

**UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF MISSISSIPPI
JACKSON DIVISION
HONORABLE DANIEL P. JORDAN III, U.S. DISTRICT JUDGE**

**J.H., ET AL, VS HINDS COUNTY MISSISSIPPI
3:11-CV00327 DPJ-FKB**

Monitoring Compliance Report:

**Report Draft Date February 17, 2014
Report Date February 27, 2014**

**Submitted by
Leonard B. Dixon, MSPA
24420 Crescent Drive
Woodhaven, MI 48183
734 642-7412
Email home: lbdixon1@comcast.net
Email work: lbdixon4@co.wayne.mi.us**

**The
Sixth Monitor's Report
Henley-Young Juvenile Justice
Leonard B. Dixon**

Background

On March, 28, 2012, Hinds County, Mississippi entered into a settlement agreement ordained and adjudged by Judge Daniel P. Jordan III, for the United States District Court Southern District of Mississippi, Jackson Division, regarding conditions of confinement at the Henley-Young Juvenile Justice Center, located in Jackson, Mississippi. According to the order the settlement agreement and its specifics requirements "shall apply to Henley-Young and any contractor that may provide services to Henley-Young in the future. The term "youth" herein often refers to individuals confined at Henley-Young. "The parties" understand that the requirements contained herein will be implemented without undue delay as soon as practicable. Unless otherwise indicated herein, the parties will collaborate to make all reasonable efforts to ensure that within 90 days of the effective date of the agreement, policies, and procedures consistent with the agreement are drafted, in the process of being implemented, and that all detention staff received training on the requirements. The parties agree and understand that the implementation will be an ongoing process that extends beyond the initial 90 days of the agreement. As part of the settlement agreement the defendant shall contract with Leonard Dixon, within 30 days of the court entry of this settlement agreement to serve as an expert who will be responsible for documenting the defendant's compliance with the terms of the agreement and for providing and/or arranging technical assistance and training regarding compliance with this settlement agreement. I will have full and complete access to detained youth, institutional files, medical files, mental health files, education files, video tapes, and youth, staff records and all other information and other reports by staff, grievances, incident reports, and other relevant documents and files maintained by Henley-Young.

All non-public information obtained by the expert shall be kept confidential, except that on a quarterly basis the expert shall file a report with the court documenting the progress of compliance. Neither party, nor any employee or agent of either party, shall have any supervisory authority over the expert's activities, reports, findings, or recommendations. The expert shall file with the Court and provide the parties with reports describing the Defendant's steps to implement this Settlement Agreement and evaluate the extent to which the Defendant has complied with each substantive provision of this agreement. Such reports shall be issued quarterly, unless the parties agree otherwise. The reports shall be provided to the parties in draft form for comment at least two (2) weeks prior to their submission to the Court. These reports shall be written with due regard for the privacy interests of individual youth and staff and the interest of the Defendant in protecting against disclosure of non-public information. The expert shall have a budget sufficient to allow him to fulfill the responsibilities described in this Settlement Agreement. Mr. Dixon may consult other experts or consultants retained by either party. All parties shall receive copies of all draft reports from the other experts to Mr. Dixon prior to the issuance of Mr. Dixon's report, and shall have the option of being present at briefings

from such experts to Mr. Dixon and Defendant. Mr. Dixon may initiate and receive ex parte communications with the parties and their respective experts and consultants.

Recommendations based on findings, observations and interviews

Result of visit on December 15-20, 2013

Documentation provided and reviewed

MAYSI-2 Screenings on youths G.J., A.F., K.B., A.D., J. S., A.P., K. D., and J.C.

Memos with Directives:

- Dated September 10, 2013 re: mandatory supervisors meeting
- Dated September 10, 2013 re: mandatory staff meeting
- Dated September 20, 2013 re: visits in central control
- Dated September 24, 2013 re: requesting leave
- Dated September 24, 2013 re: mandatory reporting of call-ins
- Dated September 26, 2013 re: juveniles being left alone
- Dated September 26, 2013 re: ABL and serving meals
- Dated October 4, 2013 re: pod doors
- Dated October 4, 2013 re: uniforms
- Dated October 7, 2013 re: pod doors and recreation door
- Dated October 9, 2013 re: mandatory staff meeting
- Dated October 9, 2013 re: mandatory supervisors meeting
- Dated October 16, 2013 re: personal information
- Dated October 22, 2013 re: Two-way radios
- Dated October 22, 2013 re: school
- Dated October 25, 2013 re: caller requesting juveniles' information
- Dated October 28, 2013 re: serious incidents
- Dated November 1, 2013 re: TVs on pods
- Dated November 4, 2013 re: Nurse Vicki Berryhill
- Dated November 4, 2013 re: mandatory training with NPJS
- Dated November 6, 2013 re: training
- Dated November 7, 2013 re: employee file
- Dated November 14, 2013 re: Covich County detainee D.H.
- Dated November 15, 2013 re: medical alert Youth C. McD.
- Dated November 18, 2013 re: employee files
- Dated November 19, 2013 re: staff meeting
- Dated November 20, 2013 re: call ins/excessive call ins
- Dated November 22, 2013 re: control towers
- Dated November 22, 2013 re: barber
- Dated November 22, 2013 re: booking juvenile assessments
- Dated December 3, 2013 re: mandatory training
- Dated December 4, 2013 re: radios
- Dated December 4, 2013 re: administrative and senior detention officer meeting
- Dated December 16, 2013 re: mandatory staff meeting
- Dated December 19, 2013 re: unauthorized children in detention

Memo re: Jackson Public School District Testing dated October 4, 2013

Memo re: Holes in hallways ceiling dated October 25, 2013

Due Process/Grievance Procedures on 14 packets on various youths
Policy Review Log (signed by staff) on policies but dates vary – issued on November 27, 2013
but some staff signed as far as December 16, 2013:

- Emergency Release
- Security Searches
- Mechanical Restraints
- Unit Rules & Regulations
- Resident Hygiene
- Clothing & Bedding Exchange
- Suicide Precaution
- Equal Access
- Recreation & Leisure Time
- Resident Telephone
- Visitation

HYJJC Resident Incident Report/Use of Force

- August 2013 – 17 Residents
- September 2013 – 29 Residents (including some witness statements, 2 medical reporting forms and 4 supervisors checklist forms)
- October 2013 – 34 Residents (including some witness statements, 3 medical reporting forms and 7 supervisors checklist forms)
- November 2013 – 28 Residents (including some witness statements, 2 unusual incident reports, 4 medical reporting forms and 8 supervisors checklist forms)
- December 2013 – 19 Residents (including some witness statements, 2 unusual incident reports, 6 medical reporting forms and 5 supervisors checklist forms)

Draft Policies/Procedures on a CD:

- 2.A.2 – Fire Safety & Evacuation
- 2.A.4 – Weather Emergencies
- 2.A.10 – Emergency Release (Over Capacity) Adjustments
- 3.A.9 – Use of Force
- 3.A.16 – Administrative Isolation & Segregation (Cell Confinement)
- 3.C.6 – Behavior Management
- 3.C.7 – Due Process
- 3.C.8 – Due Process isolation
- 6.A.1 – Intake & New Admission
- 6.B.1 – Daily Routine
- 6.B.3 – Recreation & Leisure Time

Resident Handbook

QA HYJJC Incident Stats for September, October, November, December 2013

Quality Assurance Audit Reports:

- Quality Assurance dated September 17, 2013 re: OD Unit/WP Unit
- Quality Assurance Audit Report dated November 4, 2013 re: Intake Area
- Quality Assurance Audit Report dated December 10, 2013 re: Units/Intake

Grievance Reports from 9 residents

Hinds County Position Analysis detailing current/former employees dated May 13, 2013

Hinds County Position Analysis detailing current/former employees dated November 5, 2013

Hinds County Position Analysis detailing current/former employees dated December 19, 2013

Weekly Schedule for Staffing by Shift

History and Physical Examination Medical Records on youths A.D., K.B., A.F., J.C., K.D.,
A.P., J.S., G.J.

Timesheets for 2 nursing staff (18 timesheets)

Staff Interviewed

Eddie Lee Burnside Jr., QA Coordinator/Due Process/Recreational etc.

Eric Dorsey, QA Coordinator/Grievance/Policies & Procedures

Nurse Sandra Lavonne Abby

Nurse Debbie Johnson Williams

Angela Harvey, Mental Health Therapist, Hinds Behavioral Health

Rigoberto M. Albarran, Detention Officer

Gracie Lee-Smith Sturghill, Detention Officer

Namibia Lannette Brown, Detention Officer

Homer E. Moncrief, Detention Officer

Tabatha Bouldin, SR. Detention Officer

Tenniah Ross, Education Director

Youth Interviewed

Youth S.M.B. 11 years old

Youth J.S. 16 years old

Youth K. D. 17 years old

Youth A. D. 17 years old

Youth T. S. 13 years old

Youth J. S. 15 years old

Introduction

This report is the result of my sixth official visit to the Henley-Young Juvenile Justice Center. I visited the facility from December 15, 2013 through December 20, 2013 for the purpose of an official inspection. I would like to thank the staff and County Administration for their cooperation during my visit.

The facility hired a new director, Brenda Frelix, in September 2013. She must ensure that the facility's administration has a conceptual understanding of juvenile detention. There is a need now to develop definitions and specifications for each member of the administration as it relates to operational hierarchy; who's on first and how he or she functions. These duties should indicate how each position performs and its specific responsibilities. Again I will assert that the facility has had a major turnover at the director's level, and now it is imperative that a strong, clear, detailed administrative structure as to operations be established. During my review of documents, I found numerous "directives" issued by Ms. Frelix. This issuing of single "directives" is fine for clarification purposes. However, directives are not policies and procedures and can become confusing to staff. I would recommend that Ms. Frelix continue to focus on policies and procedures which will assist in guiding staff in implementing proper facility rules and regulations. The facility should be mission driven. The policies and procedures are originates from the mission. Ms. Frelix needs to develop "corrective action plans" to identify what has to be done, who is responsible for the action, and a reasonable time for the action to be completed. This helps to create measurable benchmarks. I have made this recommendation to the previous directors, in the past. I have provided examples of corrective action plans and my expectation is that Ms. Frelix, will perform in this manner **.It should be noted that the facility have moved 13 provisions to partial compliance and 3 to substantial compliance. Although there is a way to go this is commendable. The facility must now maintain this momentum.**

Staffing

The facility continues to have inadequate staffing levels to ensure a safe and secure environment. There are still youth who are being left without any supervision. The county has hired new staff but this has not helped the staffing situation due to attrition. Salaries are not sufficient to attract and keep staff.

The National Partnership for Juvenile Services (NPJS) has provided a "train-the-trainer" program at Henley-Young for the juvenile detention staff (see attachment 1 "summary of training provided and recommendation for next steps"). The facility now needs to identify the trainers, and what areas each trainer will provide. This is necessary to develop a comprehensive training program for all staff, which shall be incorporated in the beginning for new staff to the facility. This helps to negotiate the culture and practices of juvenile detention. As part of the training program, each new or existing member of the staff should have a personal copy of the policies and procedures manual to reinforce each training module. Further, each staff member should be required to learn these policies and procedures. The facility has developed 11 new policies with procedures which is commendable however there is still much work to be done for this juvenile detention program. Although policies are being developed, the facility administration must ensure that staff is following the mandates set forth. This is not a "check the box" process; the policies and procedures must become a part of the normative culture of the facility. This "check the

box” process was evident during my review of an admission process (see exhibit 1). The staff was so busy processing the resident that he was given an orientation pamphlet and told to review it, sign it and was asked if there were any questions. This process took approximately 30 seconds. Residents entering the facility should be given enough time to become more fully oriented into the program.

It should be noted that the County has installed a new monitoring system which includes sounds that will enhance the security, however, it is not meant to negate or replace the line-of-sight supervision required by staff. The County’s enhancement of the monitoring system is commendable.

Building cleanliness/environmental issues/maintenance

The facility is still in need of skilled trades’ personnel (i.e. electricians, carpenters, plumbers, etc.). There are still rooms, leaking, showers and stalls, and sprinkler heads that need repairing. Again, please see room A107 (see exhibit 2). This room is of particular concern because, in my prior report, it showed where a resident was able to tie a shirt around the protruding pipe to harm himself. It should be noted that the youth was taking psychotropic medication (see last report). During this visit, the pipe still had not been covered and youth were still being placed in this room. This is a very dangerous and a liability problem for the County. This is emphasized because during my review of documents, there were several residents who showed suicidal gestures. One resident attempted to hang himself and another resident used staples to cut himself. Although these areas of residents attempting suicide are addressed in this report, good building maintenance will reduce the likelihood of residents following through on these gestures due to poor building repairs. It should be noted that good supervision will also reduce suicide attempts. As stated in my previous report, because institutions are so heavily used, there must be on-going inspections. The facility’s administration must ensure there is constant vigilance as it relates to building cleanliness and maintenance. As stated in my previous report, I found that whatever the facility’s administration focuses on, the facility will focus on - order, cleanliness, and safety - as key components for the facility’s leadership.

Mental Health

As stated in my previous report, the mental health component of the facility still needs to be addressed. During this visit my documentation review, showed little had changed. Although there is a social worker from Hinds Behavior Health located on the court side of the building; she provides more social service and case management than she does mental health services. Although the case management services are much needed, the facility is in need of full-time mental health services. As stated above, in the maintenance portion of this report, several residents who are in need of mental health services are not having their needs met. Resident C.E. and Resident A.A. respectively, are in need of on-going mental health services. I found no psychiatric assessment, treatment plan, treatment team reviews, or progress notes. No plan of service was evident for these residents. In addition, based on my observation, I found no suicide cut down scissors on unit A and unit B available in case a resident becomes successful in attempting suicide (see exhibit 3). Further, I only found suicide cut down scissors on unit C. It should be noted that there were two sets of suicide cut down scissors on this unit. I am recommending that the administration check each area to ensure that these

tools are available. Each unit should have available rescue tools. Please see mental health section in my previous report as it is still relevant. As stated in my previous report, there are some basic mental health services that should be available for residents at Henley-Young. These services, at a minimum, should include:

- 1) Appropriate and well-trained staff.
- 2) Treatment services on or off-site crisis intervention including short-term individual and group therapy follow-up, as needed and psychotropic medication management.
- 3) Mental health, medical, and substance abuse services that are sufficiently coordinated such that patient management is appropriately integrated, health needs are met, and the impact of any of these conditions on any resident is adequately addressed.
- 4) All aspects of the standard are addressed by written policy and defined procedures.

