pages at McCracken RJDC to 819 pages at Adair RJDC. On average, an additional 547 pages of SOP documents must be reviewed and learned by local facility staff, in addition to all DJJ policies.

Additionally, there is no consistency among the categorization and number for local SOPs. For example,

- The DJJ Policy for “Emergency Plans” is numbered “DJJ 424” and falls under the “Health and Safety Services” chapter.
- Fayette RJDC’s local SOP for “Emergency Plans” is numbered “JD 16.6” and is located in the “Institutional Operations” chapter.

Policy Recommendations:

- DJJ should develop a plan to reorganize and rewrite their policies. This would include prioritizing those policies that are of critical importance to the agency. DJJ should utilize the NIC guidance referenced as a resource to create a mission-driven foundation of policy and procedure for its staff, residents, and community partners to follow.
- Policies should be grouped into familiar, accessible, functional areas for staff, public, residents, etc.
- Policies should be assigned to specific categories that cover the overall objectives of the organization. Those categories should be easily identified and clearly expressed.
- Develop DJJ Policy that is applicable to all detention centers and provides the guidance needed for consistency throughout the agency.
- Department policy should explicitly state if local procedures are required or permitted and if any policy language content is allowed to be altered at the facility level.

- Remove the requirement for each facility to also create a Standard Operating Procedure (SOP) for each DJJ policy, unless there is a specific need.
- Central office approval must be granted to deviate from DJJ policy.

QUALITY ASSURANCE

Finding: DJJ lacks an effective quality assurance program that supports its mission and helps ensure compliance with its expectations.

Contemporary youth detention systems are governed by complex youth management laws and requirements. These laws/requirements are in place to ensure the safety of youth and staff, promote rehabilitation and reintegration, and reduce delinquency. These systems require a comprehensive policy/compliance unit to ensure policies are up to date, reflect DJJ expectations, are communicated to the facilities and line staff, and are audited to ensure agency expectations are being met. The main goals of a quality assurance system should be to continuously improve DJJ, foster accountability and transparency, protect vulnerable youth, and promote youths successful return/reduce delinquency. A comprehensive compliance system also contributes the safety of staff and the community, while ensuring all are held accountable across the system.

Quality Assurance should be utilized to determine the effectiveness of DJJ's compliance with its own policies through internal and external reviews. Current practices for quality assurance focus on two separate areas:

- **American Correctional Association (ACA) Compliance:** DJJ's primary focus has been on ensuring each facility remains in compliance with ACA standards. The ACA conducts accreditation reviews at detention facilities every three years. The Quality Assurance Unit visit the facilities to ensure their ACA documentation is adequate. We note all of Kentucky's youth detention facilities have maintained ACA accreditation .
- **Quality Assurance Monitoring:** DJJ through its Quality Assurance Branch has implemented unannounced quality assurance monitoring inspections that focus on maintaining compliance with its own internal policies. Annual internal compliance inspections are being conducted, but the agency expects to move to quarterly inspections.

These two compliance processes are distinct. Maintaining compliance with ACA standards every three years is commendable, and helps the agency demonstrate its compliance with national best practices. But detention agencies cannot depend on ACA compliance alone. DJJ has created detailed policies that guide its actions, irrespective of ACA standards. To ensure

these internal policies are being complied with, agencies must establish a comprehensive internal compliance system.

The reports DJJ's quality assurance monitoring obtained copies of the Compliance Division, Quality Assurance Branch, "Observation Report for Detention" for both Warren and Adair.

The following summarizes findings from those reports:

- Each report indicates the inspection was an unannounced visit and provides an overview of areas visited.
- The report to serve as a standardized guide for conducting the inspection, providing checkboxes for compliance. These checkboxes are broken into different areas of the facility:
 - General Population Areas
 - Pods/Units/Control Center
 - Youth Placement
 - Record Storage/Personal Property Storage
 - Medical Area
 - Kitchen and Dining Areas
 - Maintenance

The Warren and Adair report left many of these boxes unchecked, without any clear indication of whether this was due to noncompliance.

Exhibit 23: Page from Adair 2023 Unannounced Inspection

- 800B @2:58pm
- 801A @2:58pm
- Laundry Room door propped open all day

Laundry Room:
Tide pods not secured, sitting out on top of washer, no inventory or SDS sheet. (The laundry door open, no staff present)

Gym:
Recreation inventory and sign-out log not completed since April.

Classrooms:
No staff available. Mr. Rakes reported they are on summer break until the end of July.

Pods/Units/Control Center

- Telephones programmed to IIB or accessible to youth to report allegations of abuse (hotline number posted)
- Windows of control center have unobstructed view
- Control center Door secured Review Control center logs Fire extinguisher
- Recreation schedules posted and up to date
- Recreation equipment inventory with usage logs, stored properly to include personal entertainments systems, CDs/Movies
- Restrooms and showers (clean, in working order, hot and cold water)
- Youth Rooms clean, toilets/sinks in working order
- Observe location and security of mechanical restraints (including total inventory, monthly inventory and log)
- Review Unit logs for: showers phone calls education meals recreation
- Perpetual inventory/log/SDS for hazardous materials (items not in use properly stored)
- Total and daily inventories /log for tools and sharps (items not in use properly stored)
- Sick Call Sign-up list

Notes:

Service Logs:
Service logs were inconsistent throughout the facility. Time and initials were not used in the blanks on the forms, instead either a check mark or a time but nothing to note who made the notation. Logs throughout the units did not show the same services for all the youth in the unit. The following are a sample of service logs reviewed through-out the day. (A blank copy of a service log for reference is attached)

Service logs noted that only had the following services were provided:

W101: 6/21= Breakfast, Large muscle, shower

W102: 6/19=Breakfast, lunch, supper, health check
6/20=Breakfast, lunch, large muscle, shower
6/21=Breakfast, lunch, supper, evening snack, shower
6/22=Breakfast, shower

W105: 6/19=Lunch
6/20= Breakfast, lunch
6/21=Breakfast, lunch, supper, evening snack, large muscle, shower
6/22= Breakfast, large muscle, shower

Observation Report –Adair YDC/RJDC 07-06-2023

Also, a significant portion of the compliance report is reserved for youth and staff interviews. For example, at Warren RJDC, the Unannounced Quality Assurance Observation Report was 13 ½ pages long. Six of those pages were dedicated to comments made by youth and staff. While we believe these interviews are imperative to gaining a full picture of facility operations, the Quality Assurance teams practice of

simply listing the complaints, with no follow-up or validation provides no benefit to the facility or the agency.

Exhibit 24: Page from Warren August 2023 Unannounced Inspection

Other Comments:

- 1 youth stated he wished there were shower curtains in the shower.
- 1 youth stated there is mold in the shower.
- 1 youth stated the showers are dirty and the shower curtains are dirty.
- 1 youth stated that the cleaner does not get the showers clean.
- 1 youth stated they only go to school 2 days a week for 3 hours.
- 1 youth stated he was confused on why he was moved here.
- 1 youth stated they make you mop your room with dirty mops.
- 1 youth stated they do not do any type of counseling or groups.
- 1 youth stated they sometimes have to wait several hours after recreation to get showers.
- 1 youth stated there is mold in the shower (green stuff on wall) and bugs with wings in the shower.
- 1 youth stated he received a molded orange for snack last week.
- 1 youth stated he has requested a prayer mat but has not received it.
- 2 youth stated that staff resprayed a youth in the face after he was cuffed.
- 1 youth stated that he saw a youth threatened to be sprayed when he said he was suicidal.
- 1 youth stated that he talked to a visitor that came in the unit and was given isolation for talking without permission by Ms. Winslow.
- 1 youth stated that certain staff regularly threaten youth with OC spray.
- 1 youth stated he saw staff laugh at a youth who was saying they were suicidal and then staff said he wouldn't do it.
- 1 youth stated he received zoom calls at Fayette but not here.
- 1 youth stated that this is not a good environment for anyone here, not therapeutic, and there is nothing here to help his anger issues.
- 1 youth stated they get threatened with OC spray a lot.
- 1 youth stated there is no television here so we do not know what is going on in the world.
- 1 youth stated they do not get to go to the library and they don't bring any good books to the unit.
- 1 youth stated they only get to come out of their rooms for recreation, showers and sometimes leisure recreation. And they just started going to the dining room.
- 1 youth stated that last week there was not a staff on his unit for 6 hours.

Staff Interviews

Number of Direct Care Staff interviewed: 3
(Interview three to five)

Summary:

- 1 staff stated that the safety and security policies and procedures are too excessive. Stated you should not have to have two staff to move 1 or 2 youth.
- 1 staff stated that the facility could be cleaner.
- 1 staff stated the food was ok.
- 1 staff stated that the youth do not go to the classroom, the teacher comes in when the youth are secured and gives them a packet then leaves.
- 1 staff stated they just started going to the classrooms two days a week.
- 1 staff stated they do not receive support and guidance from their supervisor.
- 1 staff stated there are issues with low morale.

Observation Report –Warren RJDC 8-18-2023

An effective compliance process is not simply about checking boxes. It should be a dynamic and ongoing process that identifies areas for improvement and drives continuous

improvement within the correctional system. An inspection that benefits the agency must also look at “WHY” an area is noncompliant and “HOW” can compliance be reached, whether that be through additional training, policy revision, procedure revision, physical plant issues addressed, etc. Auditors must also assess whether the area of non-compliance is an isolated issue, or a systemic problem across facilities.

Additionally, inspections should also identify areas of excellence where facilities have implemented new or innovative practices that improve their performance. These should be shared across the agency to allow for agency-wide improvement.

CGL interviewed DJJ’s Quality Assurance Branch staff members. Specific comments concerns expressed included:

- There is limited agency support for the quality assurance process. Because of this it is felt that facilities aren’t motivated to achieve and maintenance compliance.
- The QA staff noted that there is a need to establish a local, facility-based Quality Assurance staff member at each DJJ facility to assist with policy review and distribution, internal and external review processes, as well as preparation for ACA audits. Currently, the facility Administrative Specialist II typically manages ACA file duties but that is not always consistent depending on staffing levels.
- Current job performance evaluations for facility administrative and supervisory staff do not include measurable objectives related to compliance with policy and procedure.
- The DJJ Academy does not provide any training to DJJ staff for familiarization with the QA process or the importance of compliance.
- The work of determining compliance is often siloed in DJJ. While the Mental Health and Medical Units have their own processes for conducting facility reviews, they utilize their own subject matter experts and do not always work in conjunction with the QA unit. Often the information from the site visits is not shared. Corrective measures taken by facilities in response to QA inspections are shared with the Executive Director but do not always receive a follow-up review by the QA unit. It was noted that quarterly unannounced facility inspections are planned for the near future.

- Staffing levels in the Quality Assurance unit have improved and now includes seven Justice Program Administrators and one Branch Manager. Four additional positions have been requested.

Quality Assurance Recommendations:

- Create an external review process that focuses on operational and programmatic needs to ensure compliance and promote continuous improvement.
- Proactively identify areas of concern or improvement that compliance reviews must focus on and create review instruments to be utilized by the QA Unit and Central Office staff as well as the local facility on an established frequency.
- Revise DJJ policy 145 Quality Assurance Monitoring Program to include an internal (facility level) and external (central office level) review process.
- All facility administrators should have compliance with policy and procedure as part of their personnel objectives.
- Establish a training curriculum for all staff to participate upon hire and annually thereafter. The quality Assurance training curriculum should include, at a minimum:
 - Recognition of the QA Branch and its job duties
 - Development and review of DJJ policy and procedures
 - Making recommendations for policy change
 - What to expect during QA site visits
 - The importance of compliance with nationally recognized best practices
 - PREA Guidelines
- Align facility compliance reviews for mental health, medical, and quality assurance to allow for one comprehensive facility review and to foster communication among the units for policy development and training purposes.
- Review the need for establishing and filling a new position in each DJJ detention facility to assist with policy implementation and reviews, SOP manual updates, internal and external review processes, and ACA file preparation.

- Review the need for establishing additional job positions in the Policy Development Branch – given the amount of policy language in need of review and revision and to expedite the process to ensure compliance, additional staffing may be needed to fulfill these job duties.

DJJ'S YOUTH INFORMATION MANAGEMENT SYSTEM.

DJJ uses a youth information management system entitled "Detention Booking System." This system is several decades old and was established primarily to serve as a permanent record for youth that enter DJJ facilities. It includes screens and fields for:

- Youth Demographics
- Intake processing/booking
- Release Information
- Counselor Log
- Unit Log
- Progress Notes
- Vulnerability assessments
- Massachusetts Youth Screening Instrument Assessment (MAYSI)

The system lacks modules for key areas such as medical, visitation, count, incidents, investigations, grievances, or room confinement. Additionally, it does not provide trend information or other key metrics that DJJ needs to monitor their overall performance and the performance of each facility. It cannot track youth movement between facilities or develop custom reports. As a result, compiling key metric trends is a labor intensive manual task for DJJ staff.

DJJ understands these limitations and has begun working with outside providers to improve their data systems.

Information Management System Recommendation:

- DJJ continue its efforts to improve its information systems so that they can better assist the agency in monitoring and reporting its performance.

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APPENDIX A: Medical/Mental Health Patient List

PATIENT ID	PATIENT NAME	YEAR	Primary Reviewer	Count
96	[REDACTED]	2022	EF	1
100	[REDACTED]	2022	SB	2
39	[REDACTED]	2021 & 2022	EF	3
106	[REDACTED]	2021	EF	4
53	[REDACTED]	2022	EF	5
66	[REDACTED]	2022	EF	6
12	[REDACTED]	2021	SB	7
10	[REDACTED]	2022	SB	8
144	[REDACTED]	2022	SB	9
44A	[REDACTED]	2022	EF	10
56	[REDACTED]	2022	EF	11
17	[REDACTED]	2021 & 2022	SB	12
123	[REDACTED]	2021	SB	13
156	[REDACTED]	2022	EF	14
11A	[REDACTED]	2022	SB	15
174	[REDACTED]	2022	SB	16
1A	[REDACTED]	2021 & 2022	SB	17
159	[REDACTED]	2021	EF	18
148	[REDACTED]	2022	EF	19
41	[REDACTED]	2021	EF	20
52	[REDACTED]	2021	EF	21
90	[REDACTED]	2022	EF	22
Subtotal				
120	[REDACTED]	2021	SB	23
150	[REDACTED]	2022	SB	24
139	[REDACTED]	2021	SB	25
1B	[REDACTED]	2022	EF	26
163	[REDACTED]	2022	SB	27
129A	[REDACTED]	2022	SB	28
121	[REDACTED]	2022	SB	29
80	[REDACTED]	2022	EF	30
71A	[REDACTED]	2021	SB	31
167	[REDACTED]	2022	SB	32
147	[REDACTED]	2022	EF	33
85	[REDACTED]	2022	EF	34



APPENDIX A: MEDICAL/MENTAL HEALTH PATIENT LIST

62	[REDACTED]	2021	EF	35
[REDACTED]				
199	[REDACTED]	2022	SB	36
140	[REDACTED]	2022	EF	37
107	[REDACTED]	2022	SB	38
92	[REDACTED]	2022	SB	39
71	[REDACTED]	2022	EF	40



APPENDIX B: Individual Patient Records Reviews – Physical Health Care

Patient #96

Age: XX-year-old male²⁸

Facility: Campbell

Year: 2022

Routine Care:

Patient #96 was housed at the Campbell facility from October to December 2022. His medical record included documentation of all intake exams, forms, and screenings. His vital signs were routinely checked. An immunization record was not included in the chart.

Quality of Routine Care: Meets Standard of Care

Episodic Care: N/A

Chronic Care:

The patient did not report a history of asthma at intake but later shared that he occasionally uses a rescue inhaler. The provider prescribed an albuterol inhaler to take as needed.

Quality of Chronic Care: Meets Standard of Care

Overall Rating: Meets Standard of Care

²⁸ Age redacted for all youth



APPENDIX B: INDIVIDUAL PATIENT RECORDS REVIEWS – PHYSICAL HEALTH CARE

Patient #100

Age: XX-year-old male

Facility: Campbell

Year: 2022

Routine Care:

Patient #100 completed an intake assessment, physical exam, communicable disease testing, vision screening, and a dental exam. The youth was also provided education on health and hygiene topics and information regarding the process of accessing medical care.

Quality of Routine Care: Meets the Standard of Care

Episodic Care: N/A

Chronic Care: N/A

Overall Rating: Meets the Standard of Care

Patient #39

Age: XX-year-old male

Facility: Jefferson

Year: 2021 and 2022

Routine Care:

Patient #39 was admitted to the Jefferson facility in June 2021 and was discharged in October 2021. Although the nurse's progress note log indicates that the patient had a physical exam by the advanced practice registered nurse (APRN), a copy of this report was not included in the provided records.

Quality of Routine Care: Unable to assess due to incomplete records

Episodic Care:

The patient was evaluated for hand pain after an altercation. An x-ray was negative for a fracture, and the patient received the appropriate treatment of an ice pack and ibuprofen.



Quality of Episodic Care: Meets Standard of Care

Chronic Care: N/A

Overall Rating: Meets Standard of Care

Patient #106

Age: XX-year-old male

Facility: Jefferson and Boyd

Year: 2021

Routine Care:

Patient #106 entered the system in July 2021. He completed an intake assessment, physical exam, communicable disease testing, vision screening, and a dental exam.

Quality of Routine Care: Meets Standard of Care

Episodic Care:

The patient's impacted cerumen and upper respiratory complaints were addressed appropriately.

Quality of Episodic Care: Meets Standard of Care

Chronic Care:

The patient suffered a gunshot wound to his head in 2020. As a result, he developed absence seizures and left hemiparesis. He was prescribed Keppra and referred to neurology for the seizures. He saw a physical therapist in March 2022 for hemiparesis and was issued a home exercise program.

Quality of Chronic Care: Meets Standard of Care

Patient #53



APPENDIX B: INDIVIDUAL PATIENT RECORDS REVIEWS – PHYSICAL HEALTH CARE

Age: Not noted in the record

Facility: Boyd

Year: 2023

Routine Care:

Patient #53 was housed at the Boyd facility. His medical record included documentation of all intake exams, forms, and screenings. His vital signs were routinely checked. An immunization record was included in the chart.

Quality of Routine Care: Meets Standard of Care

Episodic Care:

Before the patient arrived at the facility in late January 2023, he was brought to the local emergency department for clearance because he had used methamphetamine within the past 24 hours. The facility's protocol for methamphetamine withdrawal is unclear. The patient's blood pressure was slightly elevated upon arrival, and he complained of a headache a few days later. Otherwise, his condition remained stable. The nurse's note on March 27, 2023, states "performed a post-restraint assessment on the resident." The patient was noted to have abrasions on his knuckles from punching an object.

Quality of Episodic Care: Meets Standard of Care

Chronic Care: N/A

Overall Rating: Meets Standard of Care



Patient #66

Age: Not noted in the record

Facility: Boyd and Fayette

Year: 2021, 2022, and 2023

Routine Care:

Patient #66 was in and out of detention facilities since 2018. His record reflects documentation of all necessary exams and testing at each admission. His immunization record was included in his chart.

Quality of Routine Care: Meets Standard of Care

Episodic Care:

At his admission to the Boyd facility in August 2022, the patient arrived intoxicated. He had already been cleared for admission by the local emergency department. His vitals were stable at intake, but it is unclear if the facility has any alcohol detoxification protocols. The patient was seen for allergies and was prescribed cetirizine. The patient was seen after injuring his finger while playing basketball. His care was appropriate.

Quality of Episodic Care: Meets Standard of Care

Chronic Care: N/A

Overall Rating: Meets Standard of Care



Patient #12

Age: XX-year-old male

Facility: Fayette, Jefferson, Boyd, Warren, Adair

Year: 2021

Routine Care:

Patient #12 completed an intake assessment, physical exam, communicable disease testing, vision screening, and a dental exam. The youth was also provided education on health and hygiene topics and information regarding the process of accessing medical care.

Quality of Routine Care: Meets Standard of Care

Opportunities for Improvement: Vaccination records indicated that Patient #12 was not up-to-date for meningococcus vaccine. There was no documentation of provision or refusal of this vaccine.

Episodic Care:

Patient #12 required sick call care on three occasions. These visit summaries are listed below:

4/29/21: Patient #12 received appropriate examination and treatment for an acute on chronic right shoulder injury.

8/9/22: Patient #12 received appropriate empiric sexually transmitted infections (STIs) treatment given reported history of penile discharge and a high risk sexual encounter. He declined other screening labs.

2/1/22: Patient #12 was noted to have a positive Covid screening test. He was asymptomatic and appears to have been placed in quarantine.

Quality of Episodic Care: Meets Standard of Care

Chronic Care:

Patient #12 had no significant chronic care needs. He was provided with loratadine for treatment of seasonal allergic rhinitis.

Quality of Chronic Care: Meets Standard of Care

Overall Rating: Meets Standard of Care



APPENDIX B: INDIVIDUAL PATIENT RECORDS REVIEWS – PHYSICAL HEALTH CARE

Patient #10

Age: XX-year-old male

Facility: Adair and Boyd

Year: 2022

Routine Care:

Patient #10 completed an intake assessment, physical exam, communicable disease testing, vision screening, and a dental exam. The youth was also provided education on health and hygiene topics and information regarding the process of accessing medical care.

Quality of Routine Care: Meets Standard of Care

Opportunities for Improvement: At intake the youth was noted to have weighed 275 pounds with a body mass index (BMI) of 41 indicating severe obesity. There was no documentation acknowledging obesity or targeted screening or interventions for obesity. He may have benefited from targeted behavioral interventions and/or pharmacologic therapy for weight loss. There was no screening for metabolic disorders (abnormal lipids, steatotic liver disease, and myotonic dystrophy type 2), obstructive sleep apnea (OSA), or for a referral for the polysomnography (PSG) if positive.

Episodic Care: N/A

Chronic Care: N/A

Overall Rating: Meets Standard of Care

Patient #144

Age: XX-year-old male

Facility: Adair and Boyd

Year: 2022

Routine Care:

Patient #144 completed an intake assessment, physical exam, communicable disease testing, vision screening, and a dental exam. The youth was also provided education on health and hygiene topics and information regarding the process of accessing medical care.

Quality of Routine Care: Meets Standard of Care

Episodic Care:

Patient #144 received sick call care on two separate occasions. A summary of these encounters is listed below:



APPENDIX B: INDIVIDUAL PATIENT RECORDS REVIEWS – PHYSICAL HEALTH CARE

11/18/20: Patient #144 was evaluated for a minor head trauma. He received an appropriate evaluation and supportive care.

10/28/20: Patient #144 was evaluated for an irritant dermatitis. He received appropriate treatment with low-potency topical steroid cream and Eucerin.

Quality of Episodic Care: Meets Standard of Care

Chronic Care: N/A

Overall Rating: Meets Standard of Care

Patient #44A

Age: XX-year-old male

Facility: Boyd, Adair, and Breathitt

Year: 2022 and 2023

Routine Care:

Patient #44A was housed at the Boyd, Adair, and Breathitt facilities during 2022 and 2023. The staff completed all required intake testing, education, and evaluations. His vitals were checked monthly. The patient received dental care for the extensive decay of all his teeth. Immunization records were not included in the chart.

Quality of Routine Care: Meets Standard of Care

Episodic Care: N/A

Chronic Care: N/A

Overall Rating: Meets Standard of Care



Patient #56

Age: Not noted in the record

Facility: Adair and Boyd

Year: 2022

Routine Care:

Patient #56 was admitted to the Adair facility in August 2022 and transferred to the Boyd facility in September 2022. He was released from custody at the end of October 2022. His medical record included documentation that an intake workup and routine care were provided. An immunization record was not included in the chart.

Quality of Routine Care: Meets Standard of Care

Episodic Care: N/A

Chronic Care: N/A

Overall Rating: Meets Standard of Care

Patient #17

Age: **XX**-year-old male

Facility: Adair and Jefferson

Year: 2021 and 2022

Routine Care:

Patient #17 completed an intake assessment, physical exam, communicable disease testing, vision screening, and a dental exam. The youth was also provided education on health and hygiene topics and information regarding the process of accessing medical care. Patient #17 reported a past medical history of asthma, though without any exacerbations in over two years. His peak flow screening on admission was normal. Patient #17 also received appropriate screening for metabolic abnormalities (comprehensive metabolic panel, lipid profile) due to treatment with atypical antipsychotic medication on 10/22/21.

Quality of Routine Care: Meets Standard of Care



APPENDIX B: INDIVIDUAL PATIENT RECORDS REVIEWS – PHYSICAL HEALTH CARE

Episodic Care:

Patient #17 received episodic care on one occasion. A summary of this visit is listed below:
7/24/21: Patient #17 was treated for an elbow injury which occurred while playing basketball. He was treated with ibuprofen and an ice pack. A follow-up visit was provided on 7/26/21 to assure improvement in symptoms.

Quality of Episodic Care: Meets Standard of Care

Chronic Care: N/A

Overall Rating: Meets Standard of Care

Patient #123

Age: XX-year-old male

Facility: Jefferson and Warren

Year: 2021

Routine Care:

Patient #123 completed an intake assessment, physical exam, communicable disease testing, vision screening, and a dental exam. The youth was also provided education on health and hygiene topics and information regarding the process of accessing medical care.

Quality of Routine Care: Meets Standard of Care

Episodic Care: N/A

Chronic Care: N/A

Overall Rating: Meets Standard of Care



Patient #156

Age: XX-year-old male

Facility: Adair, Jefferson, and Boyd

Year: 2022

Routine Care:

Patient #156 was housed at the Adair, Jefferson, and Boyd facilities from the period between August 2022 and December 2022. He completed the intake exams and screening tests except for his dental exam which was postponed after a security issue at the facility. It was not completed before the patient's release in December 2022. The nurse's progress notes indicate that a physical exam was performed at intake, but that report is not included in the record.

Quality of Routine Care: Unable to assess due to incomplete records

Episodic Care:

The patient was seen after hitting his chest on the side of his bed. Appropriate care was provided. He was also seen after an altercation in October 2022. There is a reference to this in the nurse's progress note, but no injury report is provided in the record.

Quality of Episodic Care: Meets Standard of Care

Chronic Care: N/A

Overall Rating: Meets Standard of Care



APPENDIX B: INDIVIDUAL PATIENT RECORDS REVIEWS – PHYSICAL HEALTH CARE

Patient #11A

Age: XX-year-old male
Facility: Jefferson and Adair
Year: 2022

Routine Care:

Patient #11A completed an intake assessment, physical exam, communicable disease testing, vision screening, and a dental exam. The youth was also provided education on health and hygiene topics and information regarding the process of accessing medical care. The patient had a positive chlamydia screen on 1/6/20 and received prompt treatment on 1/8/20 with azithromycin.

Quality of Routine Care: Meets Standard of Care

Episodic Care: N/A

Chronic Care: N/A

Overall Rating: Meets Standard of Care

Patient #174

Age: XX-year-old male
Units: Jefferson, Adair, McCracken, Warren, and Fayette
Year: 2022

Routine Care:

Patient #174 completed an intake assessment, physical exam, communicable disease testing, vision screening, and a dental exam. The youth was also provided education on health and hygiene topics and information regarding the process of accessing medical care.

Quality of Routine Care: Meets Standard of Care

Episodic Care: N/A

Chronic Care: N/A

Overall Rating: Meets Standard of Care



Patient #1A

Age: XX-year-old male

Facility: Adair

Year: 2021 and 2022

Routine Care:

Patient #1A completed an intake assessment, physical exam, communicable disease testing, vision screening, and a dental exam. The youth was also provided education on health and hygiene topics and information regarding the process of accessing medical care.

Quality of Routine Care: Meets Standard of Care

Episodic Care:

Patient #1A received episodic sick call treatment on three occasions. The care provided appeared to be timely and appropriate. A summary of the encounters is found below:

9/23/21: Patient presented with mild sore throat. He had a normal examination and negative Covid screen. He received supportive care.

10/25/21: Patient presented with sore throat and was diagnosed with tonsillitis. He received Solumedrol, Ibuprofen, and Augmentin along with supportive care instructions and counseling.

11/7/2021: Patient sent to the emergency room for evaluation of a wrist sprain. He underwent an x-ray and received appropriate supportive treatment. The medical director and nurse reviewed the case upon return.

Quality of Episodic Care: Meets Standard of Care

Chronic Care: N/A

Overall Rating: Meets Standard of Care



Patient #159

Age: XX-year-old male

Facility: Warren

Year: 2021 and 2022

Routine Care:

Patient #159 was housed in the Warren facility at the end of 2021 and the majority of 2022. Documentation of health education and consent for treatment were included in the record. He was screened for communicable diseases, received dental exams, and had monthly vital sign checks. However, there is no documentation of a physical exam in the record.

Quality of Routine Care: Unable to assess due to incomplete records

Episodic Care:

The patient was seen for pain in the 4th and 5th metacarpals after punching his mirror. The assessment and treatment were appropriate.

Quality of Episodic Care: Meets Standard of Care

Chronic Care: N/A

Overall Rating: Unable to assess due to incomplete records



APPENDIX B: INDIVIDUAL PATIENT RECORDS REVIEWS – PHYSICAL HEALTH CARE

Patient #148

Age: Not noted in the record

Facility: Fayette

Year: 2021 and 2022

Routine Care:

Patient #148 had brief admissions to the Fayette facility in March 2021, April 2021, June 2021, and October 2022. His medical record included documentation of all intake exams, forms, and screenings. His vital signs were routinely checked. An immunization record was not included in the chart.

Quality of Routine Care: Meets Standard of Care

Episodic Care: N/A

Chronic Care: N/A

Overall Rating: Meets Standard of Care

Patient #41

Age: XX-year-old male

Facility: Breathitt

Year: 2021

Routine Care:

Patient #41 entered the Breathitt facility in late September 2021. The staff completed all required intake testing, education, and evaluations. His vitals were checked monthly. Immunization records were not included in the chart.

Quality of Routine Care: Meets Standard of Care

Episodic Care:

The patient received appropriate medical care for sick call complaints such as nausea, back soreness, and common warts on his hands.

Quality of Episodic Care: Meets Standard of Care

Chronic Care: N/A

Overall Rating: Meets Standard of Care

Patient #52

Age: XX-year-old male

Facility: Breathitt

Year: 2021 and 2022

Routine Care:

Patient #52 entered the Breathitt facility in May 2021. He had several more admissions that year and in 2022. Intake exams, education, and communicable disease testing were well-documented. A 2017 immunization record was included in the chart. He was not up-to-date on his vaccines at the time of that report. He tested positive for chlamydia in July 2022 and was treated with azithromycin.

Quality of Routine Care: Meets Standard of Care

Episodic Care:

This patient had many sick call requests for various complaints such as nausea, ear pain, Covid-related symptoms, and knee pain. Before one of his admissions in 2021, he had sutures and staples placed by the emergency department after an injury involving glass. The nurse performed routine checks of these wounds to confirm healing both before and after the sutures and staples were removed. Upon another admission in 2021, the patient reported recent methamphetamine use, and his vitals were checked every two hours that first day.



Quality of Episodic Care: Meets Standard of Care

Chronic Care:

The patient had no known chronic care illnesses. There was an order dated August 2022 for the patient to start metformin, but he was discharged the following day. This appears to have been ordered by the psychiatrist for anti-psychotic weight gain.

Quality of Chronic Care: Meets Standard of Care

Overall Rating: Meets Standard of Care

Patient #90

Age: Not noted in the record

Facility: Breathitt

Year: 2022

Routine Care:

Patient #90 was housed at the Breathitt facility for less than 30 days. His medical record included documentation of all required intake exams, consents, and education. The record also included progress notes from the facility’s nurse indicating he had routine medical checks.

Quality of Routine Care: Meets Standard of Care

Episodic Care

His only sick call request was for acne. No treatment was prescribed as the patient only had a few bumps near his hairline.

Quality of Episodic Care: Meets Standard of Care



Chronic Care: N/A

Overall Rating: Meets Standard of Care

Patient #120

Age: XX-year-old male

Facility: Jefferson and Boyd

Year: 2021

Routine Care:

Patient #120 completed an intake assessment, physical exam, communicable disease testing, vision screening, and a dental exam. The youth was also provided education on health and hygiene topics and information regarding the process of accessing medical care.

Quality of Routine Care: Meets Standard of Care

Episodic Care: N/A

Chronic Care: N/A

Overall Rating: Meets Standard of Care

Patient #150

Age: XX-year-old male

Facility: Jefferson and Adair

Year: 2022

Routine Care:

Patient #150 completed an intake assessment, physical exam, communicable disease testing, vision screening, and a dental exam. The youth was also provided education on health and hygiene topics and information regarding the process of accessing medical care.

Quality of Routine Care: Meets Standard of Care

Opportunities for Improvement: Patient #150 was noted to have morbid obesity; however, this problem was not adequately addressed. This patient may have benefitted from targeted non-pharmacologic and/or pharmacologic interventions. Screening labs for

APPENDIX B: INDIVIDUAL PATIENT RECORDS REVIEWS – PHYSICAL HEALTH CARE

metabolic disorders (lipids, liver profile, glucose) and screening questionnaire for OSA would have been appropriate.

Episodic Care:

Patient #150 received sick call care on two occasions. A summary of these encounters is described below:

4/5/22: Patient #150 was treated for allergic rhinitis with Zyrtec.

4/7/22: Patient #150 was referred to an outside facility for evaluation of chest pain. No emergent conditions were identified. No follow-up care was deemed necessary.

Quality of Episodic Care: Meets Standard of Care

Chronic Care: N/A

Overall Rating: Meets Standard of Care

Patient #139

Age: XX-year-old male

Facility: McCracken

Year: 2021

Routine Care:

Patient #139 completed an intake assessment, physical exam, communicable disease testing, vision screening, and a dental exam. The youth was also provided education on health and hygiene topics and information regarding the process of accessing medical care.

Quality of Routine Care: Meets Standard of Care

Opportunities for Improvement: Patient #139 was noted to have morbid obesity; however, this was not adequately addressed. This patient may have benefitted from targeted non-pharmacologic and/or pharmacologic interventions. A screening for metabolic disorders (lipids, liver profile, glucose) and a screening questionnaire for OSA would have been appropriate.

Episodic Care: N/A

Chronic Care: N/A

Overall Rating: Meets Standard of Care



Patient #1B

Age: XX-year-old male

Facility: Jefferson

Year: 2022

Routine Care:

Patient #1B had three separate short admissions between August and October 2022. All intake procedures were followed, and the patient had routine vital sign checks during his admission.

Quality of Routine Care: Meets Standard of Care

Episodic Care: N/A

Chronic Care:

At intake the patient reported a history of celiac disease and anemia. The patient did not have a chronic care visit or labs to address these conditions, likely due to his short admissions.

Quality of Chronic Care: Unable to assess due to incomplete records

Overall Rating: Unable to assess due to insufficient healthcare encounters to determine adequacy



Patient #163

Age: XX-year-old male
Facility: Adair and Warren
Year: 2022

Routine Care:

Patient #163 completed an intake assessment, physical exam, communicable disease testing, vision screening, and a dental exam. The youth was also provided education on health and hygiene topics and information regarding the process of accessing medical care.

Quality of Routine Care: Meets Standard of Care

Episodic Care: N/A

Chronic Care: N/A

Overall Rating: Meets Standard of Care

Patient #129A

Age: XX-year-old female
Facility: McCracken
Year: 2022

Routine Care:

Patient #129A completed an intake assessment, physical exam, communicable disease testing, vision screening, and a dental exam. The youth was also provided education on health and hygiene topics and information regarding the process of accessing medical care. Immunization records were noted to be up-to-date with the exception of meningococcus.

Quality of Routine Care: Meets Standard of Care

Opportunities for Improvement: Patient #129A was not provided with a second meningococcal vaccination in accordance with guideline recommendations.

Episodic Care: N/A

Chronic Care: N/A

Overall Rating: Meets Standard of Care



Patient #121

Age: XX-year-old male
Facility: Breathitt and Fayette
Year: 2022

Routine Care:

Patient #121 completed an intake assessment, physical exam, communicable disease testing, vision screening, and a dental exam. The youth was also provided education on health and hygiene topics and information regarding the process of accessing medical care. Immunization records noted to be up-to-date.

Quality of Routine Care: Meets Standard of Care

Episodic Care:

Patient #121 received sick call care on two occasions. A summary of these encounters is provided below:

4/28/22: He was evaluated for minor trauma after an altercation. No significant injuries were identified, and he was offered appropriate supportive care.

6/6/22: He was treated for tinea pedis with clotrimazole ointment.

Quality of Episodic Care: Meets Standard of Care

Chronic Care: N/A

Overall Rating: Meets Standard of Care

Patient #80

Age: XX-year-old male
Facility: McCracken and Breathitt
Year: 2022

Routine Care:

Patient #80 arrived at the McCracken facility in May 2022. His intake process was completed except for the provider exam which was conducted by the APRN three months later because a medical provider was not available on site prior to this. Despite this, there were no apparent negative effects on his care. He was evaluated by the

APPENDIX B: INDIVIDUAL PATIENT RECORDS REVIEWS – PHYSICAL HEALTH CARE

psychiatrist shortly after arrival at the facility. In September 2022, he was transferred to the Breathitt facility. An immunization record was included in his medical record.

Quality of Routine Care: Meets Standard of Care

Episodic Care:

The patient was seen for sick call complaints of diarrhea, jaw pain, rash on feet, and headache. The treatment was suitable for his complaints.

Quality of Episodic Care: Meets Standard of Care

Chronic Care:

The patient was started on metformin by the psychiatrist for antipsychotic weight gain. His lab results as of September 2022 were Hemoglobin A1C 5.5% and TSH 6.680. There was no free T4 measured. The patient was started on levothyroxine at an appropriate dose for his weight, and the metformin dose was increased. He was released in November 2022 before his follow-up labs were completed.