Suicide Prevention

During this visit and my review of documents, I again found residents who were in need of mental health intervention. As stated above, mental health services must be available to maintain the best level of functioning for residents at Henley-Young. A review of residents entering the facility and screened by MAYSI-2 reveals the need for follow-up intervention. These screenings again, identified indicators that stood out as potentially serious situations with serious consequences which were indicated in my last report. Those residents are A.D., J.S., A.P., K.D., J.C., G.J., K.B., and A.F. Although the facility has developed procedures for suicides, there is still the need for adequate mental health services. In identifying and addressing residents with potential suicide tendencies, the facility must understand the occurrence of a suicide might be more closely related to a trigger point in a resident's life (e.g., placement in room confinement, disappointment in a failed family visit, telephone calls, etc.). My review of documents showed that there were four additional residents who attempted suicide since my last visit. This is a major concern and must be addressed immediately. It is imperative that each unit has the appropriate cut-down tools available at all times.

The facility must understand that even if staff feels the threat or an actual attempt is a manipulative gesture, the resident if not adequately supervised can kill him or herself by accident. Since juvenile detention is a very stressful environment, staff must observe these high risk residents on a continuous uninterrupted basis. In addition, a resident may not be suicidal when they are asked the question during intake screening, but become suicidal at a subsequent point in their confinement. Simply put, mental health services and suicide prevention go hand-in-hand. As stated in my previous report, a suicide prevention program must be developed which includes, at a minimum, the following:

- 1) A suicide prevention program includes the following outcomes:
 - a) facility staff identify suicidal juveniles and immediately initiate precaution,
 - b) suicidal juveniles are evaluated promptly by the designated health professional who directs the intervention and ensures follow-up as needed,

- c) actively suicidal juveniles are placed on constant observation; and
 - d) potentially suicidal juveniles should be monitored on an irregular schedule with no more than 15 minutes between two checks. If, however, the potentially suicidal juvenile is placed in isolation, constant observation is required.
- 2) Key components of a suicide prevention program include the following:
 - a) training
 - b) identification
 - c) referral
 - d) evaluation
 - e) treatment
 - f) housing and monitoring
 - g) communication
 - h) intervention
 - i) notification
 - j) review
 - k) debriefing
 - 3) The use of other juveniles in any way (i.e. companions, suicide-prevention aides) is not a substitute for staff supervision.
 - 4) Treatment plans addressing suicidal ideation and its recurrence are developed, and patient follow-up occurs as clinically indicated.
 - 5) The responsible health authority approves the suicide prevention plan; training curriculum for staff, intake screening for suicide potential and referral protocols, and training for staff conducting the suicide screening at intake.
 - 6) All aspects of the standard are addressed by written policy and defined procedures.
 - 7) Appropriate and well-trained staff.

Behavior Management/Isolation

Based on my previous report, the facility is still in need of an adequate facility-wide behavior management program. I repeat that the facility must follow the recommendations as stated below. This is a reiteration of my previous report. It should be noted that staff relationships with juveniles are the primary source of managing behavior. Behavior management is about getting juveniles to learn new appropriate behaviors and to be consistent in behaving properly. Juvenile behavior management consists of helping residents understand what is expected in the environment and also helps them modify their behaviors while in the facility. The staff at Henley-Young is still in need of training to ensure that they understand the distinctions between punishment and discipline. The facility also needs to develop a positive incentive program for controlling irresponsible behaviors. There are four main areas the facility must look at when developing their behavioral management programs and the difference between the following:

- 1) Consequence: The effect, result, or outcome of something occurring earlier;
- 2) Discipline: Training to act in accordance with rules, to learn self-control;
- 3) Punish: To subject to pain, loss or confinement as a penalty for some offense, transgression or fault;
- 4) Rewards

The facility must also develop a point or level system that allows juveniles who exhibit positive behaviors to gain points and move to the next level in the facility. The juvenile should be able to trade points for special privileges (i.e. extra phone calls, extended visits, name brand deodorants, etc). Officers should be responsible for awarding points based on the resident's behavior, their functioning in school, hygiene, building cleanliness to name a few. The supervisors should ensure the program is operating as designed to make sure there is no abuse by staff or residents of the program. My document review and observations indicate that residents are being locked-down too much at this facility. This has become a common practice due to a shortage of staff. In conclusion, de-escalation techniques are critical to the implementation and directing of any good behavioral management program as stated above.

Activities/Recreation/Programming

Based on my most recent visit, I found that the facility continues to not have structured recreation activities and programming. This is an area that must be addressed. As stated in my previous report, the County should hire recreational staff that will be solely responsible for implementing programs and activities for residents. This program design should include activities for girls and boys inside and outside of their housing units. It should be noted that the facility is in the process of resurfacing the basketball courts. Once this is done and a recreational staff is hired, various activities can be implemented. There must also be adequate staff to ensure proper supervision during activities. Please review my last report.

Medical, Medication Review & Disposal

During this visit, I found that the facility has hired two temporary registered nurses who are scheduled 6 a.m. to 8 p.m. Monday through Friday. In addition, the County is in the process of contracting medical services for the facility. Once the new medical services are in place, there must be policies, procedures and protocols that are followed by medical staff. It should be noted, there is no indication the two nurses will be retained. If they are not, the nursing development could start over and the progress they are making in this area would take longer.

As stated in my previous report there is also the need for a pharmacist doctor (Pharm D) or pharmacist to come in to review and/or discard any medications that are left at the facility and over the counter medications that have expired. In addition, the Pharm D can assist in providing information regarding medication and possible side effects and reactions for the staff as well as assist with policies, procedures and protocols for medication administration. Again, there must also be routine reviews of pharmaceutical services that can lead to a risk factor of sub optimal provisions which include not having a medication administration report (MAR) completed properly or reflect accurate information (not giving medication on time; not sending medication home to complete course; or improper storage).

During this visit I also found that the facility does not have a system in place for biohazard waste (i.e. sharp containers, any soiled material that contains blood and body fluids). These services should be provided by an outside contractor specializing in disposal of biohazard materials. The red bags should be placed inside a biohazard container once ready for pick up. These things should be picked up on either a biweekly or weekly schedule based on the amount. It should be placed in a designated area and locked.

Also I found during this visit that the facility does not have complete first aid kits available in the facility (see exhibit 4). It is very important that the first aid kits are complete because the facility does not have 24 hour medical staffing. The first aid kits need to be stocked accordingly to the list requirements (see exhibit 4).

As discussed in my previous report as it relates to residents' physicals, the forms should be revised to state "nursing assessment and history" (see exhibit 5) which will be for nursing staff to complete. This would include a system for a head-to-toe assessment which is completed by the nurse. The "physical examinations" forms are to be completed by a medical doctor, physician, nurse practitioner or physician assistant. Another alternative is for the County to send the nursing staff to obtain certification to complete physical examinations. Based on my review of the documents and interviews with nurses, there is no testing for HIV, Hepatitis, STI, TB or pregnancy. With all the tattoos the residents are receiving, Hepatitis is becoming more prevalent. In addition, due to no testing of STI's undiagnosed cases of Chlamydia which is known as a silent disease because of no symptoms; can lead to sterility in youth. In addition, there should be a nurse with mental health training to understand the mental health lingo because there is a difference in their training; this nurse will be able to know when there is a risk for suicide or self-mutilation, behavioral problems, depression, etc. When the facility hires a nurse that is familiar with the mental health procedures, they will be better equipped to deal with situations that involve residents who continuously complain about headaches, stomachaches and backaches which could be signs of depression. In addition, there is also a need for a sick call system to be in place. I am recommending that a sick call system be developed where there is a set schedule for completion of these medical requests (also known as "kites"). Kites should be picked up and addressed on a regular basis at least twice a day (morning and afternoon). This information should also be documented in the resident's medical files.

As stated in my previous report, the facility must ensure that medical files are properly maintained and secured. I would direct the County to purchase the files that were suggested previously to assist the medical services area in developing an adequate filing system. This filing system should be used to control how information is separated, stored and retrieved. Without a good filing system, information placed in a storage area would be one large body of information with no way to tell where one piece of information stops and the next begins. In addition, these files should be placed in a locked filing cabinet and only retrieved as needed and by authorized personnel. Once files are completed, they should be returned to the secured area from which they were taken.

As it relates to medication the following should be addressed at a minimum:

A. Storage Monitoring

1. All medications that require refrigeration will be stored in a clean, secure refrigerator with the appropriate temperature.
2. Refrigerator temperature monitoring will occur daily and documented on a log.
3. Inspection of medication storage sites will be done at least monthly by a licensed pharmacist. Special attention will be paid to orderliness and cleanliness. A written report will be provided to the Director or designee.

4. Identification and disposal of expired medications will occur at least monthly.
5. Ultimate disposal will be provided by a company licensed by the State of Mississippi for the purposes of medical waste disposal.

B. Audits

1. A formal pharmacy audit will be done by a licensed pharmacist at least quarterly to evaluate compliance with the State of Mississippi Pharmaceutical Regulations.
2. A report will be delivered to the to the Director or designee
 - i. A corrective action plan will be completed for review by the Director or designee at least quarterly
 - ii. The Pharm D or designee will discuss audit reports at the Joint Staff meeting. All staff will participate in the corrective action plan development.

As stated in my previous report, I am recommending at a minimum the following protocols be put in place as it relates to **universal precautions**:

- 1) Common sense hygienic practices:
 - Wash your hands frequently, before and after handling any and all potentially infectious materials
 - Wash your hands after removing gloves.
 - Be sure to wash, as soon as feasible, any part of the body after an inadvertent contact with another person's blood or body fluids.
- 2) Wear proper protective clothing, where feasible when faced with a potential exposure situation.
- 3) Wear latex/vinyl disposable gloves:
 - Subsequent to any searches, a visual search shall be conducted by conducting a physical search of any room, closet, etc.
 - When handling any potentially contaminated materials/subjects.
 - When handling sharps.
- 4) Replace gloves if torn, punctured, contaminated, or if their ability to function as a barrier is compromised. Never wash or decontaminate disposable gloves for reuse.
 - Wear protective outerwear such as a gown, mask, booties, surgical cap or hoods, etc.
 - When large volumes of blood and or body fluids are expectorated or inadvertently can occur.
 - When cleaning any potential contaminated site.
- 5) Wear protective outerwear such as masks, eye protection and face shield.
 - Whenever splashes, spray, spatter or droplets of blood or other potentially infectious materials may be generated.
 - Whenever the eye, nose or the mouth contamination can be anticipated.
- 6) Remove immediately or as soon as feasible any garment contaminated by blood or other potentially infectious materials (OPIM), in such a way as to avoid contact with the outer surface.

- 7) Have change of clothing available.

For further assistance, I would direct the facility to review the Mississippi Pharmacy Practice regulations part 3001. This would provide a structure and assist the facility with compliance.

Food Service

Based on my last visit and observation, I found that the quality of the food was better and aesthetically more pleasing. However, residents continue to complain about not having enough food, and that food which is supposed to be hot is still cold upon its arrival on the units. Also, I would recommend that a major cleaning of the kitchen be done for sanitation purposes. For example the warming ovens, (see exhibit 6).

During this visit, I found that the food service schedule was not being followed. For example, each day during this visit, food was served at different times specifically, the evening meals (4:30 p.m., 5:00 p.m. and 5:30 p.m.). There must be consistency in the time residents receive their meals to ensure that meals are provided at regular times during each 24 hour period with no more than 14 hours between evening meals and breakfast. Each resident has the opportunity to have at least 20 minutes of dining time for each meal.

I am again reiterating that food service is an important part of institutional life. A comprehensive food service program must be developed if the facility is to meet the unique needs of its juvenile population. Juvenile health, nutrition, and morale in this environment are all directly related to the effectiveness of the food service program. Meals served to incarcerated juveniles must be nutritionally balanced and calorically adequate. They must be tasty, appealing, and served in an aesthetically acceptable manner to avoid conduct and behavior problems. If juveniles believe the facility's staff and management have maximized their efforts to provide a healthy and appealing food program, conduct could improve.

Juveniles typically have less than desirable eating habits. Nutritional guidelines for juveniles are extrapolations from the recommendations for children and adults. Recommended dietary allowances relate to the general time and rate of the juvenile's growth spurt is very important. Therefore I am recommending a meal pattern that provides nutritionally balanced meals with food items selected from various food components listed below:

- Breads, cereal, and other grain products (including several servings a day of whole-grain products)
- Fruit
- Vegetables (includes all types with dark green leafy vegetables and dry beans and peas used several times per week)
- Meat, poultry, fish and alternatives (5 to 7 ounces, lean per serving)
- Milk, cheese, yogurt, etc.
- Fats and sweets (at a minimum)

There still is a need to address the above mentioned areas as it relates to food services.

89 day program/Juvenile Court

As discussed in my previous reports, the 89 day concept is a very admirable idea. Again, I reiterate, for this court program to function or to operate successfully, there are major changes needed as it relates to programming and staffing. At this point, the program is more a revocation program than a therapeutic, treatment program that was intended. As I have stated in my previous reports, for this program to be effective and successful, the following areas must be incorporated in the program:

- Sufficient staff
- Target appropriate juveniles for the program (i.e. medium to high-risk)
- Target risk factors for delinquent behavior that are responsive to intervention
- ensure they are individualized and family based, and delivered in community settings when discharged
- Programming based on a particular treatment model
- well-trained staff and a program director who strongly supports the program outside of the facility's director
- Deliver a sufficient amount of treatment
- Adhere to a program design
- Monitor juveniles' progress on an ongoing basis and modify the program as needed
- Provide aftercare services
- Individual treatment plan (ITP) that reflects why the juvenile is in the program and what goals juvenile should accomplish during his stay. Also mentioned in the ITP is the juvenile's individual education plan (IEP), which specifies how to accomplish the juvenile's educational goals.
- Develop cognitive behavioral programs confront juvenile's thinking errors and teach juveniles to overcome their thinking errors as a means of behavioral change.
- Develop positive peer culture (PPC) that teaches juveniles to assume responsibility for helping one another. It is based on the belief that the most powerful influence on a resident's behavior is peer pressure. PPC's goal is to teach basic values related to caring for others. PPC is centered on frequent meetings of small groups of juveniles (6-12) and one or two staff leaders. The juvenile are encouraged to help each other.
- Develop strength based practices that help juveniles to become accountable for their actions and responsible for their behaviors. Accountability is realized when a juvenile admits to the wrong and changes his/her behavior. When juveniles get into trouble, the care worker will initiate more behavior changes in juveniles by having them focus on how to solve their problems.

To ensure that there is an accountability case management in the 89 day program, I am recommending the following model be implemented:

- specifying troublesome behaviors
- identifying need(s)

- setting goal(s)
- evaluation

Need	physiological, social, psychological requirement(s) for the well being of an individual
Goal	behavioral statement of how the individual will be at the end of a specified period of time
Service Action	behavioral statement of what the case manager plans and does to assist the individual(s) in achieving the goal
Evaluation	systematic collection of information on goal indicators and/or service action(s) for the purpose of decision making and planning

In addition, the court has to determine what therapeutic programs they will be using. An example of these programs would be psychoanalytic therapy, behavioral therapy, rationale emotive therapy, persons centered therapy, reality therapy, etc. It should be noted that I found in my review of documents, observations, and discussion with staff and residents no difference in the 89 day program than in the general detention program. One staff put it quite profoundly by stating “when these youths get a long term sentence through the 89 day program they don’t care and they are causing most of the problems. Detention is a short termed program and they are getting long term sentences.”

School

The school has hired a new Educational Director, Tenniah Ross, who has been onsite for two months. During my discussion, I found her to be very professional and focused on developing adequate policy and procedures for the school. I also found Ms. Ross is very focused on creating more of a “team” environment that works cooperatively with the juvenile detention program. With Ms. Ross being new, I am suggesting that she follows the recommendations mentioned in my previous report regarding the school.

The school should review their staffing to ensure that it is meeting the needs of the educational program (i.e. need a recreational staff and an additional GED teacher).

I would also recommend that the school and the facility review the policy of not allowing residents to return to school after court.

In addition, the following areas should be addressed based on my interviews from my previous report with school staff:

- A. “policy and procedure”
- B. “everyone needs to know what to do”
- C. “the expectations should be written even kids should know them”
- D. “policy and procedure should be based on standards”
- E. “everyone should have the tools to do their job”
- F. “proper staffing is needed”
- G. “staff should be well trained to deal with this type of population”

These are areas that should also be addressed as I have discussed in my previous reports. In addition, the school should use small portable classrooms (which can be placed on the grounds of the facility within the security fencing) to help alleviate the congestion for students and teachers who are now forced to teach class in a storage closet, which is not conducive to learning. Again below are my recommendations from my previous reports.

Recommended School Plan:

- A. The Henley-Young Facility will create and implement a plan to provide all of the following services and programs within their control related to the aspects of residents' education:
 - a. maintain an adequate physical facility for education,
 - b. provide adequate security and support in the classroom,
 - c. establish an in-school points system based on rewards and consequences for behavior,
 - d. establish and implement a schedule for transporting residents to and from school that assures that residents will have the opportunity to receive the required hours of educational services mandated by law.
- B. Develop policies and procedures for all of the areas discussed above.

Solution/Plan

1. The Henley-Young Facility will make every effort to develop and formalize an interagency agreement between the Jackson Public School System and the HYC that:
 - a. Provides adequate security within the school premises (including classrooms) for all residents including those residents requiring protective services or other special needs.
 - b. Residents requiring protective services or other special needs shall have the same or equivalent educational services as other residents.
 - c. Create an alternative educational plans for residents removed from the classroom for medical or behavioral issues.
 - d. Provides a schedule for transporting residents to and from school that ensures that residents will have the opportunity to receive the hours of educational services mandated by law.
 - e. Outline a cross training curriculum for HYC school employees and detention employees, which include an orientation and a safety curriculum and mandatory annual refreshment training for employees of the school.
 - f. Ensure trainings will provide educational staff with appropriate facility policies that relate to or overlap with the school's operations to include the policies regarding rules, discipline and the behavior management program.
 - g. Include development of a plan and appropriate materials for various educational levels, to be distributed and explained to residents in the health care unit, in room confinement or otherwise unable to participate in normal school classroom activities.
 - h. Ensure the class schedules are driven by the security of the facility and that the school looks toward developing individual learning plans for each student in the school.

2. The Facility Director or designee shall review the circumstances surrounding the placement of all residents who are in isolation or seclusion, or residents who do not attend school for medical reasons and other behavioral maintenance processes to assess the feasibility of an early release to attend school each day.
 - a. A list of the residents that are not allowed to attend school and the reasons for the administrative restriction shall be documented and distributed to the Principal of the HYC School.
 - b. The Facility Director shall designate a liaison to interact with school daily and the JPS Administration should create a position for Compliance Administrator to review the progress of the school on a weekly basis.
 - c. All instances in which school activities are suspended by the facility due to incidents or other extraordinary circumstances shall be reported to the Compliance Administrator within 24 hours.

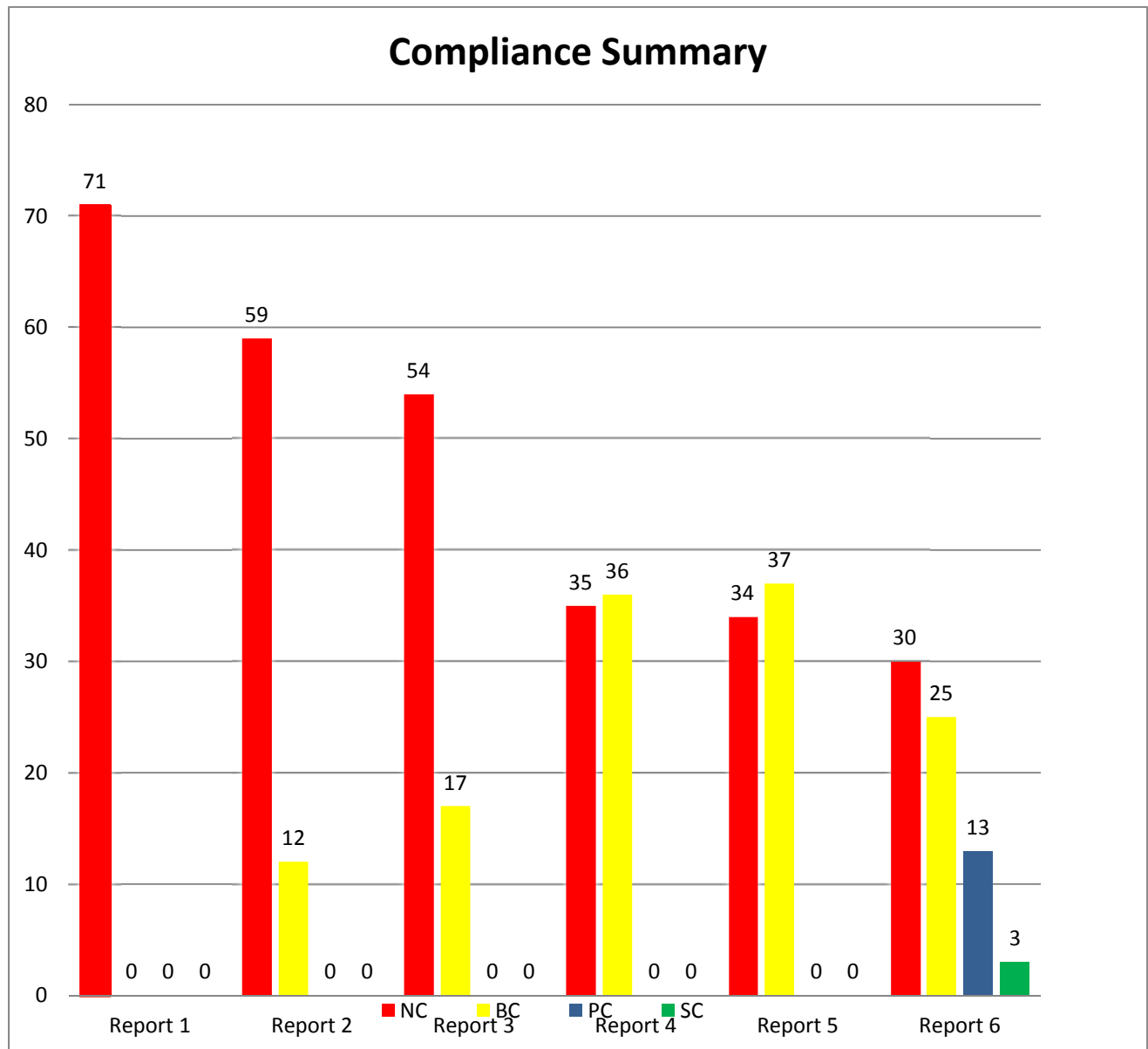
When the School Principal or designee is having issues, whether of a safety nature or any other problems, they should be reported to the compliance administrator and the facility Director or designee immediately. **I am recommending again that the Jackson Public School system (JPS) hire a compliance officer to ensure that the school educational standards are being met.**

Below are the compliance ratings and summary of ratings that will be used in this report. Please be reminded that though most are in Non-Compliance, policy development is most important and the start of this process. However, as stated above the facility has made progress on some provisions which moved them from Non-Compliance to beginning compliance.

Please note that many of the comments and recommendations in the provisions are restatements of previous reports because in those areas little movement has been made. The new Director should use these comments as a road map to developing a successful facility plan. She must also develop a comprehensive corrective action plan for guidance. That plan should have the following:

- A. Clearly state the problem or weakness, including the root cause**
- B. List the individuals who will be accountable for the results of the corrective action plan**
- C. Create simple, measurable solutions that address the root cause**
- D. Each solution should have a person that is accountable for it**
- E. Set achievable deadlines**
- F. Monitor the progress of the plan**

The graph has been included to show the progress made thus far on the 71 provisions:



Compliance Code Measurements

Substantial Compliance (SC): Practices follow the county-approved policies, training materials or other documents; practices follow policy with rare exception and exceptions lead to corrective action; trained staff fill all positions and vacancies are filled within 3 months; the County has completed work in an acceptable manner; policies, procedures and practice and training are operational and quality-assurance audited and audit exceptions lead to corrective action; outcomes meet or exceed agreement requirements.

Partial Compliance (PC): Policy and procedure is implemented in some but not all locations or times; staff are hired but not trained; the County is working on implementation but tasks are not completed; system implemented at some but not all locations or times, outcomes meet or exceed agreement requirements some of the time and in certain area.

Beginning Compliance (BC): Policy and procedure is written by the county but has not been implemented; funding and hiring authority are approved by the County but positions are not filled; training materials prepared and approved by the county but training has not started.

Non-Compliance (NC): No action taken and immediate steps needed to maintain schedule or prevent further delay. A policy may exist, but the policy may need significant revision or modifications and rarely translates into practice.