Quality of Chronic Care: Meets Standard of Care

Overall Rating: Meets Standard of Care

Patient #71A

Age: XX-year-old male

Facility: Adair and Campbell

Year: 2021

Routine Care:

Patient #71A completed an intake assessment, physical exam, communicable disease testing, vision screening, and a dental exam. The youth was also provided education on health and hygiene topics and information regarding the process of accessing medical care. In this particular medical record, a documented history and physical exam is not found, though it is documented as having been completed.

Quality of Routine Care: Unable to assess due to missing records



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Episodic Care: N/A

Chronic Care:

Patient #71A appears to have a history of asthma based on review of his medications which included budesonide/formoterol and albuterol inhalers. A history and exam were not available in provided medical records, thus there is no documentation regarding details of asthma history, frequency of exacerbations, or prior hospitalizations.

Quality of Chronic Care: Unable to assess due to incomplete records

Overall Rating: Unable to assess due to incomplete records

Patient #167

Age: XX-year-old male

Facility: McCracken

Year: 2022

Routine Care:

Patient #167 completed an intake assessment, physical exam, communicable disease testing, vision screening, and a dental exam. The youth was also provided education on health and hygiene topics and information regarding the process of accessing medical care. Immunization records were up-to-date.

Quality of Routine Care: Meets Standard of Care

Episodic Care: N/A

Chronic Care: N/A

Overall Rating: Meets Standard of Care



Patient #147

Age: XX-year-old male

Facility: McCracken

Year: 2022

Routine Care:

Patient #147 was housed at the McCracken facility in 2022. While the actual test results are not in his chart, the discharge summary reflects that the patient tested positive for chlamydia at intake in August 2022 and was treated. Although the recommendation is to repeat the test in three months,²⁹ the patient’s repeat chlamydia test was negative just one month after treatment. His vitals were checked monthly.

Quality of Routine Care: Meets Standard of Care

Opportunity for Improvement: The Center for Disease Control and Prevention (CDC) recommends that patients who have been treated for chlamydia should be retested three months later. Testing sooner can result in false positive results due to the presence of nonviable organisms.

Episodic Care: N/A

Chronic Care: N/A

Overall Rating: Meets Standard of Care

Patient #85

Age: XX-year-old male

Facility: Adair and Fayette

Year: 2021-2022

²⁹ Workowski KA, Bachmann LH, Chan PA, et al. Sexually transmitted infections treatment Guidelines, 2021.

MMWR Recomm Rep. 2021;70(4):1-187. doi:10.15585/mmwr.rr7004a1

Routine Care:

Patient #85 entered the system in 2021. He was housed briefly at the Adair facility and then housed at the Fayette facility through December 2022. His routine exam and communicable disease screening were completed at intake. Routine vitals were recorded. Immunization records were not included in the chart.

Quality of Routine Care: Meets Standard of Care

Episodic Care:

The patient had multiple sick call visits for complaints such as sore throat and knee pain. His complaints were addressed appropriately, and his vitals were documented and within normal limits. There were two documents titled “Post Restraint” and “Injury Body Checklist.” It was unclear as to the events that led to the completion of these documents. The nurse wrote on both notes that the medical department was not notified until after the incident.

Quality of Episodic Care: Meets Standard of Care

Chronic Care:

The patient had a positive tuberculosis (TB) in January 2022. He was evaluated at the local health department and diagnosed with latent TB. The appropriate treatment was prescribed.

Quality of Chronic Care: Meets Standard of Care

Overall Rating: Meets Standard of Care

Patient #62

Age: XX-year-old male

Facility: Campbell and Adair

Year: 2021 and 2022

Routine Care:

Patient #62 entered the Campbell facility in October 2021. He completed an intake assessment, physical exam, communicable disease testing, vision screening, and a dental exam. The youth was also provided education on health and hygiene topics and the process of accessing medical care. However, there are no consents for treatment in the record. Immunization records were not included in the chart. It is unclear from the medical record as to the exact dates the youth was housed in the detention facilities. It appears he was discharged from the Campbell facility in November 2021 but re-entered the system in early 2022 at the Adair facility. Vital signs were obtained during the intake assessment, but no additional monthly vital signs were documented.

The patient was on Vyvanse and Seroquel. While it can be inferred that the Vyvanse was being administered based on the controlled substance count sheet, there is no medication administration record for this medication in the chart.

Quality of Routine Care: Meets Standard of Care

Episodic Care: N/A

Chronic Care: N/A

Overall Rating: Meets Standard of Care

Patient #199

Age: XX-year-old male

Facility: McCracken

Year: 2022

Routine Care:

Patient #199 completed an intake assessment, physical exam, communicable disease testing, vision screening, and a dental exam. The youth was also provided education on health and hygiene topics and information regarding the process of accessing medical care. The intake genitourinary and rectal exam was notable for a small testicular nodule. A scrotal ultrasound was obtained revealing a simple cyst for which no further follow-up was indicated.

The intake assessment completed by patient #199 notes history of seizure, though there is no further mention of this in records provided. Immunization records revealed that Patient #199 was not up-to-date on his second meningococcal vaccine dose.

Quality of Routine Care: Below Standard of Care barring provision of additional medical records supporting acknowledgement, assessment, and plan for seizure history

Opportunities for Improvement: Patient #199 should have been offered a second meningococcal vaccine. Further, on the intake form, the patient answered “Yes” to history of seizures. There is no further documentation available acknowledging (or refuting) history of seizure or daily medications.

Episodic Care: N/A

Chronic Care: N/A

Overall Rating: Unable to assess due to incomplete records, though potentially substandard care

Patient #140

Age: Not noted in the record

Facility: Fayette

Year: 2022

Routine Care:

Patient #140 had two separate short admissions to the facility in 2022. His medical record included documentation of all intake exams, forms, and screenings. An immunization record was not included in the chart.

Quality of Routine Care: Meets Standard of Care



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Episodic Care: N/A

Chronic Care: N/A

Overall Rating: Meets Standard of Care

Patient #107

Age: XX-year-old male

Units: Campbell and Boyd

Year: 2022

Routine Care:

Patient #107 completed an intake assessment, physical exam, communicable disease testing, vision screening, and a dental exam. The youth was also provided education on health and hygiene topics and information regarding the process of accessing medical care. There were no immunization records available in provided medical records.

Quality of Routine Care: Meets Standard of Care

Episodic Care: N/A

Chronic Care: N/A

Overall Rating: Unable to assess due to incomplete records

Patient #92

Age : XX-year-old female

Facility : Fayette

Year: 2022

Routine Care:

The medical records for Patient #92 were incomplete. There is no documented history nor physical by a physician.

Quality of Routine Care: Unable to assess due to incomplete records

Episodic Care: N/A

Chronic Care:

APPENDIX B: INDIVIDUAL PATIENT RECORDS REVIEWS – PHYSICAL HEALTH CARE

Patient #92 appears to have a history of acne for which her home medication, doxycycline, was continued during her stay. However, there was no documented history or examination for review of details.

Quality of Chronic Care: Unable to assess due to incomplete records

Opportunities for Improvement: There is no documentation of history or exam. There is no documentation of discussion regarding risks, benefits, or alternatives for acne treatment. There is no documentation regarding need for sexual abstinence or other form of birth control while on doxycycline.

Overall Rating: Unable to assess due to incomplete records

Patient #71

Age: Not noted in the record

Facility: Jefferson and Breathitt

Year: 2021 and 2022

Routine Care:

Patient #71 had several admissions in 2021 and 2022 to both the Jefferson and Breathitt facilities. Intake exams, education, and screening tests were documented in the chart. He had a positive chlamydia test at intake in September 2022 and was treated with azithromycin. An immunization record dated 1/10/2023 was included in the chart. The patient was not up-to-date on his immunizations.

Quality of Routine Care: Meets Standard of Care

Episodic Care:

The patient was evaluated and appropriately treated for his upper respiratory symptoms and a blister on his toe.

Quality of Episodic Care: Meets Standard of Care

Chronic Care: N/A

Overall Rating: Meets Standard of Care

APPENDIX C: Individual Patient Records Reviews – Mental Health Care

Patient #1A

Age: XX-year-old male

Facility: Adair

Year: 2021 and 2022

There were a number of issues related to the youth's mental health care as detailed below:

1. Lack of nurse's documentation regarding the "Nursing Problem List and Outcomes" form initiated on 6/2/21. Although the form contains useful information, the following two issues were identified:
 - If this form is intended to be completed monthly, then documentation is lacking entries for 8/21/21, 9/21/21, 10/21/21, and 11/21/21.
 - There is an entry signed by Cowan, RN, that appears to refer to the December outcome, but the actual date, 12/21/21, is missing.
2. Lack of psychiatrist's documentation of mental status findings and suicide/homicide risk assessment during serial evaluations and documentation:
 - There is no formal mental status examination (MSE) documented in psychiatric evaluations on 7/23/21, 10/22/21, and 2/18/22.
 - There is no assessment of suicide or homicide risk documented (both MSE and suicide risks were documented in psychiatric evaluation on 6/18/21) on 7/23/21, 10/22/21, and 2/18/22.
3. Lack of psychiatrist's documentation regarding off-label psychotropic medication use, medication changes, risks/side effects, and monitoring:
 - When Seroquel is prescribed for non-FDA approved use, assessment of possible extrapyramidal symptoms (EPS), abnormal movements, weight gain, and other side effects is required. There was no documentation of such assessment.
 - The youth was documented as having below average intelligence level; however, there was no documentation of additional efforts to educate the youth regarding medications, intended effects, and risks.
 - There was no documentation of the youth's assent to medication change from Remeron to Trazadone on 2/18/22. Further, it does not appear that the rare but possible risk of priapism was reviewed with this youth. This would be particularly important with an adolescent with possible cognitive limitations.
4. Lack of documentation of other mental health or substance use treatment services:

APPENDIX C: INDIVIDUAL PATIENT RECORDS REVIEWS – MENTAL HEALTH CARE

- Psychiatric evaluations by Dr. Robert Simon note that the youth was receiving individual therapy, group therapy, and multimodal treatment. It is possible that the youth was receiving these services and treatments, but I found no mental health treatment documentation except for the psychiatric evaluations listed above.
 - On the document titled “Vulnerability Medical/Mental Health Referral” dated 3/25/21, the youth scored at high risk of assaultive behavior and requested a follow-up meeting with mental health staff. If this meeting took place, it is not documented in the medical records.
 - On the document titled “Victimization and Sexual/Physical Aggression Screener (VSPA-S) Medical/Mental Health Referral” dated 3/25/21, the juvenile requested a meeting with a mental health practitioner to discuss drug use, thought disturbance, and anger. If this meeting took place, it is not documented in the medical records.
5. No apparent referral for substance abuse education or treatment services while detained despite ongoing methamphetamine, amphetamine, and other polysubstance use in the community.

Access to Mental Health/Psychiatric Care: Meets Standard of Care

Quality of Mental Health/Psychiatric Care: Meets Standard of Care

Patient #17

Age: XX-year-old male
 Facility: Adair and Jefferson
 Year: 2021 - 2022

The youth’s current functioning and issues while detained are well-documented. There was timely psychiatric evaluation and monthly psychiatric medication monitoring. The clinical rationale for psychotropic medication dose and schedule adjustments is well-documented.

However, there is no documentation of any suicide risk assessment or MSE in any of the psychiatric medication reviews. Further, “continue multimodal therapies” is listed in the plan of each medication review, but what this consisted of remains unclear. There is no documentation of any individual or group therapy or other therapeutic interventions in the medical records reviewed.

The progress notes apparently completed by nursing are thorough and useful in providing a chronology of various changes in: detention status, medical issues, cardiology referrals,

psychiatric re-evaluations by Dr. Simon, and psychotropic medication changes initiated by Dr. Simon.

There is also an email dated 5/12/21 that demonstrated timely communication between nursing staff and Dr. Simon regarding a recent psychotropic medication change and medication administration times. Nursing reached out to Dr. Simon with an appropriate question, and Dr. Simon responded in a timely manner.

Access to Mental Health/Psychiatric Care: Meets Standard of Care

Quality of Mental Health/Psychiatric Care: Meets Standard of Care

Patient #71A

Age: **XX**-year-old male
 Facility: Adair and Campbell
 Year: 2021 and 2022

It appears that this patient had two separate detentions as indicated below. However, the records are imprecise with regard to dates of detention and release.

Detention from 10/16/2021 through 11/24/2021:

On 10/19/21 it was noted in the record that the youth was very emotional. He had torn his t-shirt in an attempt to use the fabric to tie around his neck. At that time he was placed on “high watch” by Dr. Lori Robinson. The youth had reported a past history of depression and had been admitted to a children’s hospital in College Hill for attempting to hang himself. The record indicates that the youth would be housed in a room with a camera throughout his stay at the facility.

There is no documentation of any: suicide watch; specific suicide watch precautions; watch frequency or description of his activities while on suicide watch; nor what items were allowed/not allowed in his cell. It remains unclear as to how long he was on high watch as there is no suicide watch documentation in the records reviewed.

There is no documentation of: an initial mental health evaluation; a follow-up mental health evaluation; suicide risk assessment; a treatment plan to assess and monitor; baseline and outcome measures; nor specific criteria regarding a decision to continue suicide watch.

No psychiatric evaluation or referral was documented. It remains unclear if an attempt was made to: contact family or legal guardians; obtain collateral information; obtain a release for past mental health records from the community; or obtain information regarding the youth’s admission to the hospital in College Hill for his hanging attempt.

It remains unclear as to what exactly transpired from a mental health perspective on 11/24/21. This youth reportedly engaged in an act of self-harm on 11/24/21, but there is no documentation regarding mental health evaluation or interventions. Also, it remains unclear as to what mental health discharge planning was recommended on 11/24/21. It remains unclear if the youth was released on 11/24/21 or if he remained detained.

Subsequent documentation noted that on 2/23/22 the youth was referred by Ashley Pearson because he was having problems sleeping and needed something for the insomnia. There is no documentation of any sleep logs or any psychoeducational planning.

On 3/18/22 the youth underwent an initial psychiatric evaluation by Dr. Simon. He was described as being polite and attentive and did not exhibit psychosis or psychotic thought content. Although the youth self-reported a past diagnosis of ADHD and past treatment with Adderall and Seroquel, there was no documentation of: a baseline assessment regarding the presence of motor/vocal tics, tardive dyskinesia, or other movement disorders; current ADHD target symptoms warranting ADHD medication treatment; a plan to collect ADHD rating scales; nor a plan to monitor for treatment efficacy.

Notwithstanding this lack of documentation, Adderall was started for ADHD. The records indicate that Seroquel was started because the youth had prior benefit from this medication. However, the specific benefit or intended use is not documented. A psychiatric follow-up for a medication check was scheduled for one month. There is no documentation that this occurred.

According to the records, the Adderall was discontinued on 4/1/22. Except for one medication declination dated 4/1/22, there is no clinical documentation regarding the rationale for this medication discontinuation.

Detention from 5/31/2022 through 6/7/2022:

Opportunities for Improvement: There is no documentation of any follow-up mental health or psychiatric evaluations. According to the discharge summary, the youth had gained 15 pounds during this time period, but there was no clinical explanation for this weight gain.

Access to Mental Health/Psychiatric Care: Unable to assess due to incomplete records

Quality of Mental Health/Psychiatric Care: Unable to assess due to incomplete records

Patient #92

Age: -year-old female

Facility: Fayette

Year: 2022

This female youth was on polypharmacy and potentially duplicative regimen of multiple agents for insomnia and reported nightmares. This included: clonidine (an alpha-2 agent), trazadone

(a highly sedating antidepressant medication that is not tolerated at antidepressant doses and is thus used as a sleep agent), melatonin (non-FDA approved or regulated since this is a supplement), and prazosin (an alpha-2 agent used off label for nightmares). It remains unclear as to: who started these medications, if baseline sleep studies were collected, the confounding issue of past cannabis use disorder, and the intended rationale and target symptoms.

It appears that this youth arrived at detention on these medications, so the treating staff inherited this polypharmacy. Reasonable attempts were made to reduce the Trazadone dose and discontinue the melatonin. The youth appeared to seek higher doses of Trazadone. The psychiatric provider documented the rationale to avoid high dose of Trazadone which is particularly sedating at higher doses. One very rare risk of Trazadone with females is clitoral priapism.

An additional area for consideration would have included: psychotropic medication education with the patient regarding intended effects and risks of long term use of these medications; availability of literature supporting long term use; and discussion of the need to avoid pregnancy due to unknown effects of these medications on the fetus and miscarriage risk. There are additive risks of side effects when Trazadone is combined with alpha-2 agents such as sedation, falls, and orthostatic hypotension.

The youth had a documented history of medication diversion, thus raising questions regarding actual medication compliance. The DJJ progress notes contained thorough and clinically relevant psychiatric documentation. There was documentation of the MSE and pertinent findings. Similarly, there were serial entries and documentation regarding suicide and violence risk assessment.

Opportunities for Improvement: There is no documentation of any non-psychotropic medication treatment interventions or other treatment planning efforts. The issue of medication compliance is not routinely addressed in these progress notes.

Access to Mental Health/Psychiatric Care: Meets Standard of Care

Quality of Mental Health/Psychiatric Care: Meets Standard of Care

Patient #107

Age: XX-year-old male
 Facility: Campbell and Boyd
 Year: 2022

Dr. Heffron’s psychiatric evaluation (and additional notes from the group home) is extremely thorough and captures pertinent positive and negative findings. This youth had a brief period of detention. The continuation, dosing, and schedule of his past psychotropic medication treatment (Focalin and Clonidine) was clinically appropriate. There was no documentation of additional mental health interventions identified in records reviewed.

Access to Mental Health/Psychiatric Care: Meets Standard of Care

Quality of Mental Health/Psychiatric Care: Meets Standard of Care

Patient #120

Age: **XX**-year-old male
Facility: Jefferson and Boyd
Year: 2021

As per a mental health referral dated 11/23/21 from Lake Cumberland Youth Detention Center, the youth had reported “trouble sleeping.” Dr. Simon reviewed the youth’s records and noted that he was not prescribed any psychotropic medications. On 12/10/21, Dr. Simon ordered that sleep logs be completed. These were collected from 12/13/21 through 12/17/21. The staff who completed the logs, likely juvenile detention staff, gave useful observations with hourly entries. Dr. Simon reviewed the logs and signed off that the youth’s sleep pattern “appeared normal.” No further psychiatric evaluation or treatment was clinically indicated. No other mental health issues were observed.

Access to Mental Health/Psychiatric Care: Meets Standard of Care

Quality of Mental Health/Psychiatric Care: Meets Standard of Care

Patient #121

Age: **XX**-year-old male
Facility: Breathitt and Fayette
Year: 2022

This youth’s medical record included very thorough psychiatric and psychotropic medication evaluations. Further, it included court-ordered adolescent forensic psychiatric evaluation and psychological testing. However, the psychological testing appears incomplete and is missing the test interpretation section.

As opposed to a written narrative employed by some psychiatric staff, the use of structured templates by psychiatric providers made it easier to identify pertinent positive and negative issues (i.e., suicidal and homicidal ideation or hallucinations) and other clinical findings and to better elucidate past history and current issues.