Provision	Intake	4th Report	5th Report	6th Report	
1.(1)	All Residents Admitted to Henley Young	NC	NC	NC	
1.(2)	MAYSI-2 Mental Health Screening	NC	NC	NC	
1.(3)	Prescription Medications	NC	NC	NC	
1.(4)	Meal Compliance	NC	NC	BC	
1.(5)	Telephone Usage	BC	BC	BC	
1.(6)	Strip Search Policy	BC	BC	BC	
Provision	Staffing and Overcrowding				
2.(1)	Direct Care Staff Ratio	NC	NC	NC	
2.(2)	Maximum Capacity Adjustment	BC	BC	PC	
2.(3)	One-Person Cell	BC	BC	PC	
Provision	Cell Confinement				
3.(1)	Structured, Rehabilitative & Educational Programming	NC	NC	NC	
3.(2)	Appropriate Access to Living Unit	NC	NC	NC	
3.(3)	Dangerous Residents	NC	NC	NC	
3.(4)	Isolation	NC	NC	NC	
3.(5)	Direct Care Staff on Units	BC	BC	BC	

Provision	Structured Programming	4th Report	5th Report	6th Report	
4	Educational, Rehabilitative, and/or Recreational Programs	NC	NC	NC	
Provision	Individualized Treatment Plans/Treatment Program for Post-Disposition Residents				
5.(1)	Residents Access to Adequate Rehabilitative Services	NC	NC	NC	
5.(2)	Health and/or Substance Abuse Treatment	NC	NC	NC	
5.(3)	Treatment Plans	NC	NC	NC	
5.(4)	Review of Individual Treatment Plans	NC	NC	NC	
5.(5)	Evening and Weekend Programs and Activities	NC	NC	NC	
5.(6)	Quality Assurance Program	NC	NC	BC	
Provision	Disciplinary Practices and Procedures	NC	NC	NC	
6.(1)	Implement a Discipline Policy and Practice	NC	NC	NC	
6.(2)	Policy for Residents Violations				
Provision	Use of Restraints				
7.(1)	Mechanical Restraints	BC	BC	BC	
7.(2)	Mechanical Restraints – Transportation	BC	BC	PC	
7.(3)	Misuse of Mechanical Restraints	BC	BC	BC	
7.(4)	Mental Health – Use of Mechanical Restraints	NC	NC	BC	
7.(5)	No Restraint Chairs, Chemical Restraints and/or Tasers	BC	BC	SC	
7.(6)	No Hogtying in Facility	BC	BC	SC	
7.(7)	Mechanical Restraints – One-On-One Supervision	BC	BC	PC	
7.(8)	Mechanical Restraints – Notice to Medical Professional	BC	BC	BC	
7.(9)	No Electronic Restraints	BC	BC	PC	
7.(10)	No Firearms in Facility	BC	BC	SC	
Provision	Use of Force				
8.(1)	No Misuse of Use of Force	NC	NC	NC	
8.(2)	Notice to Medical Professional After Use of Force	NC	NC	BC	
Provision	Meals and Nutrition				
9.(1)	All Meals and Snacks Must Be Nutritional	BC	BC	PC	
9.(2)	Comply with Nutrition Guidelines	BC	BC	BC	
9.(3)	Provide Drinking Water Throughout the Day	BC	BC	BC	
Provision	Clothing				
10	Provide Basic Clothing Items	BC	BC	BC	

Provision	Hygiene and Sanitation	4th Report	5th Report	6th Report	
11.(1)	Provide Appropriate Hygiene Products	BC	BC	BC	
11.(2)	Provide Sleeping Mats and Blankets	BC	BC	PC	
11.(3)	No Deprivation of Mats and Blankets	BC	BC	PC	
11.(4)	Sufficient Sanitary Mats and Blankets	BC	BC	PC	
11.(5)	Clean and Sanitary Environment	BC	BC	BC	
11.(6)	Fire Safety, Weather Emergencies, Sanitation Practices, Food Safety, and Provide Safe Environment	NC	NC	BC	
11.(7)	Clean Drinking Glasses and Eating Utensils	BC	BC	PC	
Provision	Medical Care				
12.(1)	Provide Residents With Adequate Medical Care	NC	NC	NC	
12.(2)	Provide Medical Professional When Needed	NC	NC	NC	
12.(3)	Implement a Sick Call Policy to Ensure 24 Hour Services	NC	NC	NC	
12.(4)	Prescription Medications Only Dispensed by Medical Staff	NC	NC	NC	
12.(5)	Provide Medical and Mental Health Services	NC	NC	NC	
12.(6)	Proper Monitoring Residents Who Require Individualized Attention	NC	NC	NC	
Provision	Mental Health Care				
13.(1)	Provide Adequate Mental Health Care	NC	NC	NC	
13.(2)	Residents and Psychotropic Medications	NC	NC	NC	
13.(3)	Within 72 Hours of Admittance Complete an Individual Mental Health Treatment Plan	NC	NC	NC	
13.(4)	Implement Policies and Procedures for Referrals	NC	NC	NC	
13.(5)	Sufficient Psychiatric Services	NC	NC	NC	
13.(6)	Psychiatrist and/or Counselors to Record Review to Ensure Proper Care	NC	NC	NC	
Provision	Suicide Prevention				
14.(1)	Multi-tiered Suicide Prevention Policy	BC	BC	BC	
14.(2)	Evaluate Highest Level of Suicide Watch Every 12 Hours by Medical Professional	BC	BC	BC	
14.(3)	Closely Monitor Suicide Watch Residents During All Activities	BC	BC	BC	
14.(4)	Court Shall be Notified Within 24 Hours of Any Residents on Suicide Watch	BC	BC	BC	
Provision	Family Support and Interaction				
15.(1)	Visitation Shall Not Be Restricted or Withheld	BC	BC	PC	
15.(2)	Provide Accommodations for Contact Visits	BC	BC	PC	

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Provision	Family Support and Interaction (cont.)	4th Report	5th Report	6th Report	
15.(3)	Visitation Shall be Regularly Scheduled	BC	BC	PC	
15.(4)	Phone Calls Shall be Allowed Based on Policy	BC	BC	BC	
Provision	Miscellaneous Provisions				
16.(1)	Provide Equal Access To All Services	BC	BC	BC	
16.(2)	Provide the Opportunity To Participate In Large Muscle Exercise Every Day	NC	NC	NC	
16.(3)	Prohibit the Use of Profanity in the Presence of Residents	BC	BC	BC	
16.(4)	Provide Adequate Grievance Policy	BC	BC	BC	
16.(5)	Provide Residents of All Ages With the Opportunity to See Their Attorney and/or Residents Court Counselor	BC	BC	BC	

The following are my observations and recommendations specific to the provisions of this agreement.

1. Intake

Provision 1.1 Intake	All residents admitted to Henley-Young shall receive a health screening, within 1 hour of admission or as soon as possible as reasonably thereafter, by appropriately trained staff as required by Mississippi Code Annotated § 43-21-321. Information obtained during the screening shall include, but shall not be limited to, the juvenile's: (a) Mental health; (b) Suicide risk; (c) Alcohol and other drug use and abuse; (d) Physical health; (e) Aggressive behavior; (f) Family relations; (g) Peer relations; (h) Social skills; (i) Educational status; and (j) Vocational status." Mississippi Code Ann. § 43-21-321(1). During this screening, Henley-Young shall obtain information regarding the resident's educational status by having the residents or intake officer complete an education screening form developed and provided by the Jackson Public School District.	
Status	Non-Compliance	
Discussion	Based on my most recent visit the facility is still not in compliance. My observations, review, and interviews, indicate that the facility does not meet the requirements for this provision. The facility is still in the process of developing policies and procedures in addition to ensuring that areas A through J are part of the intake process. As it relates to policy, there has been none presented for review and approval. Also, according to this provision information acquired should be completed by an Intake Officer and educational screening forms developed and provided by the Jackson Public School District. Therefore there is no movement on this provision. Please see recommendations below. These are the same recommendations based on previous report. The provisions remain in non-compliance.	
Recommendations	1. Fully develop admitting policies and procedures to reflect provision 2. The court should provide staffing for intake purposes 3. The facility should provide enough staff to fully cover the care and custody issues in the facility 4. Ensure all staff who admit residents are properly trained 5. Develop training records 6. Provide documentation in a organized way on residents being screened/admitted (files) 7. Ensure all residents' records are available for my review with all areas of the provisions placed in the resident's file	
Evidentiary Basis	Document review, observation, interviews	

Provision 1.2 Intake	All residents shall receive a MAYSI-2 mental health screening upon admission, as required by Mississippi Code Annotated § 43-21-321. The screening will be conducted in private by appropriately trained staff of Henley-Young. If the screening indicates that the residents is in need of emergency medical care or mental health intervention including, but not limited to, major depression, suicidal ideation, withdrawal from drugs or alcohol, or trauma, the detention staff shall refer those juveniles to the proper health care facility or community mental health service provider for further evaluation immediately or as soon as reasonably possible.	
Status	Non-Compliance	
Discussion	The facility is doing the MAYSI-2 screening appropriately, however there continues to be residents that have been identified with warning and caution signs regarding their behaviors that have not received follow-up care by mental health professionals. An example is resident GJ who entered the facility on three separate occasions with MAYSI-2 scores that identify his need for mental health services, yet he has not received them. Also residents AD and JS are also examples of residents who did not receive follow-up services based on their MAYSI-2 scores. During this visit I again reviewed several residents' files as I noted in the introduction; and their mental health needs are still not being met. This is again an indication of the need for direct access to mental health care at all times. As I stated in my previous report, the research has clearly stated that over 60% of residents entering a juvenile facility have some diagnosis of mental disorder. I spoke with Angela Harvey, a mental health therapist from Hinds Behavioral Health. As a mental health professional she provides parental intake and social services support through the courts. She does not provide mental health services in the facility i.e. participate in mental health treatment teams, monitor the administration of medication, dosages, or identifying the reasons for the treatment. Also Ms Harvey cannot provide the services of a physician or clinician that is a qualified professional, who would identify "triggering events" or "ticklers", related to the health and safety concerns, which would activate an unscheduled review (e.g. a significant clinical change of improvement or deterioration, a crisis, etc.) which should be documented in the resident's record. The facility needs first to answer the following questions below; then follow the recommendations. - What are the program objectives for mental health screening? - What are the characteristics or common traits the program wants to identify for emergency or follow-up clinical consultation? - What MAYSI-2 scores will the facility use as the signal for the program staff to obtain clinical consultation or services? - What mental health follow-up services are available when the	

	resident's MAYSI-2 score indicates that they are needed? E. In what way will the facility develop a database that creates a profile of mental health needs in the population and program decisions and adjustments needed to improve mental health services for the residents?
Recommendations	1. Develop comprehensive policy and procedures for this provision. 2. Develop residents files that are organized and arranged properly 3. Develop training and provide documentation of training 4. Identify person or person(s) whose responsibility is to score the instrument 5. Provide documentation on who reviews the instrument and note what services are provided for the residents in the facility and what services should continue when the residents leave the facility 6. Develop process whereby facility staff and court employees develop system for the sharing of information and reviewing of residents' files which are centrally located and accessible to detention staff.
Evidentiary Basis	Document review, observation, interviews

Provision 1.3 Intake	Prescription medications will be secured for all residents who have a valid, current prescription within 8 hours of admission, if possible, but in no case, longer than 24 hours after admission, including weekends and holidays. If during a resident's detention, a medical professional either prescribes a new medication or renews a resident's previous prescription medication, Henley-Young will secure the prescription medication within 8 hours of receiving the prescription, if possible, but in no case, longer than 24 hours after receiving the new prescription, including weekends and holidays. Henley-Young shall procure and/or purchase all prescription medications prescribed to confined residents.	
Status	Non-Compliance	
Discussion	During this visit, I reviewed several residents' files as I noted in the introduction; and their needs are still not being met. Specifically, training of universal precautions is sorely needed. It should be noted that based on the fact that the medical program is not in place and files are in disarray, determining whether or not residents are receiving new prescriptions or if prescriptions are received within 24 hours is problematic at this time. This should be a part of the new medical policies, procedures and protocols once the new medical contract is in place. Based on document review, interviews and observations, the facility remains non-compliant with this provision. Therefore, the facility should continue to follow the recommendations below which are the same as in the previous	

	report. The initial intake/admission process is a critical part of residents' transition when they are entering the facility. During my review I found that because of the lack of staffing, it was very difficult for staff to really get a firm understanding of residents when they entered the facility. On one occasion during my visit, staff members were pulled from the Master Control area to ensure that a resident was admitted. Since my last visit the facility has hired a second registered nurse who has been on board five weeks. Her schedule is 2:00 p.m. to 8:00 p.m. Monday through Friday. Having two RNs is a major improvement in the medical services however there is still a need for a physician to direct medical care. The nurses cannot prescribe medications, perform invasive evaluations, and when needed, write standing medical orders. Further they cannot perform complete physicals on residents when they enter the facility. It should be noted, youth are not receiving physicals as required based on minimal juvenile detention standards and the Mississippi youth Court code (43-21-321). In addition, there is no Pharm D to oversee medication administration and dosage. I saw no biomedical hazard receptacles, which implies that the facility has no contract with a waste removal The first aid kits are incompletely stocked and stocked with out-dated equipment (see exhibit 4). While the facility is soliciting a medical provider to carry out medical services it still has the responsibility to maintain medical/medication and all other medical needs to the residents. Based on my review of documents and observation, over the past two years no doctor, physician's assistant or practitioner has been hired. Also, there are no policies, procedures or protocols to guide these nurses. Therefore I am reiterating that the suggested actions and recommendations from my previous report be reviewed and put into action.	
Recommendations	1. Hire a Medical Doctor to direct medical care. 2. Develop written policy and procedures or protocol for this provision 3. Document staff training on distribution and side effects of medication 4. Provide documentation on efforts to obtain prescription drugs	
Evidentiary Basis	Document review, observation, interviews	
Provision 1.4 Intake	Upon admission to Henley-Young, all residents shall be offered a snack or meal in compliance with the United States Department of Agriculture's School Meals Program standards.	
Status	Beginning Compliance	
Discussion	Based on my observations and interviews with residents, they are continuing to complain about not receiving snacks or meals upon admission. In addition there is no formal way of tracking the offering of snacks. As I have noted in the introduction; there needs to be a systematic way to keep track whether	

	residents are provided snacks or if they are offered and refused. During this visit, my interviews with residents and my observations, all indicate that some residents were being offered snacks or meals upon their admittance to the facility and others are not. Because there is no record keeping regarding this provision it is hard to keep track of what is or is not happening. Policies and procedures are developed around this provision however it should be revised to include a way of tracking when and what residents are offered and whether the residents receives or refuses the offering. This can be accomplished by either notations in the log book or a specific form. A tablet can be used for this specific purpose.
Recommendations	1. Continue in the development of policies and procedures for this provision. 2. Procedures should be part of intake/admission procedure. 3. Ensure there are snacks or sandwiches available for residents being admitted between 6 pm and 5 am.
Evidentiary Basis	Document review, observation, interviews

Provision 1.5 Intake	Upon admission to Henley-Young, all residents shall be permitted to telephone a parent or legal guardian free of charge and to take a shower before being placed on the pod.	
Status	Beginning Compliance	
Discussion	Based on my observation and review, the facility has developed a policy regarding this provision as stated in my previous report. I did observe residents allowed to make telephone calls however due to the shortage of staff several residents did not take showers upon their arrival at the facility. This time it occurred because there was a female officer admitting the residents and there was no male officer available to provide shower services for the males. When the male officer did arrive later in the day, he immediately took the residents to their units. A newly admitted resident must shower during the admitting process, in the intake area, as opposed to the units so there is no interruption of the units programming. The resident must stay in holding area until a gender appropriate staff is available to assist with showering. In addition, this also begs the question of whether the residents were properly searched. Actions like this have the potential for major negative consequences e.g. a weapon on the unit, drugs or other contraband entering the facility. The facility has a policy and procedures, (6.A.1) requires all new admissions receive a snack or meal whichever is appropriate and a shower before being transported to their unit. This policy was not being adhered to during my visit. This is a	

	good policy with clear procedures which should be followed. This is an indication of the lack of training and a basic understanding of the policy. This should be addressed during the implementation of the policy and procedures and the training of staff. If staff has been trained, they need retraining. Also see provision 15.4 on the topic of phone calls.	
Recommendations	1. If officers have been trained on this policy, they may need retraining. 2. Develop a consistent way to document the intake process that shows that a phone call and shower were completed. 3. Develop policy and procedure for this provision.(executed) 4. Train staff and document this training.	
Evidentiary Basis	Document review, observation, interviews	
Provision 1.6 Intake	Within 60 days of the date of this agreement, Henley-Young shall develop and implement policies that limit strip searches to instances where Henley-Young staff has an articulable suspicion that a resident may possess weapons or contraband. Anytime a strip search is conducted, Henley-Young staff must document, in writing, their suspicion, obtain permission from a supervisor, and conduct the search in a manner that minimizes the intrusion into the resident's privacy.	
Status	Beginning Compliance	
Discussion	Based on my observations and review, as stated in my last report, the facility does have policy and procedures for this provision. During my interview with residents I found no residents who acknowledged there was inappropriate intrusion during the search process upon their admission to the facility. I did review the process, and to become further compliant with this provision there must be documentation of the policy and documentation of staff training on this procedure. Although this is an area of concern, strip searching is necessary to ensure no contraband enters the facility. As long as searches are conducted in a humane manner by an officer of the same sex as the resident, no resident's rights are being violated. My greatest concern was that in my interviews I learned that some of the residents reported that they were not searched before being placed on a unit. The process I observed was very loose and not well structured. It is important that the officers follow the policies and procedures as they direct this process. To fail to follow these procedures presents the possibility of having a very dangerous situation in the facility. The facility must follow its policies and procedures to provide a safe and secure environment. Continue to comply with this provision.	
Recommendations	Staff must be provided with the necessary training with information stating the trainer, name of the training class/course, time, date and location of training. This documentation should be kept and logged in facility records	

Evidentiary Basis	Document review, observation, interviews
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2 Staffing and Overcrowding

Provision 2.1 Staffing and Overcrowding	Within 90 days of the date of this agreement, Henley-Young shall operate with a direct care staff to resident ratio of 1:8 from the hours of 6:00 a.m. until 10:00 p.m. and a ratio of 1:10 from the hours of 10:00 p.m. to 6:00 a.m.	
Status	Non-Compliance	
Discussion	In my interviews with staff and my review of the documents the facility is still falling short of the needed staff to properly run the facility. In the introduction I addressed the fact that the facility is hiring staff. However, attrition is negating the value of the new staff. Staffing continues to be a challenge at the facility. Although the County has allocated funding for several new positions, there are still times when residents are left unsupervised or the ratio far exceeds the staffing. During this visit, I arrived at the facility on a Sunday and found residents locked down. According to the residents and staff “they are always short on Sundays so they rotate who will be let out. And we must lock the residents down for safety.” Also Sunday is visitation day when parents show up. If that happens, then all residents will be locked down, and if there is a new admission, residents will also be locked down sometimes on the unit without any supervision.” Based on my previous review, I am again reiterating that although the facility is not overcrowded it still suffers from staff shortages. Since the facility is short on staff, the staff members are under pressure to keep the peace at all cost. Several officers I interviewed during this visit continued to express concerns regarding their ability to do their jobs, sighting staffing as the problem. One officer stated that staff members avoid conflict with the residents by “letting things slide.” This is another indication that when there is not sufficient staff available, officers have a tendency to not engage residents on their inappropriate behavior, which in turn affects any structured programming. Again, the Henley-Young officers are compelled to react to minor misbehaviors, out of fear that small situations will become big ones. As stated in my last report, they are locking down residents that present potential conduct issues so other residents will be safe. Further, the officers are not equipped to handle residents with mental health problems. This thinking only exacerbates a resident’s misbehavior when they are outside their rooms because they have nothing to lose because their misbehavior only gets them a return to their rooms. The approach is counter-productive and not in line with good juvenile detention practices. Because there are no qualified mental health professionals at Henley-Young, residents are isolated and their needs are not being met. This situation places direct care staff in a quandary on how to handle these residents. Without regular access to	

	mental health professionals, children often deteriorate and staff members become apprehensive regarding their next step, so isolation becomes the norm. This should be addressed by the new director. During this visit my observations and my record review revealed that because of the inadequate staffing levels there are no consistent security checks of residents who are placed on behavior management or isolation. There were residents place on behavioral management and isolation without the appropriate documentation on the doors. This indicates that the residents are not being properly observed during this period, and that no records are being made of the residents' behavior while in behavior management or isolation. Therefore, there is a need for major training as it relates to behavior management and isolation of residents at Henley-Young.
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Recommendations	Units	Day Shift	Evening Shift	Night Shift	Total
	A officer	3	3	2	8
	B officer	3	3	2	8
	C officer	3	3	2	8
	D officer	3	3	2	8
	Intake	1	1	1	3
	Master Control	1	1	1	3
	Staff for Court Transportation	2	2		4
	Internal Transportation	2	2		4
	Laundry	2	2		4
	*Director	1			
	*Deputy Director	1			
	*Operation Manager	1			
	Supervisors	3	3	2	8
		26	23	12	61
	Duty Post Staffing/Administration				
	61 Direct care/supervisor/laundry staffing X 1.5 Relief Factor—Total staff needed to effectively operate the facility—91.5				
	1 to 8 Awake —1 to 10 Sleep				
	<u>Misc. post coverage</u>				
	Medical/MH Hospital Runs				
	One on One MH/Medical				
	Visitation				
	*Administration				
	*Maintenance				
Evidentiary Basis	Document review, observation, interviews				

Provision 2.2 Staffing and Overcrowding	If the staff-to-residents ratio falls below the requirements of section 2.1 for longer than two (2) days, the Director or his assignee shall immediately identify residents accused of nonviolent offenses who are eligible for less restrictive alternatives to secure detention and request an emergency release for eligible residents from the appropriate Residents Court. The maximum capacity of Henley-Young shall be calculated by determining how many direct care staff members can supervise residents in accordance with section 2.1. The current maximum capacity of Henley-Young is 84.	
Status	Partial Compliance	
Discussion	The policy for the release of nonviolent residents in the instance of overcrowding at the facility has been signed by the Court Administrator, the YC Judge and the Executive Director. Procedures have been written; now the facility needs to complete training and documentation of training for implementation. Although the facility has not reached its maximum capacity of 84 there is a procedure in place to ensure steps are taken for releasing of residents who meet the criteria. However, the facility staffing issues continues to be a major concern.	
Recommendations	Continue to provide training to ensure that everyone is aware of the new policy and prepared for implementation should the need arise.	
Evidentiary Basis	Document review, observation, interviews	

Provision 2.3 Staffing and Overcrowding	No more than one resident shall be placed in a one-person cell.	
Status	Partial Compliance	
Discussion	I found no indication that the facility had more than one resident in a room. The facility has developed policies and procedures for this provision.	
Recommendations	1. Develop and provide adequate training for this provision. 2. All training shall be documented.	
Evidentiary Basis	Document review, observation	

3 Cell Confinement

Provision 3.1 Cell Confinement	Residents shall be engaged in structured, rehabilitative, and educational programming outside of their cells during the hours of 7:00 a.m. to 9:00 p.m. each day, including weekends and holidays.	
Status	Non-Compliance	

Discussion	During this visit, I still found no indication that structured rehabilitative and educational programming was occurring. There was no posting of activities within the facility and I found no documentation. Please review the introduction as it pertains to activities, recreation and programming. As to the school I direct you to read the introduction and I further recommend that the school be fully evaluated. My review of the files showed that there is no case management within the facility as a whole. According to the residents, their basic recreation consists of playing cards and dominoes. They are allowed to go outside but there are no scheduled activities. Other than sitting on the bleachers and playing basketball for those who are engaged in that sport, there was nothing for residents to do. There are no positive behavioral management programs within the facility.
Recommendations	1. Develop policies and procedures for this provision. 2. Review the schedules to be sure that they adequately reflect all daily activities. 3. Develop positive behavior management systems with rewards and consequences. 4. Remove the dark film from the Plexiglas in towers on unit which would allow staff to view the unit without there being visual obstruction (when lights on). Executed 5. Develop monthly recreation schedule. 6. See all of the recommendations for recreation activities and programming and for the school in the introduction.
Evidentiary Basis	Document review, observation, interviews

Provision 3.2 Cell Confinement	Except when residents are in protective custody or confined subject to section 3.3 of this Settlement Agreement, residents placed in the Suicide or Booking cells shall be allowed to spend the hours of 7:00 a.m. to 9:00 p.m. on the appropriate living unit and to have the opportunity to engage in structured, rehabilitative, and educational programming, unless medically counter-indicated.	
Status	Non-Compliance	
Discussion	My review of documents and observations showed that the facility still has not developed policy and procedures for this provision. During my review, I found residents on the unit living area not being supervised. Again, as stated in my introduction, there were residents who were not allowed to attend school for the remainder of the day after returning from court. This is an issue that needs to be addressed immediately. I observed one female resident who wanted to return to school but was not allowed. As stated previously, I recommend that students who are disruptive in the classroom and are removed from the classroom receive either behavioral	

	management or are written up and receive due process. However, they should continue to be a part of the educational process. The school needs to revise any policies they may have regarding suspension of students from a school within a controlled environment. A student cannot be suspended from school in a detention facility therefore the school needs to develop a better behavioral management system. If a resident is removed from school due to behavioral problems that resident should never be placed in the booking area. The facility still needs to develop data collection tools to use to determine and identify who is placed on units, time, length etc. when they are placed out of school. The facility remains non-compliant with this provision, therefore I am reiterating that the suggested actions and recommendations from my previous report be reviewed and put into action.
Recommendations	1. Follow recommendations as set forth in section 3.1. 2. Develop adequate policies and procedures for this provision. 3. Develop data collection for residents who are placed in protective custody or confinement. 4. Residents who are removed from school should be placed in a designated living area.
Evidentiary Basis	Document review, observation, interviews

Provision 3.3 Cell Confinement	Residents who pose an immediate, serious threat of bodily injury to others may be confined in their cells for no longer than 12 hours at a time without administrative approval. Residents who are placed on cell confinement for this reason shall be released from their cells daily to attend school, maintain appropriate personal hygiene and to engage in one hour of large muscle exercise. Staff must perform visual checks on residents who are subject to cell confinement every 15 minutes. Staff must document all instances of cell confinement in writing and must document the justification for determining that a resident poses an immediate, serious threat of bodily injury.	
Status	Non-Compliance	
Discussion	During this visit, I did find that the facility has developed a system for procedural due process for facility violations. However, I did not find any indication of 15 minute checks performed while residents were confined to their rooms. The facility still needs to develop policy and procedures and train staff on the process. In my interviews with staff, I learned that they are unfamiliar with any due process isolation policies and procedures. As stated in my previous report I did review the new forms developed, they are aligned with best practices, however they are not being appropriately used.	

	See my discussion of this matter in the introduction. Though processes on a few provisions have begun, it is vitally important that policy and procedures are developed to ensure a consistent, comprehensive, and standardized way of running the facility.
Recommendations	1. Develop adequate policies and procedures for this provision. 2. For residents placed in their rooms, develop forms that indicate the time residents will be in their rooms and post it on their doors. 3. Ensure that supervisors sign off on the form in 15 minute staggered visual checks when residents are placed in their rooms. 4. Develop a system of major and minor consequences for behavior. 5. Develop form for 15 minute checks and include in policy.
Evidentiary Basis	Document review, observation, interviews

Provision 3.4 Cell Confinement	Residents shall not be automatically subjected to cell confinement and/or isolation upon their admission to Henley-Young unless he or she would be subject to cell confinement under section 3.3.	
Status	Non-Compliance	
Discussion	As I address this provision, I must first state that the violation of this provision is directly associated with the lack of staff to properly admit residents to the Henley-Young facility. The facility is still coordinating this provision with provision 3.3 and policies and procedure are still in developmental stages. Once completed training and documentation will need to be addressed. However, during my visit on several occasions, I observed residents that were placed in their rooms and locked down because there was a lack of staff, with no orientation and no freedom to move about the unit. This can only be addressed when there is enough staff. No residents should be gratuitously subject to lock down. Please review my introduction.	
Recommendations	1. Develop adequate policies and procedures for this provision. 2. Ensure all staff is trained and document training. 3. See provision 3.3	
Evidentiary Basis	Document review, observation	

Provision 3.5 Cell Confinement	At all times between the hours of 7:00 a.m. to 10:00 p.m., at least one direct care staff shall be stationed on any living unit where two or more residents are placed, and direct care staff shall be actively engaged with residents. From 10:00 p.m. to 7:00 a.m., staff shall conduct visual checks on residents every 15 minutes. Henley-Young shall ensure that every cell has an operating intercom that allows residents to communicate with staff at all times.	
Status	Beginning Compliance	
Discussion	The facility has developed a policy and procedures regarding this provision. Again due to the lack of staff, it is very difficult for the facility to address this provision. During this visit I found residents were left unsupervised as stated in my previous reports and this continues to happen. Residents were still left alone on the unit; residents were locked down on A unit while B unit residents were out (see exhibit 8). Basically the facility was rotating residents out on living units to accommodate the shortage of staff. Again, residents were on the unit without supervision although one staff was in the tower. There were doors opened on the unit which also allows for serious things to happen between residents. This is a major area of concern and must be addressed. It continues to make me uneasy as it has during my previous visits. Review of documentation and direct observation reveals that staffing continues to be a major problem at Henley-Young. The facility remains non-compliant with this provision, therefore I am reiterating that the suggested actions and recommendations from my previous report be reviewed and put into action. Since a policy has been developed this provision remains in beginning compliance, see introduction.	
Recommendations	1. Develop adequate policies and procedures for this provision. 2. Provide adequate staffing. 3. Provide adequate staff supervision.	
Evidentiary Basis	Document review, observation, interviews	