Psychotropic medications were dosed appropriately. The monthly psychiatric medication follow-up evaluations dated 5/19/22, 6/16/22, 7/13/22, 8/3/22, 8/31/22, 9/21/22, and

10/26/22 by Dr. Simon were thorough. Additional review and collateral contact with nursing staff was done in a timely manner.

The only other item missing in this otherwise excellent documentation of a highly complicated youth in state custody is additional documentation of non-psychiatric, non-psychotropic medication treatment interventions such as individual and group therapies or other multimodal therapies.

Access to Mental Health/Psychiatric Care: Meets Standard of Care

Quality of Mental Health/Psychiatric Care: Meets Standard of Care

Patient #129A

Age: XX-year-old female

Facility: McCracken

Year: 2022

This youth had no past mental health history or treatment. She did not arrive to the detention facility on psychotropic medications. The youth received a Massachusetts Youth Screening Instruments (MAYSI). No referral to mental health or psychiatry was documented. No psychotropic medications were prescribed. No self-harm, suicide attempts, or other mental health target symptoms were noted. No further psychiatric evaluation or treatment was clinically indicated. No other mental health issues were observed.

Access to Mental Health/Psychiatric Care: Meets Standard of Care

Quality of Mental Health/Psychiatric Care: Meets Standard of Care

Patient #139

Age: XX-year-old male

Facility: McCracken

Year: 2021

The youth was booked on 4/1/2022. It is concerning that the “Visual Opinion” form completed upon his intake lacks coherence. The form was signed by Eric Emery, Angelica McCarty-Frazier, and two individuals on the nursing staff. Titles nor credentials are not listed for any signers. The form had duplicate and missing pages.

Further, it appears that the Visual Opinion form was reviewed by Angelica McCarty-Frazier on 4/6/22, five days after booking. Again, this staff member’s title and credentials are not identified on the entry. It remains unclear as to whether the mental health assessment was a document review, a document review and observation, or an actual clinical interview. In my professional opinion, a timelier mental health assessment should have occurred.

The record indicates that there was no referral to mental health or psychiatry. No psychotropic medications were prescribed. No self-harm, suicide attempts, or other mental health target symptoms were noted. No further psychiatric evaluation or treatment was clinically indicated. The youth was released on 4/11/22 with no additional issues or concerns identified or documented.

Access to Mental Health/Psychiatric Care: Meets Standard of Care

Quality of Mental Health/Psychiatric Care: Meets Standard of Care

Patient #150

Age: **XX**-year-old male
 Facility: Jefferson and Adair
 Year: 2022

This youth reported nightmares and sleep complaints. It appears that a referral to mental health was initiated and that melatonin was prescribed, but I cannot locate any sleep logs or sleep studies. Although melatonin was ordered by psychiatry, it was subsequently changed to Trazadone. No other mental health or psychiatric records are available.

Mental Health/Psychiatric Rating: Unable to assess due to incomplete records

Patient #163

Age: **XX**-year-old male
 Facility: Adair and Warren
 Year: 2022

Dr. Heffron’s psychiatric evaluation dated 9/23/22 is very thorough. His use of structured template to address individual mental health areas, as opposed to free flow-writing, makes it easier to identify pertinent positive and negative findings and to better elucidate past history and current issues.

The youth’s three psychotropic medications were dosed and scheduled appropriately. He was prescribed Abilify, an atypical antipsychotic, for bipolar disorder. He was taking Trazadone as a



APPENDIX C: INDIVIDUAL PATIENT RECORDS REVIEWS – MENTAL HEALTH CARE

sleep enhancing medication and Prazosin, an alpha-2 agent used off-label for nightmares. I did not locate any subsequent psychotropic medication evaluations.

There is no additional documentation of non-psychiatric, non-psychotropic medication treatment interventions such as individual and group therapies and other multimodal therapies.

Access to Mental Health/Psychiatric Care: Meets Standard of Care

Quality of Mental Health/Psychiatric Care: Meets Standard of Care

Patient #174

Age: XX-year-old male

Facility: Jefferson, Adair, McCracken, Warren, and Fayette

Year: 2022

Mental health evaluations and summaries are well-written and extremely thorough. They describe this youth's long history of issues resulting in juvenile detention and court involvement including very serious assaultive behaviors. This youth had no past psychiatric history and had never been prescribed any psychotropic medications.

The youth had requested sleep medication due to sleep complaints. A sleep study was completed. This collection of data was essential and identified that the youth was demonstrating good and restful sleep with no wakings. No further psychiatric evaluation or sleep medication treatment was clinically indicated.

Access to Mental Health/Psychiatric Care: Meets Standard of Care

Quality of Mental Health/Psychiatric Care: Meets Standard of Care



APPENDIX D: Use of Force Policy Guidance/Examples

South Carolina Department of Juvenile Justice

STATE OF SOUTH CAROLINA DEPARTMENT OF JUVENILE JUSTICE
POLICY AND PROCEDURES

Title:	Use of Chemical Force and Management of Chemical Agents	Policy No.:	H-3.11	Page(s):	1 of 10
Authority:	Inspector General				
Juvenile Justice Code:	n/a				
PbS Related Standard(s):	Order 2:O6				
April 07, 2016 Effective Date	SIGNED/ <i>Sylvia Murray</i> _____ Sylvia Murray Director				
DATES UPDATED:					

POLICY: The Department of Juvenile Justice (DJJ) may use Oleoresin Capsicum (OC) Spray to manage a juvenile’s aggressive behavior consistent with the procedural guidelines of this policy. OC Spray is the only chemical agent authorized for use at DJJ. Only Certified Class I Law Enforcement Officers (CCILEO) who have been trained in the use of OC Spray are authorized to use this chemical agent in self-defense or in defense of juveniles, staff, or others and then only as a last resort. CCILEOs will not use more than the minimum amount of chemical force necessary to protect themselves or others. Other persons are prohibited from possessing or using chemical agents of any kind for any purpose. OC Spray will only be stored in designated and approved secure locations. OC Spray will only be used to manage serious aggressive/assaultive juvenile behavior and will never be used to enforce an order or for the purpose of punishing a juvenile.

CCILEOs who use OC Spray and all DJJ staff who witness its use will prepare written reports detailing its usage and the circumstances giving rise to any incident in which chemical force was used. Managerial staff in the Office of Inspector General will review the circumstances of each use of chemical force for compliance with Department policy and South Carolina Department of Public Safety Criminal Justice training. The Associate Deputy Director of the Office of Legal and Policy Coordination will review and sign off on the appropriate or inappropriate usage of OC Spray after each usage consistent with the standards set forth above. If usage is determined to be inappropriate, appropriate disciplinary action will be taken.

PROCEDURAL GUIDELINES:

A. Definitions

1. Chemical Use of Force: The use of Oleoresin Capsicum (OC) Spray in self-defense or in the defense of staff, juveniles, or others.
2. Certified Class I Law Enforcement Officers (CCILEOs): DJJ Police Officers and OIG Criminal Investigators who have been certified through the basic police officer’s training provided by the South Carolina Criminal Justice Academy.

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- 3. Defense of Staff, Juveniles, or Others: The justifiable use of OC Spray to protect others from imminent, serious, physical harm from a physical attack/act of physical aggression by another.
- 4. Oleoresin Capsicum (OC) Spray: A heavy, oily, liquid extract derived from dry cayenne peppers, a naturally occurring agent. OC Spray is nontoxic and nonflammable. Capsicum is the active ingredient that provides its source of heat.
- 5. Physical Force: Any physical contact an employee applies to overcome a juvenile's passive and/or active resistance or to modify a juvenile's inappropriate and physically aggressive behavior.
- 6. Self-defense: The justifiable use of force to protect oneself from imminent, serious physical harm from a physical attack/act of physical aggression by another.

B. Use of OC Spray

- 1. The only authorized chemical agent approved for use at DJJ is OC Spray.
- 2. No person on DJJ property will have personal chemical agents in their possession or kept in any DJJ areas under any circumstances, other than CCILEOs in the performance of their job duties.
- 3. CCILEOs will be issued OC Spray and are authorized to use OC Spray only in justifiable instances of self-defense and/or the defense of others and then only as a last resort, after all other less intrusive authorized types of verbal interventions/directives and physical force have been tried and proven to be unsuccessful, or when time and circumstances do not allow for/warrant less intrusive types of verbal interventions/directives and physical force to be tried. Only the minimum amount of chemical force necessary to bring a situation under control will be used.
- 4. OC Spray will never be used as a means of enforcing a lawful order or for the purpose of punishing a juvenile.
- 5. When DJJ staff are unable to manage a juvenile's aggressive behavior and the potential use of OC Spray is indicated, the DJJ Police Unit will be contacted as soon as possible.
 - a. For facilities in the Columbia area, a Police Officer will respond to the scene and provide appropriate law enforcement intervention.

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- b. For facilities outside of the Columbia area, the facility staff will contact local law enforcement with the jurisdiction at the facility where the incident is occurring and request that local law enforcement intervene. Subsequent to notifying local law enforcement, the facility staff will notify the DJJ Police Unit of the incident by contacting OIG Central Telecommunications Center followed by an ERMIS (per DJJ Policy I-3.2).
- 6. Unless time and circumstances do not warrant their use, verbal directives and intervention efforts will be used by the CCILEO prior to the use of physical force, in compliance with DJJ Policy H-3.12, Use of Physical Force. When verbal directives and/or physical intervention efforts have been tried by the CCILEO and proven unsuccessful, or when time and circumstances do not allow for their use, then and only then shall the CCILEO use OC Spray.
- 7. In all cases where OC Spray is used, the following warning will be given prior to the use of the OC Spray:
 - a. The CCILEO will verbally warn the juvenile that he is going to be sprayed with OC Spray if he/she continues to be physically aggressive with staff or other juveniles. This warning will:
 - 1) Be given in a clear, calm voice.
 - 2) Be repeated twice within a 5-second interval.
 - 3) Describe the specific behavior that, unless stopped, will result in the juvenile being sprayed (e.g., hitting, gouging, choking, kicking, or throwing objects towards others likely to cause imminent, serious physical injury).
 - b. If necessary to prevent further acts of physical aggression by another or greater physical harm or injury to the CCILEO or another individual, the CCILEO may use OC Spray without issuing the above-described warning.
- 8. CCILEOs will use the following procedures in applying OC Spray:
 - a. Cautiously walk toward the juvenile.
 - b. Attempt to approach the juvenile from the front.
 - c. Stop approximately three (3) feet, with a recommended distance of 4-6 feet from the juvenile, because of the risk of hydraulic needle effect.
 - d. Shake the canister, if time permits.

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- e. Hold the canister in an upright position, pressing the actuator to release liquid in the juvenile’s face.
 - f. Focus spray at the bridge of the nose and spray the eyes in a horizontal sweeping motion.
 - g. If the eyes cannot be sprayed, then spray the area above the eyes, eyebrows, and forehead.
 - h. Do not spray the juvenile from a distance of less than two (2) feet.
 - i. Use two (2) short bursts of spray.
 - j. Use additional short bursts of OC Spray, only if necessary.
 - k. Use only the amount of OC Spray necessary to cause the juvenile to cease his/her aggressive behavior.
9. Any time a CCILEO uses OC Spray, he/she will immediately inform the on-duty Police Supervisor and/or Chief of Police. Upon notification, the Supervisor and/or Chief of Police will immediately report to the scene to ensure that Department policy and proper procedures are followed in managing and reporting the incident.

C. Treatment/Action Following the Use of OC Spray

- 1. Immediately following the application of OC Spray, the CCILEO will perform or direct other staff to perform the following tasks, as appropriate:
 - a. Remove the juvenile from the contamination site and into a site with non-contaminated air.
 - b. Tell the juvenile that he/she will be all right, that he/she has been sprayed with OC Spray, and that the effects are temporary.
 - c. Instruct the juvenile to remain calm and breathe as normally as possible. Coughing and shortness of breath are common effects of OC Spray and are temporary.
 - d. Instruct the juvenile not to rub his/her eyes or any sprayed areas.
 - e. Give the juvenile a paper towel and instruct him/her to pat any excess liquid away from his/her face.

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- f. Instruct the juvenile to remove contact lenses if he/she is wearing contact lenses.
 - g. Allow the juvenile to flush his/her face with cool water to provide temporary relief from the OC Spray.
 - h. Allow the juvenile to repeat face washing several times when the juvenile indicates the need to do so.
 - i. Inform the juvenile that he/she will be required to take a shower as soon as the medical assessment is completed and upon arrival to the Crisis Management Unit (CMU).
 - j. Instruct the juvenile to blow his/her nose when needed.
 - k. Inform the juvenile that recovery from OC Spray may take up to 30-45 minutes and that washing his/her face may provide a more rapid recovery.
2. During the above activities the CCILEO and facility staff will closely monitor the juvenile for unusual reactions (e.g., difficulty breathing, hyperventilation, and loss of consciousness, worsening of symptoms).
- a. If normal breathing cannot be restored or the juvenile loses consciousness, the CCILEO will immediately call 911 and request emergency assistance.
 - b. If the juvenile experiences any other unusual reaction, the CCILEO or facility staff will consult with Health Services or other designated health care provider to determine appropriate action.
3. The CCILEO and facility staff will next transport the juvenile to the Willow Lane Infirmary or other designated medical facility for assessment and treatment. Health Services Staff will assess the juvenile every 15 minutes for a minimum of 45 minutes from the last application of OC Spray.
- a. If the juvenile refuses medical assessment and/or treatment, the refusal shall be noted and documented by the medical staff. After the medical assessment has occurred and treatment received or after the refusal has been documented, the CCILEO and facility staff will transport the juvenile to the Crisis Management Unit (CMU). Health Services staff will conduct follow-up inquiries as deemed medically necessary. CMU staff will continue to monitor the juvenile for unusual reactions and offer the juvenile the continued opportunity to obtain further medical assessment and/or treatment.

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- b. Upon completion of the juvenile’s medical assessment, the CCILEO will obtain two (2) copies of the completed Sick Call Record (Form C-1.6A pink copy) or provider’s medical assessment document and other documentation relating to the juvenile’s medical assessment and treatment.
 - 1) The CCILEO will deliver one (1) copy of the Sick Call Record/documentation relating to the juvenile’s medical assessment and treatment to CMU.
 - 2) The CCILEO will attach the second copy of the Sick Call Record/medical assessment document to document the medical assessment and treatment provided to the juvenile on the Report on the Use of Chemical Force (Form H-3.11A). The Sick Call Record will be submitted with all other reports (ERMIS).
- 4. Upon the juvenile’s arrival at CMU from the Willow Lane Infirmery or other designated medical provider, CMU staff will direct the juvenile to shower. No soap, shampoo, solvents or creams will be used. The juvenile will shower for approximately 10 minutes, ensuring that the head, hair, and facial area are thoroughly rinsed. If the juvenile's refuses to shower, this refusal will be documented in the CMU logbook and reported.
- 5. CMU staff will observe the juvenile closely for 24 hours. At each 15-minute check, CMU staff will check the juvenile for skin irritation, breathing difficulties, and responsiveness. Any unusual reactions will be reported to the Health Services Unit or the designated medical care provider. If the juvenile experiences difficulty breathing or becomes unconscious, facility staff will contact 911.
- 6. If the juvenile requests further medical assistance, the juvenile will be offered assistance to complete a Sick Call Record form. CMU staff will consult with Health Services or other designated health care provider to determine the appropriate action to be taken.
- 7. The CCILEO will assist or direct DJJ staff to assist other persons affected by OC Spray in the same manner as the juvenile who was the subject of the OC Spray usage.
- 8. If OC Spray is used in a juvenile’s sleeping area, facility staff will remove and replace all bed linens and mattresses before any juvenile is allowed to sleep in the area. Contaminated items in other areas shall be removed as well.

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D. Reporting the Use of Chemical Agents

1. When OC Spray has been used on a juvenile, the following written reports will be prepared:
 - a. ERMIS Event Report (Form I-3.2A): The CCILEO and all employees involved in and/or witnessing the use of chemical force will prepare a statement detailing what they observed utilizing the Event Report. Employees will complete and submit this to their respective Shift Supervisor no later than the end of their respective shift/work day. The Shift Supervisor will forward all reports to the DJJ Chief of Police.
 - b. Report on the Use of Chemical Force (Form H-3.11A)
 - 1) The CCILEO that used chemical force will prepare a report on the Use of Chemical Force as soon as possible after the incident but no later than the end of their shift. The report, and Sick Call form/medical assessment, and Event Reports will be submitted to the Police Unit Shift Supervisor. The Police Shift Supervisor will submit the reports to the DJJ Chief of Police upon his/her arrival to the scene.
 - 2) The DJJ Chief of Police Supervisor will review the report and ensure that the report explains in detail the situation, facts and circumstances existing prior to, during, and after the incident. If not, the supervisor will follow through to have the report corrected or completed. The Report on the Use of Chemical Force will be typed and returned to the CCILEO involved in the incident for review and signature. Then the Police Supervisor/Chief of Police will sign and date the report, attach any event reports submitted by others to the DJJ Chief of Police and forward the report through the Inspector General to the Office of Legal and Policy Coordination for that Office’s review within four (4) business days.
2. If an unauthorized person uses a chemical agent in any DJJ facility or on any juvenile served by DJJ, the Facility Shift Supervisor will complete the Report on the Use of Chemical Force and submit it to his/her Facility Manager to be immediately forwarded to the Inspector General.

E. Managerial Reviews

1. The DJJ Chief of Police, the Inspector General, and Associate Deputy Director for the Office of Legal and Policy Coordination will review and sign the Report on the Use of Chemical Force when a chemical agent is used. This will be

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accomplished within five (5) workdays from the date the incident occurred. These managerial staff will review all reports to determine whether the use of the chemical agent was consistent with the guidelines set forth in this policy. If staff deviated from these guidelines and/or training, the Agency will take appropriate investigative, disciplinary, and managerial action. After review, staff will document all actions taken on the appropriate reports. When feasible, disciplinary action will be taken within 15 business days of receipt of the report.

2. DJJ's Chief of Police and Inspector General will also indicate on the report whether they believe from their review of the reports submitted and their understanding of the events that the use of gas was appropriate and consistent with policy or not.

F. Issue, Storage, and Maintenance of OC Spray

1. A canister of OC Spray will be issued and assigned to each authorized CCILEO to carry while performing DJJ assigned duties.
2. The DJJ Police Unit will store unassigned canisters of OC Spray in a secure area, inaccessible to juveniles and unauthorized staff. Only staff trained and certified in the use of OC Spray will have access to the keys where OC Spray canisters are secured.
3. The DJJ Chief of Police will maintain a current list of Certified Class I Law Enforcement Officers who are trained and therefore authorized to use OC Spray. A copy of this list will be maintained where OC Spray is stored. Prior to issuing OC Spray, the issuing employee will verify that the person requesting OC Spray is authorized.
4. CCILEOs will discharge OC Spray canisters only as provided in this policy and will report any inadvertent, unauthorized discharge of OC Spray using the ERMIS Event Report (Form I-3.2A). The report will include the weight of their canister.
5. The DJJ Chief of Police will ensure that monthly inspections of OC Spray canisters issued and assigned to CCILEOs are conducted, using the OC Spray Monthly Inspection Report (Form H-3.11B). This inspection will include:
 - a. Inventory of OC Spray canisters.
 - b. Identifying canisters beyond their expiration dates.
 - c. Documenting the weight in grams of assigned OC Spray canisters.