4 Structured Programming

Provision 4 Structured Programming	Henley-Young shall administer a daily program, including weekends and holidays, to provide structured educational, rehabilitative, and/or recreational programs for residents during all hours those residents shall be permitted out of their cells, pursuant to section 3.1. Programming shall include: - activities which are varied and appropriate to the ages of the residents; - structured and supervised activities which are intended to alleviate idleness and develop concepts of cooperation and sportsmanship; and - Supervised small group leisure activities, such as a wide variety of card and table games, arts and crafts, or book club discussions.	
Status	Non-Compliance	
Discussion	The residents continue to play cards, play basketball and watch television. The problem is that there are no formalized, regulated, scheduled, daily activities. When a facility operates in this type of chaotic fashion it leads to upheavals in the residents' behavior and confusion for the staff. Because there is no one dedicated specifically to recreation the present recreation program is little to none. The facility had developed a daily schedule however because of inadequate staffing, the schedule is not followed. During this visit, there were no arts and crafts programs and no structured or supervised activities. The schedule that was once posted no longer exists. The facility still needs to develop this provision. It remains non-compliant with this provision, therefore I am reiterating that the suggested actions and recommendations from this report be reviewed and put into action.	
Recommendations	- Continue to develop adequate policies and procedures for this provision. - Provide adequate schedules for weekdays and weekend programming and act on it. - Develop an adequate monthly recreation schedule with age appropriate games and programs. - The facility need to hire an officer dedicated to developing and monitoring recreational programs.	
Evidentiary Basis	Document review, observation, interviews	

5. Individualized Treatment Plans Treatment For Post-Disposition Residents

Provision 5.1 Individualized Treatment Plans Treatment Program for Post- Disposition Residents	Henley-Young shall ensure that residents have access to adequate rehabilitative services. Henley-Young shall ensure that children placed in the facility post-disposition will receive constitutionally compliant rehabilitative services.	
Status	Non-Compliance	
Discussion	See the discussion of the 89 day program in the introduction. Since there is no structured programming outside of individual counseling, the County may want to hire case managers to provide initial and ongoing case management services (i.e. treatment planning, family assessments, educational assessments, referrals for mental health or health services). Also the case manager will identify indicators of goals achieved, specify the person responsible for implementing the resident's and family's treatment goals; update treatment plans; and develop discharge plans with recommendations. In addition, the facility needs counselors who are responsible for a resident's safe adjustment to secure confinement.	
Recommendations	1. Develop adequate policy and procedures to meet this provision. 2. Either fund properly or discontinue the 89 day program. 3. Review light weight residents in program (i.e. disturbing the family peace) and find alternative placement for them. 4. Fund appropriate staffing to develop individualized treatment plans for residents in 89 day program. 5. Develop and fund alternative community programming for residents in 89 day program that can be serviced in community. 6. Hire 3 case managers who are assigned and work for the facility director.	
Evidentiary Basis	Document review, observation, interviews	

Provision 5.2 Individualized Treatment Plans Treatment Program for Post- Disposition Residents	Henley-Young shall ensure that residents in need of mental health and/or substance abuse treatment and/or who are in the facility post disposition shall have appropriate treatment plans developed and implemented in accordance with generally accepted professional standards of practice for mental health and rehabilitative services.	
Status	Non-Compliance	
Discussion	Based on my review of documents and observation, services are not in place and are still not being provided for this provision. I am reiterating the action and recommendation from my previous report below. Residents entering the facility pre or post disposition (89-day program) still have no treatment plan as it relates to mental health although some residents are being seen by Hinds Behavioral Health counselors. Once a resident enters the facility and the screening shows evidence and warning signs of suicidal ideations, traumatic experiences, depressed moods, and/or somatic complaints etc. that are indicated by the MAYSI-2, the residents should be evaluated and have a treatment plan developed. There is no documentation to show that treatment was provided to residents based on identified warning signs; there are no treatment plans available, and there is no mental health staff available to implement the treatment plans. Also, I found no treatment plans for residents that were currently at the facility or post treatment plans for residents leaving Henley -Young. Interviews with staff showed they were very frustrated with the lack of mental health services at the facility. In addition, there is no functional system in place to address residents with mental health issues or exhibiting mental health behaviors. Also, residents having problems within the school should at least have an IEP to determine whether they are in need of placement within the special education program over and above any need for mental health services. At this point, there is no indication that any mental health services, beyond the MAYSI-2 are being provided other than those services provided by Hinds Behavioral Health which is limited at best. However, I found no documentation of any services provided to residents at Henley-Young (i.e., treatment plans, screenings or evaluations .etc), see introduction.	
Recommendations	1. Develop adequate policies and procedures for this provision. 2. See recommendations under (5.1).	
Evidentiary Basis	Document review, observation, interviews	

Provision 5.3 Individualized Treatment Plans Treatment Program for Post- Disposition Residents	Henley-Young shall implement policies and procedures for the required content of treatment plans, which shall include; a. That the treatment plan be individualized; b. An identification of the mental and/or behavioral health and/or rehabilitative issues to be addressed; c. A description of any mental health, medication or medical course of action to be pursued, including the initiation of psychotropic medication; d. A description of planned activities to monitor the efficacy of any medication of the possibility of side effects; e. A description of any behavioral management plan or strategies to be undertaken; f. A description of any counseling or psychotherapy to be provided; g. A determination of whether the type or level of treatment needed can be provided in the resident's current placement; and h. A plan for monitoring the course of treatment, and if necessary, for revising the treatment plan. i. A description of the precise terms the of the facility's long-term and short-term objectives for the residents, the full range of services to be provided, and procedures, and timetables and staff assignments for the implementation of such treatment plan; j. A plan for regularly engaging the family in the resident's treatment plan; k. A comprehensive re-entry plan that will assist the residents re-enroll in their home school and access medical, mental health, Vocational and rehabilitative services based in the community.
Status	Non-Compliance
Discussion	The facility still has not developed policy and procedures for this provision. Please see previous report. As stated in provision 5.1, the facility still needs to develop the appropriate program structure with adequate staffing, adequate therapeutic treatment, supervision, education, etc. Henley-Young is still in Non-Compliance as it relates to this provision. Because there has been no movement on this provision, I am reiterating the actions and recommendations from my previous report below. See introduction.
Recommendations	1. Develop comprehensive policies and procedures for this provision that includes the contents (A-K). 2. The County/Court shall define the criteria for the program a. It is important that post dispositional programs in other facilities be reviewed. b. Often seeing what is being done in other facilities provides insight into how to develop and operate these programs. 3. Provide dedicated staff to manage program. 4. Provide intensive training to these staff members. a. Train staff in various treatment modalities i.e. cognition,

	behavioral modification, modeling, psychotherapy, reality therapy, group therapy and group dynamics and other skills required to successfully facilitate the goals of the 89 day program. b. Create treatment teams c. Develop case planning and program development d. Assessment of the program to determine if it meets the needs of the court placed residents. e. Assessment tool to regularly monitor the success or lack of success of all residents in the program. 5. Provide auxiliary training to all other direct care staff.
Evidentiary Basis	Document review, observation, interviews

Provision 5.4 Individualized Treatment Plans Treatment Program for Post- Disposition Residents	Henley-Young shall institute a program of periodic staff reviews every three weeks and evaluations of each resident's progress under his/her individualized treatment plan and of the appropriateness of the plan itself and Henley-Young's plan for such review.	
Status	Non-Compliance	
Discussion	Based on my review of documents and observation, services are still not in place and are not being provided for this provision. I am reiterating the actions and recommendations from my previous report below. Please see the previous report and provisions 5.1 and 5.3, take note of the discussion of these issues in the introduction.	
Recommendations	1. Develop comprehensive policies and procedures for this provision. 2. Provide training to all staff. 3. Identify roles and responsibilities of direct care, treatment and educational staff as it relates to the staffing for 89 day program through policies and procedures and adequate funding and staffing.	
Evidentiary Basis	Document review, observation, interviews	

Provision 5.5 Individualized Treatment Plans Treatment Program for Post- Disposition Residents	Henley-Young shall develop and implement a program that provides for evening and weekend programs and activities that allow residents to engage in meaningful activities.	
Status	Non-Compliance	
Discussion	Based on my review of documents and observation, services are not in place and are still not being provided for this provision. I am reiterating the actions and recommendations from my previous report below. The programming of the facility is at a standstill as it relates to this provision. There are very few activities on weekends therefore there is no meaningful programmatic, structured activities except for card playing and dominoes. Take note of the discussion of these issues in the introduction.	
Recommendations	1. Develop comprehensive policies and procedures to meet the needs for this provision. 2. Provide adequate staffing for this program. 3. Develop a monthly recreational program with activities. 4. Keep records of activities provided and note those that were not provided and why. 5. Purchase board games etc. 6. Hire recreational staff.	
Evidentiary Basis	Document review, observation, interviews	

Provision 5.6 Individualized Treatment Plans Treatment Program for Post- Disposition Residents	Henley-Young shall develop and implement an adequate quality assurance program.	
Status	Beginning Compliance	
Discussion	The facility's policies and procedures for an individualized treatment program for post disposition residents have not been presented or approved. The facility still is in need of an adequate Quality Assurance program, which is not an overnight development, it is in progress. I have reviewed documents submitted to me by the QA coordinators that are in the beginning stages of development. Although they are in the beginning stages	

	they are identifying several areas that are in need of corrective action, i.e. a behavioral point system, resident phone call logs, resident information packets and cleanliness. The focus of this area must be on developing a set of standards and methodologies for conducting regular quality assurance audits for all areas of disagreement. The audit forms should be created using clear statements about which standards are being met and which are not being met. Once the standards and audit tools have been developed, they will need to be tested and revised before a comprehensive internal audit can be conducted. Also, the County wants to make sure that external audits are conducted annually. This would provide a “check and balance” for the system. The County must also develop adequate data collection systems that will assist in analyzing conditions and activities and will provide for complete reliable, high quality and accurate indicators of trends within the facility. Finally, the administration must ensure that staff documentation is clear and timely. It should be noted that the courts must also be involved in the development of the quality assurance program. There must be a system in place to evaluate the 89-day program when residents are assigned to it. In addition, data should be collected and retained to determine if the program is achieving its expected outcomes. It is very difficult to develop an effective treatment program or individualize treatment plans without an adequate review of the processes in place.
Recommendations	1. Develop comprehensive policies and procedures to meet the needs for this provision for the facility, school program and SICU program. 2. Health Care: continuously assess the quality and adequacy of the health services provided, accurately evaluate the performance of staff providing health services and address identified deficiencies. 3. Recreation and Social programs: continuously assess the quality and adequacy of social and recreational programming provided; accurately evaluate the performance of staff in providing these programs. 4. Environmental Health and Safety: continuously assess the quality and adequacy of environmental health and safety, accurately evaluate the performance of staff in providing a safe and healthy environment and properly address identified deficiencies. 5. Discipline and order: continuously monitor use of discipline and promptly address misuse or over use of discipline and other identified deficiencies. 6. The facility will develop monthly performance measures to indicate achievement in the desired area. 7. Review State of Florida Quality Assurance Model and for assistance

	in developing contact CJCA Performance Based Standard for Juvenile Detention Programs, also use ACA standards to establish policy guidelines. 8. Develop data collection system
Evidentiary Basis	Document review, observation, interviews

6 Due Process/Isolation/Disciplinary Practices and Procedures

Provision 6.1 Disciplinary Practices and Procedures	Henley-Young shall implement a discipline policy and practice that incorporates positive behavior interventions and supports. This policy shall include guidelines for imposing graduated sanctions for rule violations and positive incentives for good behavior.	
Status	Non-Compliance	
Discussion	This is a critical component of the disciplinary and behavioral management process to ensure residents are treated fair, humane and that there is no misuse of the isolation and disciplinary process (review the introduction regarding this matter). The facility is implementing a due process behavior system which is partially complete. Based on my review of the documents the facility has initiated due process hearings, however staff officers are not adequately trained and the residents are not aware of the infractions and consequences because that have not received proper orientation to the program. The bottom line is there is no adequate orientation for entering the facility. There is still no positive incentive program for good behavior and sanctions for rule violation. Based on my review of documents and observation, positive behavioral intervention and supports are not in place and are still not being provided for this provision. I reiterate, the suggested actions and recommendations from my previous report. The facility should continue to follow the recommendations from the previous report. The facility is making improvement on the due process isolation and practice procedures. Although processes on a few provisions have begun, it is vitally important that policy and procedures are developed to ensure a consistent, comprehensive, and standardized method of running the facility.	
Recommendations	1. Develop adequate policies and procedures for this provision. 2. Develop new resident handbook. Residents are to receive these handbooks during orientation. a) They shall include resident's rights, major and minor rule violations and the grievance policy. b) The handbook will explain to residents in their own language the rules and shall also be explained by staff that will have them sign and date a form indicating that both processes have occurred. c) These rules shall be posted on each unit. 3. Due process rules shall be posted on each unit.	

	4. Develop positive behavior intervention programs. 5. Assign and train an independent person(s) to handle due process isolation hearings. The person(s) must be independent of the unit staff. 6. Ensure residents who are in isolation are provided recreation and education services.
Evidentiary Basis	Document review, observation, interviews

Provision 6.2 Disciplinary Practices and Procedures	Residents who violate major rules may be subject to cell confinement for up to 24 hours for a single rule violation. An occasion in which a resident is alleged to have contemporaneously violated multiple major rule violations shall count as a single rule violation for the purposes of this section. No residents shall be confined to a cell for longer than 8 hours for a single rule violation without receiving written notification of the alleged rule violation and the occurrence of a disciplinary review/due process hearing before an impartial staff member, which includes participation by the accused residents. Under no circumstances shall residents be subjected to involuntary cell confinement for longer than 24 hours for disciplinary purposes. Residents who are placed on cell confinement shall be released daily from their cells to attend school, maintain appropriate personal hygiene, and to engage in one hour of large muscle exercise.	
Status	Non-Compliance	
Discussion	Based on my review of documents and observation, adequate disciplinary practices and procedures are not in place and are still not being provided for this provision. I am reiterating that the suggested actions and recommendations from my previous report be put into action and restated in the introduction. During this visit, I did find youth who were placed in their rooms based on a due process hearing. However, there was no documentation placed on their door to determine why the residents were in their rooms for any length of time. Staff appeared to be placing residents in their rooms randomly without any supervisory approval. This should be addressed as soon as possible. As it relates to a due process hearing, residents that commit major rule violations should be referred for a due process hearing based on the incident reporting process. When residents are accused of a major rule violation, they should be provided with a notice of the violation and an explanation of their right to have a hearing in which they are able to present their side of the event, call witnesses on their behalf and ask for staff representation if it is requested. The hearing officer is required to interview the resident and any parties that observed the incident. Residents who require a due process	

	hearing who are on the mental health case load should have a qualified mental health professional determine whether being placed in isolation could cause a decline in functioning or any other relapse. The hearing officer may impose a variety of sanctions including the lost of privileges, restrictions, or isolation. The hearing officer may credit the resident for any time serve in behavior management isolation pending the hearing. The residents have the right to appeal the decision of the hearing officer to the Director. My review of documents and interviews with staff and residents revealed the need for additional training to take place regarding this process. The staff and residents were unfamiliar on how the process works; therefore it is critical for the facility administration to review their policy and procedure on due process. It should also be noted that residents must see the process as fair.
Recommendations	1. Develop policies and procedures for this provision. 2. Develop sheets to place on door of any residents in confinement that identifies the reason for confinement and is review and signed by supervisor. 3. Ensure residents in confinement receive education and recreation services. 4. See 6.1 recommendations. 5. Provide training for all staff on these policies and procedures.
Evidentiary Basis	Document review, observation, interviews

7. Use of Restraints

Provision 7.1 Use of Restraints Mechanical	Mechanical restraints shall not be used to punish residents or for the convenience of staff. Mechanical restraints shall only be used to prevent self-harm and/or harm to others, subject to section 7.4, and for transportation to and from court, subject to section 7.2.	
Status	Beginning Compliance	
Discussion	As stated in my previous report, the facility continues to follow the policies and procedures of this provision. To move past beginning compliance, staff needs to be trained and all training documented etc. based on recommendations below.	
Recommendations	1. Officers shall receive training on policy and procedures. 2. Officers shall be trained on when it is appropriate to use mechanical restraints. 3. All training shall be documented. 4. The policy will require the documentation of any use of mechanical restraint and use of force incidents.	
Evidentiary Basis	Document review, observation	

Provision 7.2 Use of Restraints Mechanical	Nothing in this section shall prohibit mechanical restraints from being placed on residents who are being transported to and from court or out of the facility, if staff have reason to believe that a residents presents a flight risk or is an imminent danger to the residents or others, or will engage in violent behavior. However, mechanical restraints should be removed immediately after the resident is placed in a cell and at no time shall a resident be placed in a cell wearing mechanical restraints.	
Status	Partial Compliance	
Discussion	Based on my review of documentation, on two separate occasions resident A.F. on 8/16/13 and resident A.H. on 12/10/13 were both placed in handcuffs and shackles because they presented behavioral problems; they were not being transported. I found no evidence of any de-escalation processes used prior to placing residents in mechanical restraints. The facility does have records of training staff in the use of mechanical restraints however there is a need to retrain staff to ensure continued compliance.	
Recommendations	1. Develop and provide remedial training for this provision. 2. All training shall continue to be documented. 3. The policy will require the documentation of any use of mechanical restraint and use of force incidents. 4. Operationalize the edicts of this provision.	
Evidentiary Basis	Document review, observation	

Provision 7.3 Use of Restraints	Restraints shall not be used to secure residents to a fixed object such as a restraint chair, bed, post, or chair.	
Status	Beginning Compliance	
Discussion	The facility continues to be in beginning compliance. I found no indication during my visit or interviews that residents were being secured to fixed objects in the facility. However, to move past beginning compliance the facility needs to follow the recommendations (2, 3 and 4) below.	
Recommendations	1. Complete the comprehensive policies and procedures for this provision. 2. Provide training for staff within the facility as described above on this provision and provide documentation of training. 3. Develop and use a mechanical restraint log. 4. Provide training on de-escalation techniques to try to use mechanical restraints only as a regular part of facility transport.	
Evidentiary Basis	Document review	

Provision 7.4 Use of Restraints	No residents shall be restrained for longer than 15 minutes, unless restraints are approved by a mental health professional or if determined to be necessary under section 7.2 or as reasonably necessary to prevent the residents from engaging in acts of self-harm or harm to others. If a residents must be restrained for longer than 15 minutes in order to prevent self-harm, that residents shall, as quickly as possible, be evaluated by a mental health professional or transported to a mental health facility.	
Status	Beginning Compliance	
Discussion	As stated in my previous report, policies and procedures have been developed as it relates to this provision. However, the facility needs mental health professionals to help and enhance the development of these policies and procedures as they are the authorities in this area. This provision should be included in policy and procedure development once a mental health professional or agency is retained. (Please review the introduction.)	
Recommendations	1. Continue to develop comprehensive policy and procedures for this provision with mental health professionals. 2. Provide training for staff on policy and procedures and document training. 3. Provide training on de-escalation techniques. 4. Develop Mental Health protocols for this provision. 5. Hire mental health professional or agency.	
Evidentiary Basis	Document review	

Provision 7.5 Use of Restraints	Henley-Young shall not use, or allow on the premises, restraint chairs, chemical restraints and/or tasers.	
Status	Substantial Compliance	
Discussion	Based on my most recent visit and my review of documents, I found no indications that restraint chairs, chemical restraints or tasers have been used at the facility. However, the facility needs to ensure that officers remove their firearms and tasers prior to entering the secure area (i.e. intake). See recommendations below.	
Recommendations	1. Ensure staff is following policies and procedures as it relates to this provision. 2. Document all training provided to all staff. 3. Ensure firearms and tasers are secured in a lockbox prior to entering secured area. 4. Retrain staff when deemed necessary.	
Evidentiary Basis	Document review, video	

Provision 7.6 Use of Restraints	Henley-Young shall not subject residents to “hogtying,” which is the practice of placing a resident’s face down on a bed, floor, or other surface, and securing the resident’s hands to his feet.	
Status	Substantial Compliance	
Discussion	Based on my most recent visit and my review of documents, I still find no indication that the facility is violating this provision. The facility does have a policy and procedures developed. See recommendations below.	
Recommendations	1. Provide on-going training for staff on policies and procedures. 2. Continue to document all training provided to all staff.	
Evidentiary Basis	Document review	

Provision 7.7 Use of Restraints	When a resident is placed in mechanical restraints, staff must provide one-on-one supervision for the duration of the restraint, except when mechanical restraints are deemed to be necessary for the reasons specified in section 7.2.	
Status	Partial Compliance	
Discussion	Based on my most recent visit and my review of documents, the facility has developed a policy and procedures for this provision. In addition, any residents placed in mechanical restraints should be seen by a medical professional as soon as possible to assess if there are any injuries. Additionally, in my review of the A.F. and A.H. situation, I found no indication that either resident received medical evaluation after the removal of mechanical devices.	
Recommendations	1. Provide on-going training for staff on policies and procedures. 2. Continue to document all training provided to all staff. 3. Ensure that residents who are placed in mechanical restraints are seen by a medical professional.	
Evidentiary Basis	Document review	

Provision 7.8 Use of Restraints	Henley-Young shall notify a medical professional whenever a resident is placed in mechanical restraints for reasons other than those specified in section 7.2. A medical professional shall examine the residents as soon as possible after restraints are removed, except when the residents was restrained for the reasons specified in section 7.2.	
Status	Beginning Compliance	
Discussion	Based on my observations and review of documents, I am reiterating that although policies and procedures are developed, there must be adequate training and instruction to ensure that staff complies with policies and	

	procedures. In addition, incident reports must be reviewed by the supervisors to ensure that accurate information is being provided. There is a strong need for accurate and consistent reporting of incidents. When incidents are not reported correctly, the integrity of the reporting system falls into question. This is also a training issue, see provision 7.7.
Recommendations	1. Develop comprehensive policies and procedures for this provision.(Executed) 2. Provide training on policies and procedures. 3. Document all training provided to all staff. 4. Ensure that residents who are placed in mechanical restraints are seen by a medical professional. 5. Ensure that information being reported is accurate and consistent.
Evidentiary Basis	Document review

Provision 7.9 Use of Restraints	Hinds County does not currently and shall not in the future allow officers to enter the secure detention area of the facility with any electronic restraints, including, but not limited to, tasers.	
Status	Partial Compliance	
Discussion	During my recent visit and review of documents, I found no indication that any electronic restraints i.e. tasers had been used. However, there is still a need for training of staff and documentation of all training.	
Recommendations	1. Provide training for staff on policy. 2. Document all training provided to all staff.	
Evidentiary Basis	Document review	

Provision 7.10 Use of Restraints	Henley-Young is required to ensure that no officer enters the secure detention area of the facility with a firearm.	
Status	Substantial Compliance	
Discussion	The facility has developed policy and procedures for this provision. However, staff needs to remain vigilant in ensuring this provision is followed. Also see provision 7.9 as it relates to tasers.	
Recommendations	1. Provide on-going training for staff on these policies and procedures. 2. Continue to document all training provided to all staff. 3. Have signs displayed at all entrances for securing firearms and tasers.	
Evidentiary Basis	Observation	

8. Use of Force

Provision 8.1 Use of Force	Physical force shall not be used to punish residents. Staff shall only use physical force to stop residents from causing serious physical injury to self or others or to prevent an escape. If physical force is necessary, staff must use the minimum amount required to safely contain the residents. Whenever possible, staff shall avoid the use of force by first attempting verbal de-escalation techniques. Staff shall be required to fully document in writing every instance of use of force.	
Status	Non-Compliance	
Discussion	Based on my review of documents, the facility still needs to develop policies and procedures for this provision. In my review of incident reports, I found that there have been incidents of use of force. However I found no indication that any de-escalation techniques were used. Although officers are doing reports, they are not accurately recording information. When officers are captioning information, it should be truthful, accurate and detailed enough so they can testify on their observations two years from now if needed. In reference to an UIR (unusual incident reporting) written regarding a female resident MT on 12/1/2013, the language and discussion of the report is confusing and unclear. It appears from reviewing this document that report writing training is needed. Also there is a major need for de-escalation and proper restraint training and accurate documentation of incidents. In addition, reports must be legible, in plain English, and specific behavioral terms should be used. Another issue is that the facility is using different forms for the same purpose. There needs to be a single uniformed way of reporting all UIR incidents. In the reports filed regarding the incident involving residents JH and JM on 9/8/2013, JH, JM and MP on 9/9/2013 and the incident involving JS on 9/24/2013 there are many different reporting formats and forms used. Some reports were hand written, others were typed on plain paper as memos, and other were written using the UIR form, while the school uses another reporting method. This is not uniform and there is too great a variety of forms being used. There were similar concerns above in my last report. Further, there is the issue of restraining residents. When residents are involved in an altercation and the officer has to physically restrain one or more residents involved, this is a matter where restraints i.e. physically holding, separating and/or removing the youth from the event are involved. Restraints are being used even though it is not mechanical. This was evident in my review of documents however it is not reflected on the UIR form, for example, UIR report 11/6/13 and report 12/1/13. This is an indicator that the present form needs to be revised to incorporate the use of physical restraint.	