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- d. Reviewing each CCILEO’s reported use of OC Spray to determine that any decrease in weight of OC Spray canisters is properly accounted for.
 - e. Determining if OC Spray canisters are defective.
 - f. Documenting appropriate disciplinary or other action if inappropriate use of OC Spray is identified.
6. The DJJ Chief of Police will maintain monthly inspection reports for one (1) year.
7. OC Spray displaying a past expiration date will be destroyed or disposed of by the Police Unit in the approved manner described by the manufacturer and approved by the South Carolina Law Enforcement Division (SLED).
8. The DJJ Chief of Police and the Police Shift Supervisor will maintain a Material Safety Data Sheet (MSDS) for reference.
- G. Authorization and Certification of Employees In the Use of OC Spray
- 1. All CCILEOs will be trained in the use of OC Spray. Following training, CCILEOs will be tested as to their knowledge of this DJJ policy and proper procedures governing the use of OC spray. Only CCILEOs passing competency-based training and testing conducted or approved by the Criminal Justice Academy will be authorized to be issued and to use OC Spray.
 - 2. Each CCILEO will sign a statement that they have read this policy and that they are qualified per this policy to carry and administer OC Spray.
 - 3. The OIG Class I Law Enforcement Training Officer will ensure that each DJJ Class I Law Enforcement Officer completes a minimum 5-hour training conducted or approved by the South Carolina Department of Public Safety Criminal Justice Academy. The OIG Class I Law Enforcement Training Officer will annually review South Carolina Department of Public Safety Criminal Justice Guidelines and oversee that CCILEOs receive recertification training as required and in a timely manner.

RELATED FORMS AND ATTACHMENTS:

- Form C-1.6A, Sick Call Record
- Form H-3.11A, Report on the Use of Chemical Force
- Form H-3.11B, OC Spray Monthly Inspection Report
- Form I-3.2A, Event Report

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REFERENCED POLICIES:

- I-3.2, Reporting Events
- H-3.12, Use of Physical Force

RELATED PERFORMANCE-BASED STANDARDS:

Order 2: Minimize the use of restrictive and coercive means of responding to disorder.

SCOPE:

This policy provides for the appropriate use of chemical agents by DJJ CCILEOs at all facilities, programs, and offices, including DJJ long-term facilities, the detention center, evaluation centers, crisis management unit, and DJJ operated schools.

LOCAL PROCEDURAL GUIDE: Not required.

TRAINING REQUIRED: The Inspector General will ensure that training on this policy is provided to all Certified Class I Law Enforcement Officers employed by DJJ prior to the issuance of OC Spray to any of its officers. All other employees are required to review this policy within 30 calendar days of its publication.



U.S. Department of Justice
Federal Bureau of Prisons

PROGRAM STATEMENT

OPI: CPD/CSB
NUMBER: 5576.04
DATE: February 6, 2017

Oleoresin Capsicum (OC) Aerosol Spray

/s/

Approved: Thomas R. Kane
Acting Director, Federal Bureau of Prisons

1. PURPOSE AND SCOPE

To authorize and regulate the use of the oleoresin capsicum (OC) aerosol dispenser (pepper spray) by trained institution staff.

Consistent with the Program Statement **Use of Force and Application of Restraints**, OC aerosol spray may be used to incapacitate or disable disruptive, assaultive, or armed inmates posing a threat to the safety of others, or to institution security and good order. If the OC aerosol spray is not effective, other alternative munitions should be considered.

The OC aerosol dispenser is the 3-4 oz. canister with full cone spray. Under ideal circumstances, the full cone spray has an effective range of 10 to 12 feet.

Note: The Program Statement **Correctional Services Manual** indicates that OC aerosol dispensers should not be used at a range closer than four feet.

The OC aerosol dispenser is designed primarily for immediate use of force in situations where there is a serious threat to the safety of staff, inmates, or others; to prevent serious property damage; and to ensure institution security and good order.

This policy is based upon the Eric Williams Correctional Officer Protection Act of 2015, which amends United States Code Title 18 to authorize the Director of the Bureau of Prisons to issue Oleoresin Capsicum spray to officers and employees of the Bureau of Prisons. It is also consistent with the Department of Justice's Policy Statement on the Use of Less-Than-

Lethal Devices, which authorizes Department of Justice (DOJ) officers to use less-than-lethal devices authorized by their component. DOJ policy is that DOJ officers are authorized to use less-than-lethal devices only in those situations where reasonable force, based on the totality of the circumstances at the time of the incident, is necessary to protect any person from physical harm. The policy also states that DOJ officers are not authorized to use less-than-lethal devices if voice commands or physical control achieves the law enforcement objective. Additionally, DOJ officers are prohibited from using less-than-lethal devices to punish, harass, or abuse any person.

a. Program Objectives

- The OC aerosol spray will be used to protect staff, inmate(s), and others from an inmate(s) or visitor(s) posing a threat and when other methods of control are not effective.
- An OC aerosol dispenser will only be issued to trained staff.
- Detailed reporting and documentation (i.e., EMS 583/586) will be maintained when an OC aerosol spray dispenser is used.
- Staff will comply with the Eric Williams Correctional Officer Protection Act of 2015 and the Department of Justice’s Policy Statement on the Use of Less-Than-Lethal Devices.

b. Institution Supplement. None required. Should local facilities make any changes outside the required changes in the national policy or establish any additional local procedures to implement the national policy, the local Union may invoke to negotiate procedures or appropriate arrangements.

c. Pretrial/Holdover Procedures. Procedures required in this Program Statement also apply to pretrial and holdover inmates.

2. AUTHORIZATION FOR THE ISSUANCE OF OC AEROSOL SPRAY

The Director of the Bureau of Prisons shall issue, on a routine basis, oleoresin capsicum spray to any officer or employee of the Bureau of Prisons who is employed in a prison that is not a minimum or low security prison, and may respond to an emergency situation in such a prison. The following security level institutions will be authorized to carry oleoresin capsicum while on duty:

- Administrative Facilities.
- High Security Institutions.
- Medium Security Institutions.



Institutions that have more than one security level on their immediate environs will only issue OC to the authorized institution staff.

Staff will be required to carry an OC aerosol dispenser in the performance of their duties and in accordance with the established Program Statement **Use of Force and Application of Restraints**. Staff must complete appropriate training prior to being authorized to carry OC aerosol spray dispenser.

Reasonable accommodations will be made for any employee with a qualified temporary disability. These employees should be temporarily reassigned to a non-OC spray post/position/location.

3. DOCUMENTATION – POST ORDERS

Post Orders must include specific instructions regarding the use of the OC aerosol spray dispenser. The instructions will be consistent with the **Use of Force and Application of Restraints** policy.

4. USING THE OC AEROSOL SPRAY DISPENSER

It is the policy of the Bureau of Prisons that the preferred method of resolution is through verbal intervention. However, the safety of staff, inmate(s), or others in any dangerous encounter is paramount and may require the use of OC aerosol spray.

The OC aerosol spray is a less-than-lethal inflammatory agent derived from a pepper biodegradable resin. As an inflammatory agent, it causes a burning sensation on the skin; tearing and closing of the eyes; and swelling of the mucus membranes. The OC aerosol dispenser authorized by the Bureau of Prisons is the 3-4 oz. full cone spray pattern. Wind speed and direction greatly affects the accuracy and range of the aerosol dispenser. Under ideal conditions, the full cone spray has an effective range of 10 to 12 feet.

Prior to any OC aerosol spray being used, staff must attempt verbal intervention to defuse the situation when feasible. Good communication skills can frequently eliminate the need for an elevated response. The Bureau of Prisons authorizes staff to use force only as a last alternative after all other reasonable efforts to resolve a situation have failed. When authorized, staff must use only that amount of force necessary to gain control of the inmate; to protect and ensure the safety of inmates, staff, and others; to prevent serious property damage; and to ensure institution security and good order.

STEPS TO FOLLOW WHEN USING OC AEROSOL SPRAY

1. OC aerosol sprays must be carried in an approved holder (leather/nylon belt loop holster specifically designed to hold OC aerosol dispenser) on your person at all times. The nozzle should be facing the body.
2. Fingers of the drawing hand should be extended and firmly gripping the aerosol dispenser.
3. Staff should assume an appropriate defensive stance and continue with verbal commands.
4. Place thumb on the actuator.
5. Spray the facial area, with the primary target being the eyes, and delivering one, two-second burst while holding the dispenser in an upright position. Once the OC aerosol spray has been dispensed, staff should step back to avoid being contaminated by the spray and maintain direct supervision of the person(s).
6. Allow the OC aerosol spray to work while providing verbal commands to the person (e.g., lay face down with arms spread).
7. Evaluate the response of the person(s). If the person(s) does not submit to restraints and/or comply with staff orders within 15 seconds, a second two-second burst is authorized. After a second assessment, or if the person(s) has not complied with staff commands, alternative methods to control the situation may be pursued.
8. Decontamination procedures include fresh air and water rinsing. As soon as possible, the person shall be allowed to wash all areas affected by the agent with soap and water, or assisted by staff as necessary. Normally, this is completed before the medical assessment. (Non-inmates must be decontaminated separately from inmates.)
9. Once the OC aerosol spray is used and the person(s) is in restraints, a medical assessment to determine the extent of any injuries sustained will be performed. Health Services staff will be notified immediately.
10. When an immediate use of force is necessary (e.g., when behavior constitutes an immediate, serious threat to the inmate, staff, others, property, or to institution security and good order.), staff are obligated to obtain a camera and begin recording consistent with the Program Statement **Use of Force and Application of Restraints**. As soon as control of the situation has been obtained, staff must record information on injuries; circumstances that required the need for immediate use of force; and identifications of the inmates, staff, and others involved. (See the Program Statement **Use of Force and Application of Restraints**.)

For posts that require 24-hour staffing the outgoing staff must turn over the OC aerosol dispenser to the oncoming staff member for the post. Non-24-hour posts must pick up and secure OC dispensers at a secure storage location (normally the Control Center) during their hours of work.

9. **REPORTING**

All reporting (i.e., EMS 583 and 586) and documentation (memoranda, video recording, etc.) will follow the specific procedures set forth in the Program Statement **Use of Force and Application of Restraints**.

10. **TRAINING**

The only staff authorized to carry OC aerosol spray are those who have received specialized training.

Selected instructors will train staff assigned to carry OC. Approved instructors include the Captain, Lieutenants, and the Security Officer from each institution. These instructors will undergo Training for Trainers program conducted by staff from the Correctional Programs Division, Correctional Services Branch, Central Office.

a. **Training Content.** Staff must be thoroughly trained in the use, reporting, and policies governing the arresting and detaining of non-inmates and use of force and application of restraints. Inert OC dispensers are authorized for use during the training process.

Training should emphasize that OC aerosol spray may be used to reduce acts of violence by inmates against themselves, other inmates, visitors, and staff; and by visitors against themselves, inmates, other visitors, and staff; and after verbal intervention has been attempted.

b. **Training Frequency.** Trained instructors will ensure staff receive an initial training course, and annually thereafter. All training will be documented. Inert training sprays are authorized during training.

c. **Documentation.** The Captain and the Human Resource Manager will maintain documentation and a list of those staff authorized in the use of the OC aerosol spray. Copies of the list are to be maintained in the Armory, Control Center, and Lieutenant’s Office.

12. **AGENCY ACA ACCREDITATION PROVISIONS**

- American Correctional Association Standards for Adult Correctional Institutions, 4th Edition: 4-4090, 4-4092, 4-4173, 4-4199, 4-4200, 4-4201, 4-4202, 4-4203, and 4-4206.
- American Correctional Association Performance Based Standards for Adult Local Detention Facilities, 4th Edition: 4-ALDF-2B-01, 4-ALDF-2B-04, 4-ALDF-2B-05, 4-ALDF-2B-06 4-ALDF-2B-07, 4-ALDF-7B-15, 4-ALDF-7B-16.

- American Correctional Association Standards for Administration of Correctional Agencies, 2nd Edition: 2-C0-2A-01, 2-CO-3A-01.
- American Correctional Association Standards for Correctional Training Academies: None.

REFERENCES

Program Statements

- P5500.11 Correctional Services Manual (10/10/03)
- P5500.14 Correctional Services Procedures Manual (8/1/16)
- P5566.06 Use of Force and Application of Restraints (11/30/05)

Department of Justice Policy Statement on the Use of Less-Than-Lethal Devices, Eric Williams
Correctional Officer Protection Act of 2015

Records Retention Requirements

Requirements and retention guidance for records and information applicable to this program are available in the Records and Information Disposition Schedule (RIDS) system on Sallyport.

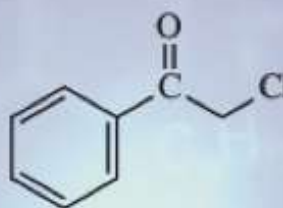


ISSUE BRIEF

A Publication of the Tow Youth Justice Institute
A Leader in Reform

X 2022

Chemical Agent Use in Juvenile Facilities



Background

Juvenile detention facilities in the United States have largely eliminated the use of chemical agents as a measure of controlling behavior. Doing so has maintained the safety of the youth detained as well as staff and administrators. However, some secure facilities still allow staff to carry chemical agents such as pepper spray on their person to respond to youth behavior or conflicts they feel have escalated to the point where additional tools are needed. The removal of chemicals from more facilities has been encouraged by lawmakers and advocacy groups, and it is important to understand current chemical agent utilization and its impacts.

Chemical agents and their effect

Chemical agents are compounds used for incapacitation in a number of settings. They are used to separate individuals and interrupt riots in secure facilities as well as on the street during protests. For this reason, chemical agents are also known as "riot control agents" in some literature.

They accomplish this by irritating the membranes and tissues of the eyes, nose, and mouth, as well as the lungs. The irritation causes an array of side effects including a burning sensation, difficulty breathing, uncontrollable muscle spasms, and even short-term blindness. Each chemical agent has slightly different effects, but all of them are used with the intention of controlling behavior through incapacitation.

Some chemical agents are more commonly found than others in juvenile facilities. Three of the more common substances include Oleoresin Capsicum, Chlorobenzalmalonitrile gas, and Phenacyl Chloride.

Oleoresin Capsicum: An agent derived from the Capsicum genus, most commonly chili peppers. It is often known as "pepper spray," and occasionally referred to as "OC," or simply "capsicum". It is usually found in liquid spray form but can also be used as a powder, gas, or foam.

2-Chlorobenzalmalonitrile Gas: More commonly known as "tear gas," or "CS gas," this agent is produced in a lab setting and is often disseminated in a smoke or gas form by mixing it with other solvents.

Phenacyl Chloride: While CS gas has mostly replaced the use of Phenacyl Chloride, this substance is an earlier developed and more toxic variety of synthesized agent often known as its trade name "Mace," as well as by "CN gas," or "phenylchloromethylketone". CN gas is naturally a crystalline solid that can be released as a smoke, powder, or liquid.

Mace was first introduced as a non-lethal personal weapon against attacks by Alan Litman in the 1960s. Through the 1960s

and 70s, pepper spray was used by law enforcement for protesters and rioters without regulation. This changed with Tennessee vs Garner in 1985 which established deadly force and non-lethal force burdens for police officers. The Fleeing Felon Rule originated with this case, limiting the use of deadly force by law enforcement only to suspects that pose a substantial risk of serious physical harm and limiting the use of force for fleeing suspected felons under the Fourth Amendment.

Juvenile detention facilities began introducing chemical agents as a control method as "Tough on Crime" policies became more established for youth. These policies were implemented and put in place through the 1980s into the early 1990s, with more people serving longer prison sentences than ever before. While most centers in the United States no longer permit agent use, some have maintained previous practices and have adopted a more punitive approach to juvenile treatment that resembles adult prisons.

Health of youth

As reported by the National Institute of Correction's Desktop Guide to Working with Youth in Confinement, "Use of pepper spray puts the health of youth at risk: chemical agents generate adverse physical reactions that can be exacerbated in secure settings with poor ventilation, causing potential harm to youth and staff, even if they are not direct targets of its use. Children with asthma and other health problems are at particular risk, as are those who are taking psychotropic medications. Studies conducted on the adult population further indicate that the use of pepper spray on those with mental illness may lead to an increase in violent behavior and a worsening of the mental health condition. Moreover, the use of chemical restraints, like mechanical restraints, can traumatize youth and undermine their rehabilitative efforts."



There are several factors that may contribute to children and adolescents being more vulnerable to chemical agents and their effects on the body. The American Academy of Pediatrics pointed out in 2018 that children can have stronger reactions because they are smaller in size, breathe more rapidly than adults, and their cardiovascular stress response is less developed than adults. All these factors compound the effects of chemical exposure in the bodies of children, creating more health and safety risks for the youth being subjected to sprays, powders, and liquids.

Dr. Irwin Redlener, a professor of public health at Columbia University, reported that children "are uniquely susceptible to deployment of and exposure to riot-control agents such as tear gas and pepper spray," due to the same factors reported by the American Academy of Pediatrics. The use of such agents can not only present unknown dangers based on the individual's physical health, but it can also undermine efforts being made towards rehabilitation and behavior improvement without chemical use.

Improper administration

There are physical features of juvenile facilities that can contribute to more intense effects from chemical agent use within the walls. Small, confined spaces with low air flow and limited ventilation can intensify the exposure to the chemicals, especially those in gas/liquid forms that can remain airborne. The added challenge of fully and safely cleaning the space after an agent has been released could contribute to longer term exposures with largely unstudied outcomes.



When juveniles are entering a facility, they often undergo intake screening for certain health conditions and are asked to self-report for their medical records. These records may not be kept up to date and made available to all staff, including those who could choose to administer chemical agents to control behavior. A child could be at a much higher risk for complications when exposed to these compounds and face severe side effects in addition to the expected impacts of tissue inflammation.

If a young person being admitted has certain stimulants in their system upon admission such as cocaine or amphetamines, they can become lethal and much more likely to cause harm when acted upon by the chemicals meant to incapacitate.

In addition, adult staff exposed to and/or utilizing chemical agents, can experience skin being blistered, and swollen. One can experience trouble breathing and begin to wheeze, especially when combined with preexisting respiratory conditions or other breathing restraints such as a covered mouth/nose. Respiratory failure can lead to death, as can chemical burns to the throat or tissue of the lungs. There can be permanent damage to the eye or corneas causing blindness and glaucoma. The high

stress and temporary hypertension make an individual more likely to experience a heart attack or stroke, both of which can be fatal incidents.

Inappropriate use

Many facilities that still utilize chemical agents train their staff to reach for them only as a last resort when attempting to manage behavior. However, misuse is very common and chemical agents are utilized even in non-threatening situations. The U.S. Department of Justice’s Civil Rights Division found that chemical agents are used excessively on youth who demonstrated suicidal behaviors, developmental delays, pregnancy, as well as other behavioral and physical challenges.

The use of pepper spray as well as other agents can lead to disproportionate harm for youth with mental illnesses as well as delays in development and intellect. Chemical agents can be seen as a simple alternative for staff when facing a young person demonstrating symptoms of mental illness, and an easy way to control behavior without trying to calm the individual or talk through the incident. This tendency to utilize chemical agents very early in the conflict resolution process can be especially problematic in juvenile facilities, where rates of mental illnesses and disorders are higher than average, even when excluding conduct disorders.

Juvenile facilities can also include individuals displaying behaviors that are a result of past traumas and impactful experiences, unbeknownst to staff and administrators. Without a comprehensive history of the children and the sources of their behaviors, punitive approaches to behavior management such as pepper spray use could cause significantly more harm to youth and future behavior issues than a restorative approach would. By replacing agent use with rehabilitative practices, youth can not only learn from the incident that has occurred, but take steps to avoid future conflict and violence.

In 2014, The Civil Rights of Institutionalized Persons Act Investigation of the New York City Department of Correction Jails on Rikers Island found a pattern of conduct that is in violation of the adolescent inmates’ constitutional rights. They found the youth were regularly facing excessive force from DOC staff as an accepted way to control behavior. Additionally, the pervasive culture of violence involved the use of chemical agents and a lack of de-escalation steps before resorting to OC spray or physical force.

In addition to finding the use of pepper spray highly problematic and “counterproductive,” a federal court in *Alexander v. Boyd* (876 F. Supp. 133, 1995) found that its “indiscriminate use” violated the constitutional rights of juvenile detainees under the Due Process clause while “teaching the victims to inflict pain as a method of controlling others and makes the juveniles more volatile, more aggressive, and less likely to respond properly to authority figures.”

A 2014 Youth Law Center complaint to the U.S. Department of Justice noted, “Not only does the use of OC spray frequently fail to end fights between detainees, it also does not replace other physical intervention by staff, as staff often go ‘hands-on’ even after deploying OC spray.” This statement undermines the common justification for chemical agents in juvenile detention centers. Their use does not deescalate tense situations; rather, chemical presence can make a conflict more volatile and dangerous than it was to start.

More recently, a 2018 Wisconsin settlement was resolved with an agreement by the state to prohibit the use of pepper spray and other agents in state-run juvenile facilities. The lawsuit involved claims that at one such facility, youth were being repeatedly targeted with the spray and suffered burning and difficulty breathing. These symptoms were not reserved for the youth being targeted, however, and those who were in the vicinities of the incidents when they occurred suffered as well.

De-escalation techniques

The Council of Juvenile Correctional Administrators released an issue brief in 2011 reporting that of the 15 states that permit the use of chemical agents, only 5 allow staff to carry pepper spray. The use of pepper spray and other agents is not a widely accepted practice and is associated with worse behavioral outcomes in the facilities that still permit their use. The use of alternative treatments and de-escalation techniques has already become the accepted practice in most facilities and can be further explored.

Facilities can employ several strategies to respond to youth behavior in a non-violent manner and to prevent the occurrence of incidents in the first place. Staff can undergo regular training on updated best practices for conflict management and crisis intervention, and they can receive comprehensive education on the presentation of mental health in youth as well as adolescent development progression. Other methods can include scheduling full days for the youth to prevent excessive downtime and boredom that may lead to conflicts, and ensuring those days include interaction with one another in the eyes of the staff to prevent unseen conflicts from approaching the level of physical violence.

For the facilities that currently use chemical agents, the process of reducing their use can include physically moving the chemicals to a separate office, or requiring authorization for every single use. Staff can join one another for group discussions on guidelines for chemical agent use and steps in the de-escalation process. Introducing a de-brief element after incidents where chemical agents are used allows for staff reflection and can reduce the need for agent use in the future.

A technique being employed in Connecticut is Positive Behavior Intervention and Support (PBIS). The Judicial Branch Court Support Services Division has begun implementing PBIS in the Juvenile Detention Centers as an alternative strategy for behavior management. PBIS refers to a multi-tiered behavioral framework utilized to enhance behavioral practices that reinforces a pro-social environment. It needs thoughtful structuring of situations in a manner that helps facilitate success and avoids premature placement in circumstances that are prone to precipitate recurrent failure. A strength-based approach is a more effective way to view and work with youth and their families that acknowledges that youth have internal and external strengths that should be recognized and supported. It encourages professionals to seek out clients' abilities, resources, and gifts and apply them to current life challenges. Done correctly, PBIS can promote a positive learning environment that emphasizes pro-social core values and behaviors and teaches youth how to reduce certain behaviors and see the benefits of positive behaviors.



Current Usage

Nationally

Most states currently prohibit chemical agent use in juvenile facilities. The wide-spread ban is also attributed to the Department of Justice's acknowledgement of the constitutional limits to its use, especially regarding the 8th amendment. As of 2019, 35 states and 7 counties in California have banned the use of OC spray in juvenile settings.



EXPLORING ALTERNATIVES

The Council of Juvenile Correction Administrators has found that almost 90 percent of secure juvenile correctional facilities do not authorize chemical agent sprays to be carried on hand by staff. Areas that have more recently passed statutes and voted against chemical agent use include Oklahoma, Mississippi, and Los Angeles, California. States that have barred all chemical agent use or "the intentional release of unpleasant substances" for the purpose of controlling behavior include Louisiana, New Hampshire, New Jersey, and Kansas. While the language differs by state, many in the United States have fully banned chemical agent and spray use or set extremely strict standards for their inclusion in a variety of juvenile settings including detention facilities, schools, group homes, and shelters.

Connecticut

In 2019, PA 19-187 Sec. 4 required (effective July 1, 2020) that no later than August 1, 2020, and monthly thereafter, the Commissioner of Correction and the Executive Director of the Court Support Services Division of the Judicial Department to report to the Juvenile Justice Policy and Oversight Committee each instance, if any, of use of chemical agents or prone restraints on any person ages seventeen years of age or younger detained in any facility operated or overseen by commissioner or executive director.

At the November JJPOC meeting, the Department of Correction presented their current statistics on chemical agent use at the Manson Youth Institute. Between Jan 1, 2018 – Sept 30, 2022, the incidents of chemical usage went down from 11 to 9. In all incidents during 2022, where multiple juveniles were involved in physical altercations, staff members used loud verbal directions for individuals to stop fighting and advise them that chemical agent may be utilized if they do not cease their actions. Once it is determined that verbal intervention is not successful, in order to gain compliance and prevent injuries, chemical agent is authorized. In most cases, the incident is resolved by verbal intervention.

The Department of Correction has taken the following steps to educate staff on reduction of chemical agent usage:

- Correctional Academy revamped the mandatory use of force de-escalation program, which includes various use of force scenarios. The program focuses on the skills necessary to accurately assess potentially violent confrontations and defuse them in an effort to avoid using physical force or chemical agent.

- Facility increased the frequency of simulations on incident response. During the “hands-on” simulations, de-escalation techniques, to include verbal intervention, are practiced as means to resolve violent incidents.
- When force is utilized, all materials related to the incident, including videos and paperwork, are reviewed by the facility. Use of force for all chemical agent incidents is always reviewed at a district level. Steps are taken to ensure that chemical agent was necessary and justified.
- Incident is reviewed with the staff member who administered the chemical agent to ensure that the staff member exhausted all alternatives before administering chemical agent. Alternative measures are discussed with the staff member if applicable.
- Mediating sessions with the juveniles involved in the incident may be conducted so that they better understand the department’s response to violent incidents.

Conclusion

The Incarceration Workgroup of the JJPOC is preparing recommendations for 2023 that will include implementation of a PBIS model similar to the one CSSD is utilizing at the Detention Centers. The recommendation includes submitting a commissary implementation plan based on PBIS no later than July 1, 2023 and that effective Oct 1st, 2023, correctional facilities, where children 17 and under are housed, shall include a Positive Behavioral Motivational framework which is a comprehensive universal facility approach to promote a positive environment and by July 1st, 2024, the Positive Behavioral Motivational framework shall be implemented within correctional facilities, where individuals 18-year-old to 25 years-old are housed.



The United Nations standards state that, “the carrying and use of weapons by personnel should be prohibited in any facility where juveniles are detained.” If Connecticut and the United States are to follow this standard, chemical agents will be removed from juvenile facilities when appropriate in favor of de-escalation practices and humane methods of influencing juvenile behavior. This action would comply with internationally established standards of the United Nations as well as state-level recommendations from the JJPOC.

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The Tow Youth Justice Institute is a university, state and private partnership established to lead the way in juvenile justice reform through collaborative planning, training, research and advocacy.

Please visit our website at towyouth.newhaven.edu and follow us on social media [@towyouth](https://twitter.com/towyouth) or call 203-932-7361 with questions or for more information.



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APPENDIX E: Policy Notes

The following pages provide the CGL review team notes regarding DJJ policies.

100 SERIES

Policy #	Title	Last Review	Comments
106.3	Background Checks	12-1-2018	Sect. IV D: Licensed staff should be responsible for providing updated copy of licenses; Sect. IV E: Youth Workers should have backgrounds checks cleared before employment (not before end of training academy)
109	Employee Exit Interviews	11-30-2018	Sect. IV B: Makes exit interview a permanent part of employee file; may want to consider an anonymous approach as this practice could have a chilling effect on getting honest feedback.
132	Privacy of Health Information	3-04-2003	To be reviewed by Health Team
145	Quality Assurance Monitoring Program	5-15-2017	Policy weak in terms of what is required; Should be updated with a more robust system of performance accountability
150	Video Surveillance	5-15-2017	Section IV B.2.b: Residents in isolation will be viewed continuously; There is no mention of gender specific post for PREA requirements.



APPENDIX E: POLICY NOTES

				Policy does not give instructions on how long video must be kept before eliminating.
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APPENDIX E: POLICY NOTES

200 SERIES

Policy #	Title	Last Review	Comments
204	Administrative Transfers	4-5-2019	8 high level positions are named as committee members for approval of transfers; how practical is this with regard to timely decisions for transfer, particularly in emergency situations?
217	Advanced Care Unit		Manual to be reviewed by Health Team as it relates to the Advanced Care Unit

Policy #	Title	Last Reviewed	Comments
301	Intake and Orientation	4-5-2019	Section I: “youth shall undergo the following utilizing validated screening instruments that include:” Add: instrument for substance use; Section IV G-H, pp 3-7, should be reviewed by Health Team
302	Individual Treatment Plan and Aftercare	4-5-2019	This policy should be rewritten. It contains detailed instructions that more likely should be found in a Treatment Manual Procedures
303	Treatment Team Composition, Function and Responsibility	4-5-2019	Example of a monitoring mechanism section that is not effective and mitigates all that are responsible
306	Track and Level System	4-5-2019	Section I Policy: add language “validated need and risk instrument for juveniles” Section IV D.3 and G.3 refers to Kentucky statutes for time guidelines; Users should not have to look up statutes to know requirements; If too detailed this may need to be in a SOP manual at central office level
307	Counseling Services	4-5-2019	Counseling services is not narrowly defined and is not found in Definitions policy; Psychological counseling should be defined differently with only licensed

APPENDIX E: POLICY NOTES

			<p>professionals conducting treatment; other type of services is defined differently may include psycho-educational, cognitive groups and be performed by non-licensed staff; monitoring mechanism: How is this working? What are the results?</p>
310	Family and Community Contacts: Mail, Telephone, and Visitation	4-5-2019	Sect. IV C. 10 should include statement that “suspension of visitation should not be used as punishment.”
318	Behavior Management	4-5-2019	Section G. and H. talk about temporary separation from the general population for youth acting out, safety etc., but does not address the conditions of restricted confinement; may be covered in other policy
319	Staff Requirements for the Supervision of Youth	4-5-2019	Section B.3.c states: 1 to 12 “youth counselor;” Section B.3.e states: “Adequate number of Youth Workers;” Are these one and the same position? No mention of PREA staffing ratios in this document.
320	Transportation of Youth	4-5-2019	IV. D.3 states chemical weapons are not to be used (has this protocol changed?); IV D. 6.a states mechanical restraints use will be determined by the Superintendent or ADO. Policy may need to be more

APPENDIX E: POLICY NOTES

323	Isolation	4-15-2019	definitive instead of leaving discretion on a case- by-case basis. Section IV K. 5 states isolation will not be utilized for protective custody, but protection is mentioned in another policy
324	Restraints	4-5-2019	Section IV.K.2 should include language found in Section V that requires staff to be trained monthly, quarterly, and bi-annually. (Should review what is being trained at each event, may be duplicative)
325	Searches	4-5-2019	Section IV K .1 states that a strip search can only be conducted on youth with authorization of the Medical Director (Why not Regional Director or above?)
329	Progress Notes	4-5-2019	Where are progress notes maintained; how are they used and by whom? Incomplete policy as written.
332	Authorized Leave: Day Release and Furlough, Supervised Off-Ground Activities	4-5-2019	Policy refers to KRS 439.600 throughout; specific requirements of statute should be in narrative of policy.
346.1	Youthful Offenders	4-5-2019	Refers to KRS 640.075 Include exclusions from statute in narrative of policy; Is there an age ceiling for DJJ? Youthful offender is not in definitions in this section of policy.



APPENDIX E: POLICY NOTES

351	Youthful Offender Parole	4-5-2019	(Comment: Having the same parole board review juvenile cases as adult cases may not be the best practice)
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400 SERIES

POLICY #	POLICY SUBJECT	DATE OF LAST REVIEW	PRIMARY ISSUE(S)
DJJ 400.1	Health Services	November 4, 2020	<p>IV.G. Section while implied does not specifically speak to addressing immediate/urgent issues or concerns.</p> <p>IV.N.1 Section references a “medical audit” but does not reference the audit tool or mention any of the elements of this audit.</p>
DJJ 401	Health Services Admin & Personnel	October 5, 2018	<p>IV.B.5 Section references compliance with departmental policies and national standards but does not speak to compliance with Kentucky Nursing Laws.</p> <p>IV.J Sections states “medical shall not have sole determination for disciplining youth” – medical staff should have no role is disciplining youth. This goes against all national standards and ethical recommendations. Healthcare staff should not participate in any actions that may negatively affect or violate the therapeutic nature of the healthcare provider-patient relationship.</p>
DJJ 404.6	Emergency Medical Services	October 5, 2018	<p>What is a Youth Worker? It wasn't listed in the definition section.</p> <p>Who is responsible for preparing the plans to provide emergency medical & dental care?</p> <p>Is there an inventory list for the first aid and urgent care kits?</p>
DJJ 404.7	First Aid, AED, and First Aid Kits	October 5, 2018	<p>After a first aid kit is used, is it restocked, or only done monthly?</p>

DJJ 405.2	Forced Psychotropic Medications	October 5, 2018	The hospital will obtain the court order for forced medications, but the youth is returned to the unit for the medication to be administered and the RN to monitor.
DJJ 405.5	Section IV. B-C Behavioral Health Emergencies	November 4, 2020	<p>Under IV, Procedures A.2 – The policy should state where the youth will be monitored (i.e., the clinic, office, etc.). Where is the safe place? Is monitoring one-on-one?</p> <p>1. Under IV, Procedures A.3 – “the LBHP shall assess the situation....” Recommend re-wording to read “the LBHP assess the youth...”</p> <p>Under IV, Procedures A.3 – Recommend including a time duration for notification to the Superintendent of the planned intervention. There is not a time duration in the current policy/procedure.</p> <p>2. Under IV, Procedures B.6 – it is not clear if the procedures for notification of a transfer to the court the next business day is after an emergency.</p> <p>3. Under IV, Procedures C – Recommend including a time duration to the policy to contact the parent or caregiver to advise them of the situation of the respective youth. There is no time duration in the current policy/procedure.</p> <p>Under IV, Procedures A – The policy uses the term “Qualified Mental Health Professional” and in procedure B the term “Licensed Behavioral Health Professional (LBHP) is used. Do they have the same credentials? Are these position titles interchangeable?</p> <p>Under IV, Procedures G – Recommend including <u>who</u> is responsible for notifying parents or legal guardians and the Juvenile Service Worker (JSW).</p>
DJJ 405.6	Psychiatric Hospitalization	November 4, 2020	Under IV, Procedures A – The policy uses the term “Qualified Mental Health Professional” and in procedure B the term “Licensed Behavioral Health Professional (LBHP) is used. Do they have the same credentials? Are these position titles interchangeable?

DJJ 404.10	Special Needs Treatment Plans	October 5, 2018	<p>How soon are medical treatment plans expected to be developed? How often will they be updated? Do the plans include medications prescribed? Is lab work included?</p> <p>Are mental health treatment plans separate from medical treatment plans? Does a qualified mental health professional or psychiatric provider develop mental health treatment plans?</p> <p>Are arrangements made for the infant's care if the mother remains at a DJJ facility post-delivery?</p> <p>What happens if there is a spontaneous abortion (miscarriage)?</p> <p>Any postpartum care?</p>
DJJ 404.11	Perinatal Care	October 5, 2018	<p>IV. B-D Having these is confusing because the details are outlined under each type of facility.</p> <p>G. 2. Is this by a dentist licensed in Kentucky?</p> <p>H. How soon are dental treatment plans expected to be developed? How often are they to be reviewed?</p>
DJJ 404.12	Oral Screening and Oral Care	October 5, 2018	<p>Under IV. Procedures C – Recommend editing this sentence to include “immediately.” <i>“Serious discrepancies shall be reported to the Director of Medical Health Services or designee immediately.”</i></p>
DJJ 407	Pharmaceuticals	October 5, 2028	

500 SERIES

Policy #	Title	Last Review	Comments
501	Training and Staff Development	10/01/2019	<p>Policy is somewhat confusing. For example, while it serves to establish DJJ’s overall training program, Section iV.B: is procurement related and either misplaced (shouldn’t be in policy) or not fully described. This section indicates: <i>“Fiscal management, procurement, and contracting for goods and services shall be conducted in compliance with state laws, regulations, and DJJ policies. Reference DJJPP Chapter 1.”</i> There is no description how this language applies to training.</p> <p>Section IV.C. indicates: <i>“The Training Branch Managers, through the Division Director of Professional Development, shall provide quarterly reports to the Commissioner regarding training and staff development issues in compliance with DJJPP Chapter 1.”</i> There is no definition of a “Training Branch Manager” in the 500 series definitions policy (DJJ 500). There is a definition of a Training Branch Liaison however.</p> <p>Policy references “training issues” multiple times without ever describing what a training issue is. Is a training issue an: incident during training, inability to meet training requirements, complaints of the quality of training, lack of training staff, lack of FTI’s, etc. Should be better defined.</p>

502	Pre-Service Training	10/01/2019	Again references “Training Branch Manager without defining. Policy is very broad and brief and provides little guidance.
502.1	Field training Instructor Program	10/01/2019	Policy is confusingly written, making the policy requirements difficult to follow. Policy doesn’t describe the proficiencies that new staff must show proficiency in to successfully complete FTI training. This should be noted to ensure consistency across facilities.
503	In-Service Training	10/01/2019	Policy references the requirements of the “Training Branch.” There is no definition for what the Training Branch is. Annual training is very important to ensuring staff have skills needed to complete the work. The policy provides no general guidelines for training requirements. This should include broad categories that at minimum include: current and evolving laws and regulations, security practices, youth/staff interactions, crisis management, youth mental health/wellbeing, responding to medical incidents, use of force, etc.
504	Training Registration, Training Records, Outside Training, and Requests for Training	10/01/2019	Policy is one of the more of all training policies. Again references “Training Branch” and “Training Branch Managers” but these are not defined in the 500 series definition policy.
505	Training Requirements, Special Staff Groups, and Specialized Training	10/01/2019	Policy is confusing. Indicates Youth Workers, YWVs and YSPVs shall have pre-service training of 5 weeks of instruction, but later in policy indicates require 120 hours, which would typically mean 4 weeks.

506	Training Academy Operations	10/01/2019	<p>The policy jumps back and forth between training requirements for different position titles. Policy could be better structured if it grouped requirements by position title.</p> <p>Appear to be a list of requirements for the training academy and academy staff. Many of these requirements are basic detention facility requirements (emergency response, fire and safety inspections, Fire marshal inspections, sanitation) and should be covered in an overall agency policy(s) for those requirements. The requirements in the policy include.</p> <ul style="list-style-type: none"> • Orientation training requirements for Professional Development staff. • Training Records Management • Instructor requirements to respond to medical emergencies. • Academy/classroom inspections • Key/tool/equipment control. • Emergency medical contact information for academy staff. • Required actions in case of emergency • Requirements for written emergency plan • Evacuation plan requirements • Authority during emergency situations • Procedures for notification of law enforcement and emergency personnel. • Emergency drill requirements • Fire and safety inspections.
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APPENDIX E: POLICY NOTES

			<ul style="list-style-type: none">• State fire marshal inspections• Sanitation
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600. SERIES

Policy #	Title	Last Review	Comments
601	Initial Contact and Court Support for Public Offenders	2-2-2018	What is the definition of a “public offender?” Not found in definitions policy; what is the JSW? Not in definitions policy; Different terms mean different things depending on the branch or division. Such as JSW in Community and in facilities.
605	Community Supervision	2-2-2018	IV V.2.d refers to a “grid” for disposition of sanctions; grid be part of approved policy?
610	Transportation of Committed Youth	2-2-2018	IV. G states that committed youth are not to be transported by Department personnel. What is the distinction of Department personnel? Seems contradictory.
622	Community Mental Health Operations	02/02/2018	DJJ Policy Section IV.D states that a referral to Community Mental Health staff shall be made within two (2) business days. However, JDAI Standard V.ii.B.1 states “A qualified mental health professional sees the youth within 24 hours or sooner if necessary to provide appropriate assessments and treatment as needed.”

Additional 600 Series Comments

NOTE: It must be noted that most policies in the 600 Series has an effective date of 02/02/2018. Annual policy reviews for the 600 series should be reviewed to determine compliance with DJJ policy 100.1 Promulgation and Revision of Department Policy. Additionally, annual audits of each policy are required to ensure compliance, most typically with training guidelines set forth by each policy. A review of the completed audits would be necessary to ensure compliance with the individual policies.

616 – Youthful Offenders – Confined, Shock Probated, and Transferred to the Department of Corrections eff. 02/18/2018

- No recommendations

616.1 – Probation of Youthful Offenders eff. 02/02/2018

- No recommendations

616.2 – Parole of Youthful Offenders eff. 02/02/2018

- No recommendations

617 – Incident Reports eff. 02/02/2018

- No recommendations

618 – AWOL or Escape eff. 02.02.2018

- No recommendations

620 – Use of Self-Protection Skills eff. 02/02/2018 (JDAI Standards: Section V.vii.A.1-11)

- No recommendations

621 – Mental or Behavioral Health Services, Referrals, and Psychiatric Hospitalization eff. 02/022018 (JDAI Standards: Section V.ii.D.1-6)

- No recommendations

622 – Community Mental Health Operations eff. 02/02/2018 (JDAI Standards: Section V.ii.A.1-9, B.1-5, D.1-6)

- DJJ Policy Section IV.D states that a referral to Community Mental Health staff shall be made within two (2) business days. However, JDAI Standard V.ii.B.1 states *“A qualified mental health professional sees the youth within 24 hours or sooner if necessary to provide appropriate assessments and treatment as needed.”*

623 – Health and Safety for Community and Mental Health Services eff. 02/02/2018 (JDAI Standards: Section V.vi.E.1-18)

- No recommendations

700 SERIES

NOTE: It must be noted that, according to the 700 series index, each policy in the 700 Series has an effective date of 10/05/2018. However, each individual 700 series policy reflects a different effective date in the actual policy header. Those effective dates are listed below for each individual policy. Annual policy reviews for the 700 series should be reviewed to determine compliance with DJJ policy 100.1 Promulgation and Revision of Department Policy. Additionally, annual audits of each policy are required to ensure compliance, most typically with training guidelines set forth by each policy. A review of the completed audits would be necessary to ensure compliance with the individual policies.

700 – Detention Services Delivery System eff. 9/21/2023 (JDAI Standards: Section I.i.A.3)

- Section IV.H 1 and 2 appear to be in opposition to JDAI standard A.3 on page 94

701 – Criteria for Admissions eff. 10/5/2018 (JDAI Standards: Section V.i.A.1, 2, 3, 4, 5)

- Section I Policy states: *“A juvenile age ten (10) and younger shall not be placed in secure detention unless charged with a Capital, Class A, or Class B felony and then only if there is no appropriate alternative to detention program available.”*
 - This appears to be contradictory to DJJ policy 700, Section IV.2 which states: *“The “low-security” detention centers shall house youth thirteen (13) years of age or younger that are accused of having committed a Class C felony or above and all youth that are accused of having committed a Class D felony or below.”*
- Suggest adding JDAI standards V.i.A.4 which states: *“The facility does not detain youth who are not alleged to have committed a delinquent or criminal offense, such as abused or neglected youth.”*
- Suggest adding JDAI standards V.i.A.5a-d which state:
 - Staff do not ask youth about their immigration status.*
 - Staff do not detain youth solely because the youth are undocumented.*
 - Staff do not detain youth because staff cannot communicate with the youth or his or her parent or guardian in a language that the youth or his or her parent or guardian understands.*
 - Staff do not detain youth with immigration holds if they have no delinquency cases or charges, or if they would be released under state law (e.g., youth arrested for a delinquent act who are released by the court at a detention hearing, receive a disposition to a nonsecure placement, have their cases dismissed, or finish a period of incarceration).*

702 – Intake, Reception and Orientation eff. 10/5/2018 (JDAI Standards: Section V.i.A.6, 7, 8; Section V.i.B.1, 2, 3, 4, 5, 6, 7; V.i.C.4, 5, 6, 7, 8, 9, 10, 11, 13)

- Section IV.A.1, suggest adding Juveniles with serious physical injuries “or mental health needs”, in accordance with JDAI standard V.i.A.6
- Suggest adding JDAI standard V.i.A.7 which states: *“The facility does not admit youth whose safety cannot be protected.”*
- Suggest adding JDAI standard V.i.A.8 which states: *“Prior to the admission of a youth with physical disabilities, facility staff document that the physical plant can accommodate the youth and that the facility’s programming can adequately address the youth’s needs. Where appropriate, facility staff transfer youth to other placements better suited to meet the youth’s needs. The facility has preexisting arrangements with appropriate alternative placements to meet the needs of youth with physical disabilities.”*
- Verify (policy language does not indicate 24/7 availability) JDAI standard V.i.B.1 which states: *“Staff process youth into the facility in a timely manner. Intake for the juvenile justice system is available either on-site or through on-call arrangements twenty-four hours a day, seven days a week.”*
- Suggest adding JDAI standard V.i.B.2 which states: *“Intake/admissions staff have the authority to release or conditionally release youth, except as specifically limited by state law.”*
- Policy Section VI.B.10 should ensure and indicate the risk assessment instrument is validated and appropriate, in accordance with JDAI standard V.i.B.3.
- Suggest adding JDAI standard V.i.B.4 which states: *“The facility’s intake procedures include a process for determining if a youth is limited English proficient (LEP).”*
- Suggest adding JDAI standard V.i.B.7 which states: *“During intake and throughout a youth’s stay, staff refer to transgender youth by their preferred name and the pronoun that reflects the youth’s gender identity for communication within the facility, even if the youth’s name has not been legally changed. If staff use a youth’s preferred name in communication outside of the facility, they only do so at the youth’s request.”*
- Policy Section VI.C.2 should reflect specific rules and regulations for subject areas identified in JDAI standard V.i.C.6 which states: *“At the time of admission or shortly thereafter, youth receive both a written and verbal or video orientation to institutional rights, rules, and procedures including:*
 - a. Identification of key staff and roles.*
 - b. Rules on contraband and facility search policies.*

- c. *The facility's system of positive behavior interventions and supports, including a review of behavior expectations, incentives that youth will receive for complying with facility rules, and consequences that may result when youth violate the rules of the facility. [See also standard IV(D)(4).]*
- d. *The existence of the grievance procedure, the steps that must be taken to use it, the youth's right to be free of retaliation for reporting a grievance, and the name of the person or position designated to resolve grievances.*
- e. *Access to routine and emergency health and mental health care.*
- f. *Housing assignments.*
- g. *Opportunities for personal hygiene, such as daily showers.*
- h. *Rules on visiting, correspondence, and telephone use.*
- j. *Information and communications that are confidential.*
- k. *Access to education, religious services, programs, and recreation.*
- l. *Policies on use of physical force, restraints, and room confinement.*
- m. *Emergency procedures.*
- n. *The right to be free from physical, verbal, or sexual abuse and harassment by other youth and staff.*
- o. *How to report problems at the facility such as abuse, feeling unsafe, and theft.*
- p. *Nondiscrimination policies and what they mean for youth and staff behavior at the facility.*
- q. *The availability of services and programs in a language other than English.*
- r. *The process for requesting different housing, education, programming, and work assignments.*
- s. *Demonstration of appropriate pat-down and clothing searches.*
- Suggest adding JDAI standard V.i.C.4 which states *"The admissions process includes offering youth at least two telephone calls, a shower, and documented secure storage of personal belongings. Staff offer youth food regardless of their time of arrival."*
 - Current Intake policy (702 does not state at least two phone calls are provided to the individual.
 - Suggest adding JDAI standard V.i.C.5 which states *"During the intake process, youth receive information explaining, in an age-appropriate fashion, the facility's policy prohibiting sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment."*
 - Suggest adding JDAI standard V.i.C.8 which states *"Staff make alternative arrangements to provide orientation to youth who are deaf, hard of hearing, blind, or who have low vision."*
 - Verify JDAI standards V.i.C.10 and 11 are being met. JDAI standards language is not present in DJJ 702 Intake, Reception, and Orientation policy.

- Verify that a separate Language Access Plan is developed and implemented for this with limited English proficiency, in accordance with JDAI standard V.i.C.11 which states *“The facility develops and implements a language access plan to address how it will allocate the resources necessary to address the language needs of limited English proficient youth and parents or caregivers. The plan includes the following:*
 - a. Identification of existing facility resources dedicated to the provision of language assistance services and to what extent they are reliable.*
 - b. Identification of all vital documents to be translated and into which languages.*
 - c. Assessment of all signage to be translated, including emergency, exit, and special situation signs for all units and other areas of the facility.*
 - d. Identification of reliable translation services.*
 - e. Identification of reliable and competent interpreters, whether in person, by telephone, or by other means, and in which languages they are available.*
 - f. Assessment of the bilingual capacity of staff and to what degree they are qualified to serve as interpreters or to translate documents.*
 - g. Assessment of the assignment of bilingual staff and to what degree their language capacity is properly used.*
 - h. Identification of all other available language services and in which languages they are available, and how staff can obtain those services.*
 - i. How the facility will inform LEP youth and their parents or caregivers about the language services available.*
 - j. How the facility provides appropriate and meaningful language access in connection with intake, orientation, health care and mental health services, visitation, educational programming, and other programming for LEP youth and, when appropriate, their parents or caregivers.*
- Suggest adding JDAI standard V.i.C.13 which states *“In addition to the information given at intake, within 10 days of admission, staff provide and document comprehensive age-appropriate education to youth either in person or through video regarding their rights to be free from sexual abuse and sexual harassment, the right to be free from retaliation for reporting such incidents, and agency policies and procedures for responding to such incidents. Staff provide youth education on sexual abuse and sexual harassment in formats accessible to all youth, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to youth who have limited reading skills.”*

703 – Detention Risk Assessment eff. 10/05/2018

- No recommendations

- 704 – Alternatives to Secure Detention eff. 01/13/2023
- No recommendations
- 704.1 – Supervision of Youth in Alternative Detention Programs eff. 10/05/2018
- No recommendations
- 704.2 – Revocation of Youth in Alternative Detention Programs eff. 10/05/2018
- No recommendations
- 704.3 – Juvenile Justice and Delinquency Prevention Act eff. 10/05/2018
- No recommendations
- 705 – Individual Client Records eff. 10/05/2018 (JDAI Standards : Section V.i.E.3 ; V.i.F.1-10)
- Suggest adding page 102, JDAI standard F.4 which states “*Staff do not disclose information about youth to the media without the consent of the youth and his or her parent or guardian unless required by law or court order.*”
 - Suggest adding page 102, JDAI standard F.5 which states “*Staff document disclosures of confidential information in writing, including the staff member disclosing the information, the person inspecting or receiving the information, the type of information disclosed, and the date of the disclosure.*”
 - Suggest adding page 103, JDAI standard F.9 which states “*Administrators discipline staff members who breach rules and policies on the disclosure of confidential youth information.*”
 - Suggest adding page 103, JDAI standard F.10 which states “*Written policy, procedure, and actual practices ensure that facility staff inform the youth and his or her attorney upon receipt of a subpoena or court order for the youth’s records prior to disclosing the records.*”
- 705.2 – Progress Notes eff. 10/05/2018
- No recommendations
- 706 – Grievance Procedure eff. 10/05/2018 (JDAI Standards: Section V.vii.F.1-23)

- No recommendations
- 707 – Bed Capacities eff. 01/13/2023 (JDAI Standards: Section V.v.B.1-11; V.i.J.1-9)
- Recommend removing staffing information from this section and utilize DJJ Policy 910 for staffing information for consistency.
 - Incorporate JDAI standards Section V.i.J.1-9 on pages 168-169 for capacity and physical plant information and guidance.
- 708 – Classification of Juveniles for Housing and Program Assignment eff. 01/13/2023
- No recommendations
- 709 – Security and Control eff. 10/05/2018
- No recommendations
- 710 – Shift and Log Reports eff.
- No recommendations
- 711 – Transportation of Youth
- This policy was not provided for review; however, a cursory review of the Adair SOP Manual for this policy was conducted with no recommendations.
- 712 – Escape/AWOL eff. 09/21/2023
- No recommendations
- 713 – Restraints
- This policy was not provided for review; however, a cursory review of the Adair SOP Manual for this policy was conducted with the following recommendations.
 - According to JDAI Standards on page 173, Section A.2.b, *“The only mechanical restraints that staff may use in the facility are handcuffs.”*

- However, according to Adair SOP Manual for policy 713, Section III.B.8.d.2 references “handcuffs, leg shackles, restraining belts.”
 - Adair SOP Manual for policy 713, Section III.B.8.f.2) references “Number and type(s) of restraint equipment used.”
 - Adair SOP Manual for policy 713, Section III.B.3 references “Handcuffs and leg shackles must be double locked.”
 - Adair SOP Manual for policy 713, Section III.C states “Anytime a juvenile is transported from AYDC by staff, a transport belt or waist chain will be used to secure the hands in front of the juvenile.”
 - Policy does not dictate only handcuffs may be used within the facility and does not indicate a clear use of leg restraints.
- 714 – Searches eff. 10/05/2018 (JDAI Standards: Sections I.ii.F.6.i; V.iii.C.12, 13; V.v.C.4.h.(6); V.vi.H.1-7)
- Search procedures should be posted in areas in which searches are performed, and in the appropriate language(s) for youth and visitors (i.e., visitation)
 - Suggest adding JDAI standard language from page 167, Section I.2.c which states “...Staff notify parents or guardians if a youth is subjected to a physical body cavity search.”
- 715 – Critical Incident Reports eff 10/05/2018 (JDAI Standards: Sections V.v.E.1-8)
- Suggest adding “suspected child abuse, neglect, sex trafficking, retaliation against your or staff who reported and incident, and violation of staff responsibilities” according to JDAI standard E.1 on page 155.
- 716 – Behavior Management eff 10/05/2018 (JDAI Standards: Sections V.vii.D.2; iii.B.2; iii.D.2, 3, 4, 5)
- No recommendations
- 717 – Discipline and Special Behavior Management eff. 09/01/2023 (JDAI Standards: Sections V.vii.B.1-12; C.1-2; D.1-7; E.1)
- DJJ Policy 700 defines “Time-out” as “temporary removal of a youth from general programming for the youth to be given a chance to regain control of his or her behavior.”
 - DJJ Policy Section IV.E.5 allows for staff to place a juvenile in “Time-out”, but the time-out is not voluntary as recommended by JDAI standards on page 181, Section C.1 and 2.
 - DJJ Policy 700 defines “Room Restriction” as “a temporary removal of a youth from general population to a specified location for behavior management purposes for a maximum of 24 hours.”
 - DJJ Policy Section IV.E.6 Room Restrictions states:

- “6. Room Restriction: Room restriction may be used for juveniles who require removal from the regular program because of excessive program disruption, physical disruption, or rule infractions. Prior to going into room restriction, the reason shall be explained to the juvenile and an opportunity provided for the juvenile to explain the behavior. Staff shall make contact with the juvenile at least every 15 minutes. These contacts shall be documented. An observation sheet shall be posted on the juvenile’s door. Room restriction shall not exceed twenty-four (24) hours.”*
- Room Restriction language referenced above and in policy DJJ 717 appear to be contradictory to those outlined in the following sections of JDAI standards on page 177, Section B.1 which state the following:
 1. Written policies and procedures in the facility set forth the following principles for the use of room confinement.
 - a. Staff only use room confinement as a temporary response to behavior that threatens immediate harm to the youth or others. Staff may use room confinement when a youth is engaging in property destruction that threatens immediate harm to the youth or others.
 - b. Staff never use room confinement for discipline, punishment, administrative convenience, retaliation, staffing shortages, or reasons other than a temporary response to behavior that threatens immediate harm to a youth or others.
 - c. Prior to using room confinement, staff use less restrictive techniques, including talking with youth to de-escalate the situation and bringing in staff, qualified mental health professionals, or other youth to talk with the youth. Prior to using room confinement or immediately after placing a youth in room confinement, staff explain to the youth the reasons for the room confinement, and the fact that he or she will be released upon regaining self-control.
 - d. Staff do not place youth in room confinement for fixed periods of time. Staff return youth to programming as soon as the youth has regained self-control and is no longer engaging in behavior that threatens immediate harm to the youth or others.
 - e. During the time that a youth is in room confinement, staff engage in crisis intervention techniques and one-on-one observation.
 - f. While youth are in room confinement, staff follow a protocol that:
 - (1) Requires staff to secure the approval of a unit supervisor for the use of room confinement shortly after placing the child in room confinement.
 - (2) Requires staff to secure the approval of increasingly senior administrators as the length of time in room confinement increases.
 - (3) Clearly describes how and when to involve qualified medical and qualified mental health professionals.

- (4) Clearly describes the expectations for in-person visits of youth in room confinement by qualified medical and mental health professionals, supervisors, and administrators.
- (5) Requires staff to develop a plan that will allow youth to leave room confinement and return to programming.
- g. Staff do not place youth in room confinement for longer than four hours. After four hours, staff return the youth to the general population, develop a special individualized programming for the youth, or consult with a qualified mental health professional about whether a youth's behavior requires that he or she be transported to a mental health facility. [See also standard VII(B)(2).]
- h. If at any time during room confinement, qualified medical or qualified mental health professionals believe the level of crisis service needed is not available in the current environment, the youth is transported to a location where those services can be obtained (e.g., medical unit of the facility, hospital).
- According to JDAI Standards manual, page 6, in the section titled "Restraints, Room Confinement, Due Process, and Grievance," the revised standards "Eliminates the use of the term "isolation" and uses a single term, "room confinement," to describe the involuntary restriction of a youth alone in a cell, room, or other area for any reason."
- DJJ Policy 717 references and provides guidelines for the use of "Isolation", defined by DJJ Policy 700 as "the removal of a resident from the general population."
- DJJ terminology for "Isolation" as well as the definition, application of, and use of should be thoroughly reviewed and considered for abolishment of the term and practice as it is in its current form in DJJ.

718 – Disciplinary Review eff. 10/05/2018

- No recommendations

720 – Programs and Services eff. 10/05/2018

- No recommendations

720.1 – Library Services eff. 01/13/2023 (JDAI Standards: V.iv.B.15-18)

- No recommendations

720.2 – Recreation and Structured Activities eff. 01/13/2023 (JDAI Standards: V.iv.B.1-14)

- Suggest adding JDAI standard on page 139, Section B.8 which states “The facility offers special programming for youth who are pregnant and youth who are parents.”
- 4.
- 5.
- 720.3 – Religious Programs eff. 10/05/2018 (JDAI Standards: V.iv.B.6, C.1-5)
- No recommendations
- 720.4 – Youth Work Details eff. 10/05/2018
- No recommendations
- 720.5 – Social Services eff. 10/05/2018
- No recommendations
- 6.
- 7.
- 720.6 – Family and Community Contact eff. 10/5/2028 (JDAI Standards: V.iii.A.1-9, B.1-8, C.1-14)
- JDAI standard B.3 on page 129 states: “[Telephone] Calls are available free of charge.” DJJ 720.6 policy language, Section IV.D.2 talks about “reasonably priced telephone services” and “contracts for calling options.”
 - Visiting rules should be posted in English and other languages for visitors to read and understand upon entry into the facility, see JDAI standard C.13 on page 130.
 - Alternatives to in-person visitation should be reviewed and allowed (i.e., video visitation) per JDAI standard C.7 on page 130.
- 725 – Educational Programming and Instructional Services eff. 10/5/2018 (JDAI Standards: Section V.iv.A.1-29)
- What are the instructional requirements for minimum number of minutes/hours in a school day for educational instruction? Does Kentucky have a law that states this? See JDAI Standard on page 134, Section A.6.
 - Does the Education program have a set calendar, take off for holidays or other scheduled breaks, and are additional elective and special activities planned during the programming breaks and holidays? See JDAI standard on page 134, Section A.7
 - Policy 725.1 What is the facility staffing level for educational services – policy does not define it. Teacher-student ratio should be 1:12 for general education and 1:8 for intensive learning needs. See JDAI standard on page 135, Section A.10

- LEP policy (referenced in other sections of this policy review process) shall be developed to ensure those youth are identified, and education classes are appropriate to address their needs.
 - Does an outside accreditation or oversight entity (i.e., state board of education, etc.) annually review and evaluate the school and are findings reviewed and addressed accordingly? See JDAI standard on page 135, Section A.14.
 - Policy language in section IV.G does not seem to meet JDAI standard language on pages 135-137, Section A.17 regarding the federal special education law (i.e., the Individuals with Disabilities Education Act, or IDEA); other than staff “suspecting” youth may have an educational disability, there is no formal process for determining this. A process must be put into place to identify and assess these youth in accordance with JDAI standards and the federal requirements of the Child Find provisions of IDEA. Documentation and planning for an IEP for youth with educational disabilities is not discussed in policy language. Extensive review and policy revision is warranted for this section.
 - Is there a comparable education program available for those youth who, for medical, disability, security, or disciplinary reasons, cannot attend regular educational classes?
 - Policy language states educational services shall be provided “*up to the completion of high school or the General Education Development (GED) program.*” For those who have received a diploma or GED, are additional programs offered, such as vocational, technical training, college preparatory classes, etc.? See JDAI standard on page 138, Section A.26.
 - Does the facility provide parents and guardians with the same notifications and progress reports as they would receive from community schools? See JDAI standard on page 138, Section A.28 and 29.
- 725.1 – Instructional Staffing eff. 10/5/2018
- No recommendations.
- 725.2 – Education Record eff. 10/5/2018
- No recommendations.
- 8.
- 9.
- 726 – Leaves eff. 01/13/2023
- No recommendations
- 729 – Release from Detention eff. 01/13/2023 (JDAI Standards: Section V.ii.K.1-5)

- Policy language in section IV.B states “*Youth release on medication shall be provided a minimum of three (3) days medication supply.*” Current SOP language (see Adair) states the same language. However, there is no differentiation for psychotropic medication, maintenance medication, guidelines for when the youth is released (i.e., holiday weekend or holiday season) and ability to be seen by a medical professional for prescription renewal in the community. In essence, three (3) days may not be sufficient.
- Discharge planning in policy language appears to be insufficient and does not meet intended practices established in JDAI standards on page 126, Section K.1-5.

730 – Inspections of Secure Juvenile Detention Facilities eff. 01/13/2023

- Recommend adding all living and activity areas of the juveniles to the annual inspection process. Current language requires inspections in the “*Kitchen, Laundry, and Medical facilities.*” Recommend adding living units, recreational areas (indoor and outdoor), dining rooms, educational/vocational/technical activity areas, isolation rooms, visiting areas, intake area, and personal property at a minimum.

731 – Complaint Investigations of Secure Juvenile Detention Centers and Juvenile Holding Facilities eff. 10/5/2018 (JDAI Standards: Section V.iii.E.8)

- What mechanism is available for family or others to lodge a complaint? Is there a formal process and are youth and family members aware of this process? See JDAI standard on page 132, Section E.1, 2, 3, and 8.

800 SERIES

NOTE: It must be noted that each policy in the 800 Series has an effective date of 11/01/2019. Annual policy reviews for the 800 series should be reviewed to determine compliance with DJJ policy 100.1 Promulgation and Revision of Department Policy. Additionally, annual audits of each policy are required to ensure compliance, most typically with training guidelines set forth by each policy. A review of the completed audits would be necessary to ensure compliance with the individual policies.

800 – Definitions

- No recommendations

- 801 – Treatment Program for Declared Juvenile Sexual Offenders
 - This policy is very limited and refers to an additional SOP Manual titled “Manual for the Treatment of Declared Juvenile Sexual Offenders” to identify the DJJ’s Treatment Program

- 803 – Polygraph Examinations
 - No recommendations

- 806 – Private Provider Application, Approval, and Renewal Process for Juvenile Sexual Offender Treatment or Assessor Status
 - No recommendations

900 SERIES

NOTE: It must be noted that each policy in the 900 Series has an effective date of 3/9/2018. Annual policy reviews for the 900 series should be reviewed to determine compliance with DJJ policy 100.1 Promulgation and Revision of Department Policy. Additionally, annual audits of each policy are required to ensure compliance, most typically with training guidelines set forth by each policy. A review of the completed audits would be necessary to ensure compliance with the individual policies.

901 – Zero Tolerance of any Type of Sexual Misconduct

- Is there a contractor/intern/volunteer handbook to advise them of reporting and zero tolerance requirements?
- Violations “shall be referred to law enforcement and the local prosecutor’s office for criminal prosecution” – who does this and how many have been done in past 3-5 yrs.?
- What training has been done by the Community Regional Manager for PREA compliance within their respective offices? (see IV.6)
- Case conference/review for any disciplinary actions resulting from staff PREA violations – has this been done?
- Annual audits required to verify staff training – is this being done?

902 – Personnel Procedures

- Section IV.C – staff DJJ shall conduct background checks on all “DJJ Staff”, every 5 years, but does not include “contractors” as well, per JDAI, pg. 147, Training and Supervision. A.7
- Section IV.G.1 – engaged in sexual abuse or sexual harassment “in a prison, jail, ..., or other institution”; JDAI pg. 148, Training and Supervision, A.8.a does not differentiate between “in a prison, jail, ...”; this would affect current employees being promoted as well as new hires.
- Section IV.H does not include “or promote” and does not include “employees”, rather this is only for new applicants; however, according to JDAI pg. 148, 8.b – “child abuse, domestic violence, stalking, or elder abuse” should be included in both hiring and promoting of individuals.
- Section IV.H 1-16 does not include “child abuse, domestic violence, stalking, or elder abuse” specifically, unless the reader is aware of the referenced KRS policies.

- 903 – Prohibited Conduct of Staff, Interns, Volunteers, and Contractors
- No recommendations
- 904 – Contracted Residential Entities
- No recommendations
- 905 – Juvenile Vulnerability Assessment Procedure
- No recommendations
- 906 – Reporting and Investigating PREA Violations
- Section I Policy statement and policy itself does not include “investigations of all types of ‘alleged abuse, neglect, and retaliation’”, as indicated on pg. 4 and revised standards of JDAI manual pg. 155, E. 1 and 2; pg. 189, D.1
- 907 – Resident PREA Education
- Section IV. – Juveniles have access to the IB hotline, but are they allowed to make a report in writing? This is not specifically required in JDAI, but a good alternative to treat any report to an outside entity as privileged mail, ensuring it is delivered accordingly.
- 908 – Response to a Report of a PREA Violation
- Incorporating language into policy 906 (as referenced above), would then require this policy, 908, to outline a proper response to a Report of a PREA Violation that also included “alleged, abuse, neglect, and retaliation.
- 909 – Data Collection and Review
- No recommendations
- 910 – Facility Security Management
- Section IV.F, suggest adding language from pg. 148, B.2 JDAI standards to clearly define “direct care staff” and to ensure proper staffing ratios are being met. Additional language to better define the 1:8 ratio would include *“The ratio is calculated based on the number of direct care staff supervising the general population. Direct care staff are stationed inside living units*

- where they can directly see, hear, and speak with the youth. The ratio does not include staff supervising youth from control centers or via video monitoring. Staffing in specialized care units, such as medical, mental health, and special handling units that generally require more intensive staffing is not factored into these calculations.”
- Section IV.F, suggest adding language from pg. 149, B.3 JDAI standards, specifically regarding the 1:16 ratio of direct care staff to youth during the hours that youth are asleep. Additional language to better define the 1:16 ratio would include “In addition to the required number of direct care staff, there is always at least one other staff member inside the facility who can assist in an emergency or provide relief to direct care staff.”
 - Suggest adding language from JDAI standard B.9 on page 149, which states that “At least one female staff member is on duty in living units housing girls, and at least one male staff member is on duty in living units housing boys. Staffing levels of same-gendered staff are sufficient so that staff can avoid viewing youth of the opposite gender in a state of undress, except in exigent circumstances.”
- 911 – DJJ Staff PREA Education and Training
- No recommendations
- 912 – Sexual Orientation and Gender Identity
- Section IV.C, suggest adding JDAI standard E.4 from page 101 to require that “staff ask all youth about their sexual orientation, gender identity, and gender expression. Staff ask youth how they want information about their sexual orientation, gender identity, and gender expression recorded and with whom staff can discuss that information.”
 - Section IV.F add “such decisions are reassessed at least every 60 days to review youth’s safety and physical and emotional well-being”, regarding making housing decisions for youth, in accordance with JDAI standard E.8 from page 101.
 - Suggest adding language equivalent to JDAI standard G.3 on page 166 which states “the facility allows youth to wear clothing appropriate to their gender identity, including bras and underwear.”

1000 SERIES

Policy #	Title	Last Reviewed	Comments
1000	Definitions	4-5-2019	No changes at this time
1001	Programs and Services	4-5-2019	This policy is vague and lacks details: i.e.: consistent family contact. There should be an operating guideline to detail expectations.
1002	Admissions	4-5-2019	f. School referred students with severe behavioral issues in the school and in the community Question: why are these children referred to this program? It appears these children are not involved in the criminal justice system and these populations should not be mixed Monitoring mechanism is vague and does not address details of what is monitored, or any follow up or reporting actions that are necessary
1003	Intake and Orientation	4-5-2019	G. The plan shall be in accordance with protocol approved by the Superintendent and shall be signed by the student and the assigned youth counselor. This is vague – what is the protocol – should be defined as a standard protocol. Monitoring mechanism is again vague. What is the process if it is discovered that elements of intake/orientation are not followed.

1004	Correspondence to the Court System	4-5-2019	No changes
1005	Student Dress code and personal property	4-5-2019	No changes
1006	Family and Community Contacts: Telephone and Visitation	4-5-2019	C. Students shall be informed in a timely manner of the verifiable death or critical illness of an immediate family member. Include in definitions: define "immediate family member"
1007	Level System	4-5-2019	No changes
1008	Individual treatment plan	4-5-2019	B 3. Members of the assigned treatment team shall participate in this conference; Identify who is included in the treatment team Question: is there an Education Director on site and are they included in the planning
1009	Treatment Team Composition, Function, and Responsibility	4-15-2019	No changes

1010	Counseling Services	4-5-2019	<p>G. Individual counseling shall be: 1. Conducted by the student's assigned counselor. If the assigned counselor is absent, one (1) of the following staff shall provide counseling services: another youth counselor, Superintendent, or Superintendent's designee</p> <p>- is this realistic, appears that the Superintendent is the default in several areas and does not appear to be sustainable</p> <p>Monitoring mechanism: again a great deal falls on the superintendent. Should include the Chief of Mental Health services</p> <p>No changes</p>
1011	Family Engagement	4-5-2019	
1012	Individual Client Records	4-5-2019	<p>f. Copies of mental health assessments, if approved by the mental health professional doing the assessment</p> <p>Mental health records should be kept separate.</p>
1013	Progress Notes	4-5-2019	<p>A. 1. Youth worker (YW) staff shall be the primary recorders of daily progress notes. The purpose of daily progress notes shall be to provide an ongoing record of significant events in the student's course of treatment.</p> <p>This is vague – is there an operating guideline to direct the expectations of the content/expectations of what should be recorded to ensure consistency.</p> <p>No changes –</p>
1014	Behavior Management	4-5-2019	<p>Just note: positive reinforcements are noted. Consequences are in definition, but not identified in the policy</p>

1015	Graduated Responses, Sanctions, and Incentives	4-5-2019	<p>C. All staff shall receive sufficient training in facility sanctioning procedures, informal resolution of minor behavior, and ways to effectively use incentives to reward and motivate behavioral compliance.</p> <p>“Sufficient” is vague. There should be a standard level of training requirement noted.</p>
1016	Restraints	04-5-2019	<p>Need clarification: PROCEDURES A. DJJ staff shall not use mechanical restraints in day treatment programs.</p> <p>G. A youth who is known to be pregnant shall be restrained solely with handcuffs in front of her body unless further restraint is required to protect herself or others. Staff shall not utilize a prone restraint on pregnant youth.</p>
1017	Searches	4-5-2019	<p>Can prone restraint be used on other youth? And the information is conflicting.</p> <p>No changes</p>

1018	Contraband, Seizure, and Chain of Custody	4-5-2019	<p>B. Confiscated dangerous contraband shall be placed in a plastic bag or envelope, sealed, and immediately secured in a designated, locked area.</p> <p>Include plastic container for sharp items</p> <p>2. The securing of the contraband shall be documented by listing the date, time, and the name of the staff securing the contraband. Any transfer of the contraband shall be included in the documentation.</p> <p>Need a standard chain of custody/evidence form</p> <p>2. The Superintendent shall ensure the safety of students and staff in confiscating a deadly weapon. Emergency services shall be contacted, if necessary</p> <p>Is Emergency Services Law enforcement?</p>
1019	Incident Reporting	4-5-2019	<p>B. The primary staff directly involved in an incident shall complete the incident report by the end of the shift</p> <ul style="list-style-type: none"> All staff involved in an incident should complete a report <p>Question: is there a file to maintain all original incident reports for retention? G. The original incident report shall be filed in the student's Individual Client Record (ICR).</p>

1020	Grievance Procedure	4-5-2019	S. 3. Due to the unavailability of an essential party, the time frames may be extended. The reason for the extension shall be noted on the grievance documentation. There should be a timeframe for an extension.
1021	Staff Requirements for the Supervision of Students	4-05-2019	No changes
1022	Instructional Staffing	4-05-2019	E. The Superintendent, DJJ Education Branch staff, and OCTE shall provide program orientation to new educational and technical education personnel prior to those personnel working with the student. The orientation shall include DJJ policies and procedures regarding personal conduct, supervision of students, special incident reporting, and other relevant laws and regulations that apply. Should note examples of required training or ensure it is included in a training plan
1023	Educational Records	4-05-2019	No changes
1024	Educational Programming, Assessment, and Transition	4-05-2019	No changes
1025	Evaluation of Integrated Educational and Vocational Plan	4-05-2019	Vague policy – appears this could be included into another education policy

1026	Technical Education Safety	4-05-2019	<p>The policy lacks a standard for the number of student participants in a class where tools will be used. This may depend on the type of course, but policy should reflect that it is determined before class starts.</p> <p>Policy does not reflect any tool control measures.</p>
1027	Library Services	4-05-2019	<p>No changes</p> <p>Just recommend that the superintendent create contracts with local libraries or schools for input from a librarian rather than or to compliment a “designated staff”</p>
1028	Recreation	4-05-2019	No changes
1029	Work programs	4-05-2019	<p>E. Work programs shall comply with all legal and regulatory requirements.</p> <p>The policy should refer to applicable statutes or regulations – could be in a “reference” section</p>
1030	Drug screening and testing	4-05-2019	<p>The policy includes several process pieces that may be in a SOP.</p> <p>F. Students shall be informed, in writing, that failure or refusal to cooperate by providing a specimen, within two (2) hours of a request, is a rule violation and may result in graduated responses.</p> <p>* The above refers to a rule violation and consequences – is there due process as part of this?</p>
1031	Transportation of Students	4-05-2019	<p>Add: staff must possess a valid driver’s license</p>

1032	Use of Non-Governmental Funds and Youth Activity Funds Account	4-05-2019	This policy needs updating and separate out the staff (employee funds) from the funds for youth activities. There is also reference to staff reimbursement for expenses incurred while on duty – that should be in a separate policy for staff reimbursement of expenses.
1033	Youth council	4-05-2019	Missing item: post the minutes from the youth council meetings for the students to view. D. Written minutes shall be kept of each youth council meeting and shall be held on file for three (3) years by the Superintendent or designee.