	Regardless of how accurate and useful an observation may be, it has no value to others unless it is recorded legibly. Police and other juvenile detention facilities have addressed the legibility problem by typing their reports. Most agencies are completely computerized, and some are experimenting with laptop computers. Computerized records may eliminate legibility problems for this facility. Some reports are still written in flowing script (cursive) and on various forms. There should be one facility wide form used to capture information. This has been stated in my previous reports. In addition, there is a major need for data collection as it relates to use of force. This was also stated in my previous reports. There is a need for good data point keeping regarding, medical and mental health, education, social services and all other operational services provided to the resident. Good data will assist the facility in determining answers to some of the following examples: A. The location of use of force B. The number of use of force incidents C. The number of use of force requiring mechanical restraints D. The type of restraint used E. Grievances F. The number of incidents requiring chemical agents G. The number of incidents involving non lethal security devices (i.e. batons, tasers, etc.) H. The number of use of force incidents resulting in injury to residents or staff I. Plan of action to address each incident (i.e. disciplinary action, staff training or remedial training, resident's isolation, resident's behavior management, resident's mental health screening or evaluation etc.) Please review my previous report. These same issues should be addressed.
Recommendations	1. Develop policy and procedures for this provision. 2. Provide training for on policies and procedures 3. Document all training provided to all staff. 4. Adapt an appropriate curriculum for training staff on the use of verbal de-escalation skill and safe use of physical restraints or mechanical restraints. 5. Revise form to distinguish between physical and mechanical restraints. 6. Contact the National Partnership for Juvenile Justice for recommendations on training program in this area. 7. Document and file report when there is use of force. 8. Ensure any time use of force is used residents are seen by a medical professional
Evidentiary Basis	Document review, interviews

Provision 8.2 Use of Force	Henley-Young shall notify a medical professional, including but not limited to the licensed practical nurse on duty whenever physical force is used against a resident. A medical professional shall examine a resident immediately after the use of physical force.	
Status	Beginning Compliance	
Discussion	The facility has developed policies and procedures for this provision. However medical protocols needs to be developed to address this provision, there is nursing service available from 6:00 a.m. to 8:00 p.m. Monday through Friday and Saturday to Sunday for a minimum of four hours in the morning. This is provided by the two nurses recently hired. There is no service for residents during Saturday and Sunday. Based on my discussion with the County Administrator, the facility is still in the process of procuring a contract for medical services.	
Recommendations	1. Complete procurement of services as quickly as possible. 2. Continue to develop comprehensive policies and procedures for this provision. 3. Provide on-going training to staff on policies and procedures. 4. Continue to document all training provided to all staff. 5. Review nursing schedule and provide more hours at facility. 6. Provide written documentation of examination of residents by medical professional in every instance. 7. Provide additional medical services after hours and on weekends. (executed) 8. Document and file in resident's records when there is use of force.	
Evidentiary Basis	Document review, observation	

9. Meals and Nutrition

Provision 9.1 Meals and Nutrition	Residents shall be provided three meals and a snack daily. If a residents misses a meal because he or she is attending court, or some other appointment, he or she shall receive the missed meal upon his or her return to detention.	
Status	Partial Compliance	
Discussion	The residents still have <u>major</u> complaints regarding food service. In addition I found that there is no set schedule for food service. Although the food was better prepared, and more aesthetically pleasing, it was still cold. This was due to the meals not being served in a timely manner, with one meal not being served until 6:00 p.m. There must be consistency in the times residents receive their meals to ensure that meals are provided at regular times during each 24 hour period with no more than 14 hours between evening meals and breakfast. Each resident must have the opportunity to take at least 20 minutes of dining time for each meal. During	

	a normal review of any institution there is an expectation that residents will make complaints regarding the food. However, each resident interviewed at Henley-Young had major complaints about the food, the portions, and the presentation of the food. During this review I observed the food and the distribution of the food. Food service is an important part of institutional life. A comprehensive food service program must be developed if the facility is to meet the unique needs of its juvenile population. Juvenile health, nutrition, and morale in this environment are all directly related to the effectiveness of the food service program. Meals served to incarcerated juveniles must be nutritionally balanced and calorically adequate. They must be tasty, appealing, and served in an aesthetically acceptable manner to avoid conduct and behavior problems. If juveniles believe the facility's staff and management have maximized their efforts to provide a healthy and appealing food program, conduct can and will improve. Juveniles typically have less than desirable eating habits. Nutritional guidelines for juveniles are extrapolations from the recommendations for children and adults. Recommended dietary allowances relate to the general time and rate of the juvenile's growth spurt is very important. Therefore I am recommending a meal pattern that provides nutritionally balanced meals with food items selected from various food components listed below: • Breads, cereal, and other grain products (including several servings a day of whole-grain products) • Fruit • Vegetables (includes all types with dark green leafy vegetables and dry beans and peas used several times per week) • Meat, poultry, fish and alternatives (5 to 7 ounces, lean per serving) • Milk, cheese, yogurt, etc. • Fats and sweets (at a minimum) The meals I observed did not meet the above mentioned meal patterns. There has been a decline in food service at Henley-Young.
Recommendations	1. Continue to review portions to ensure residents receive enough food during meals. 2. Develop policy and procedures for this provision.(executed) 3. Continue to provide training for kitchen staff and all other staff members involved with handling food and preparing meals. 4. Continue to document compliance with this provision.
Evidentiary Basis	Document review, observation, interviews

Provision 9.2 Meals and Nutrition	All meals and snacks served to residents at Henley-Young shall, at a minimum, comply with the nutrition guidelines set forth in the United States Department of Agriculture's School Meals Program standards.	
Status	Beginning Compliance	
Discussion	As stated provision 9.1 and in my introduction, residents continue to complain that they are not receiving enough to eat and that the food is still cold when it arrives on the units. This should be addressed. It should be noted that I have not seen any training records or had the opportunity to meet with the nutritionist. The nutritionist should be made available upon my next visit.	
Recommendations	1. Develop policy and procedures for this provision(executed) 2. Provide training for kitchen staff and all other staff members involved with handling food and preparing meals.	
Evidentiary Basis	Document review, observation, interviews	

Provision 9.3 Meals and Nutrition	Residents shall be provided access to drinking water throughout the day.	
Status	Beginning Compliance	
Discussion	The facility has not replaced the non-functioning water fountains, therefore, I am reiterating the actions and recommendations from my previous report that shall be reviewed and followed. I have reviewed documents which show the County has conducted an environmental test on the water system and concluded it is safe. The water is still available to the residents through the Igloo coolers that have been purchased and this provision remains at beginning compliance based on my last report. It should be noted that residents continue to complain of not being allowed to have water after outdoor recreation and during school. In addition, based on my observation because of inadequate staffing residents are placed in their rooms limits their ability to have access to water when requested.	
Recommendations	1. Contact County or State Environmental office to conduct test on water system. (executed) 2. Ensure residents receive water during school and recreational periods and at night. 3. Develop a policy for incidents regarding water quality and procedures to address them. 4. Repair inoperable drinking fountains.	

Evidentiary Basis	Document review, observation, interviews
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10. Clothing

Provision 10 Clothing	Henley-Young shall provide basic clothing items for residents at all times. These items must include, at a minimum, socks, underwear, uniform, shoes, and undershirts. For girls, these items must also include a brassiere. When appropriate, Henley-Young shall also provide residents with a coat, hat, and gloves. Residents must be provided with a clean uniform, socks, undershirt, underwear, and brassiere, if applicable, upon intake and at least once per day. No residents shall be deprived of these basic clothing items for any reason, including, but not limited to, as a punishment, because these items are being washed, or due to overcrowding.	
Status	Beginning Compliance	
Discussion	The facility has developed a policy and procedures for this provision. Based on my discussion with the residents and my observations the facility has purchased new sleepwear for the residents such that they don't have to wear their daily clothes to bed. The residents continue to complain about their socks and underwear having holes. I did not find as many uniforms that were as tattered and torn as in my previous report. The facility still needs to hire staff dedicated to the laundry and care of the residents' clothing. These persons would be responsible for the discarding of torn or wear-worn clothing, based on the system agreed upon by the facility. I also recommended in my last report that clothing be prewashed which would loosen the soil in the clothing in particular white clothing (i.e. undergarments). Again, there has to be a system for replacing clothing on a regular and consistent basis. The developed policy and procedures that I mentioned above should address some of these issues. I am also recommending as in my previous report, that the facility has dedicated laundry staff to assist in the policy being implemented properly.	
Recommendation	1. Check washer and dryer to ensure they are working properly. 2. Ensure that girls and boys are equally involved in cleaning and folding clothes. 3. Hire 2 laundry staff to ensure clothing is handled properly. 4. Ensure that all staff and residents wear protective material (smocks and gloves) when handling chemicals and clothing. 5. Discard clothing that is torn, dingy and in poor condition. 6. Develop a system for replacing clothing on a regular and consistent basis. 7. Develop schedule for distribution. 8. Develop a system for prewashing clothing (i.e. undergarments etc.)	
Evidentiary Basis	Document review, observation, interviews, photographs	

11. Hygiene and Sanitation

Provision 11.1 Hygiene and Sanitation	Residents shall be provided with the means to maintain appropriate hygiene, including soap and shampoo for showers, which will occur at least once daily, soap for washing hands after each time the residents uses the toilet, and toothpaste and a toothbrush for tooth brushing, which will occur at least twice daily, a comb and brush, that if shared, shall be sterilized between uses by residents. Girls must be provided with panty liners on a daily basis and other feminine products as needed. Residents will be issued a comb and brush upon entering the facility; however, if residents are issued a recycled comb or brush or a comb or brush that has been used by another residents, Henley-Young shall ensure that the comb and brush is sterilized and in good condition.	
Status	Beginning Compliance	
Discussion	Although the facility is in beginning compliance, during my review of documents and my observations I found that the facility is not following its policies and procedures as they pertain to this provision. There were hygiene kits that were not complete, had no names, and residents continue to complain that they have to use each other's hygiene products, i.e. toothpaste, deodorant, etc., (see exhibit 9). The facility has a policy (4.B.1) and procedures which staff is not following as it pertains to this provision. The facility now needs to provide training and ensure that the process outlined in the policy and procedures is followed. Also, residents continue to complain that other residents were using items from their hygiene kits. I found that residents are still using community toothpaste, which should not be occurring, please see exhibits. These areas should be addressed as soon as possible and the recommendations below are based on my previous report.	
Recommendations	1. Ensure that hygiene kits are properly labeled and residents are not sharing each other's hygiene products or items. 2. Ensure items such as hair brushes, if shared, are sterilized and in good condition. 3. Provide training for staff on these policies and procedures. 4. Ensure that clean face towels are available for residents. 5. Develop a schedule for distribution of hygiene kits.	
Evidentiary Basis	Document review, observation, interviews	
Provision 11.2 Hygiene and Sanitation	Residents shall be provided with sleeping mats and blankets that are clean and odorless sleeping mats shall be sanitized between uses by residents, and residents shall receive clean blankets weekly.	
Status	Partial Compliance	

Discussion	Policies and procedures have been developed. The facility has provided training to ensure that the process outlined in the policies and procedures is followed. The facility needs to continue to monitor the condition of the blankets and mattresses for signs of holes and tattering The facility needs now to follow the recommendations below.
Recommendations	1. Continue to discard all blankets and mattresses that are tattered and have holes in them. 2. Clean and maintain laundry area in orderly fashion. 3. Develop forms or system of documentation for distribution and inventory 4. Label and designate an area for towels, sheets, clothing etc.
Evidentiary Basis	Document review, observation

Provision 11.3 Hygiene and Sanitation	Under no circumstances shall residents be deprived of mats and blankets.	
Status	Partial Compliance	
Discussion	The facility has moved to partial compliance for this provision. Now the facility administration needs to be vigilant regarding staff adhering to the process outlined in the policy and procedures regarding the issuing and maintenance of mats and blankets.	
Recommendations	1. Provide training to staff on policy and procedures. 2. Develop system for inventory and distribution	
Evidence	Observation, interviews and document review	

Provision 11.4 Hygiene and Sanitation	Henley-Young shall maintain a sufficient number of clean, sanitary mats and blankets that correspond with the facility's maximum capacity.	
Status	Partial Compliance	
Discussion	The facility has moved to partial compliance for this provision. During my interviews with residents, I found no indication that residents were being deprived of mats and blankets and found that they were cleaned and sanitary. As stated in provisions 11.3, now the facility administration needs to be vigilant regarding staff adhering to the process outlined in the policy and procedures regarding the issuing and maintenance of mats and blankets.	
Recommendations	1. Develop policies and procedures for this provision. (executed) 2. Provide training to staff on policy and procedure. 3. Provide an inventory of mats and blankets.	
Evidentiary Basis	Observation, interviews and document review	

Provision 11.5 Hygiene and Sanitation	Residents shall be provided with a clean, sanitary environment.	
Status	Beginning Compliance	
Discussion	As stated in my previous report, the facility had begun to make environmental improvements in the physical plant; however, during this visit I found the facility is again falling into disrepair, it is dirty and not being maintained. Building maintenance is an ongoing and continuous process. Please review the introduction.	
Recommendations	1. Develop policies and procedures for this provision. (executed) 2. See areas in discussion that should be addressed. 3. Develop housekeeping and cleaning schedule. 4. Develop checklist or inspection report for each unit and area of building. 5. Develop work order system to ensure that when problem arise they are addressed. 6. Develop corrective action plans as needed. 7. Provide training for staff on policy and procedures. 8. Ensure delivered food items are dated and rotated from old to new.	
Evidentiary Basis	Document review, observation, interviews	

Provision 11.6 Hygiene and Sanitation	Hinds County shall ensure that Henley-Young complies with relevant law regarding fire safety, weather emergencies, sanitation practices, food safety, and the elimination and management of environmental toxins.	
Status	Beginning Compliance	
Discussion	Based on my review of documents and observation, policies and procedures are in place. Now training and documentation is required to ensure compliance with this provision.	
Recommendations	1. Develop policies and procedures and plans for fire safety, evacuation etc. (executed) 2. Develop adequate staff training regarding fire safety. 3. Properly maintain and repair fire equipment. 4. Ensure intercom systems are operating properly. 5. Ensure all mattresses used by residents are fire resistant. 6. Routinely test all fire equipment and system. 7. Ensure that all electrical outlets, wires and equipment (lights) are properly working. 8. Develop work order system to ensure items are repaired. 9. Ensure that all areas in this provision are addressed by a certified professional.	
Evidentiary Basis	Document review, observation	

Provision 11.7 Hygiene and Sanitation	Residents shall be provided with clean drinking glasses and eating utensils.	
Status	Partial Compliance	
Discussion	The facility has moved to partial compliance for this provision. During my visit to the facility, I did not find and did not receive any reports of unclean drinking glasses or eating utensils. However, in my review of the kitchen, the kitchen equipment is in need of a major cleaning, (see exhibit 6).	
Recommendations	1. Develop policies and procedures for this provision. (executed) 2. Provide a thorough cleaning of the kitchen and all equipment and utensils	
Evidentiary Basis	Document review, observation and interviews	

12. Medical Care

Provision 12.1 Medical Care	The parties agree, however, that henceforth, Henley-Young shall provide residents with adequate medical care, including: prompt screenings; a full physical exam within 72 hours after their detention hearing or disposition order, as applicable; access to medical professionals and/or prescription medications when needed; and prompt transportation to a local hospital in the case of a medical emergency. Hinds County is responsible for procuring and/or paying for all medications provided to residents.	
Status	Non-Compliance	
Discussion	The County has hired two contract Registered Nurses who cover the facility from 6 a.m. to 8 p.m. Monday through Friday and for four hours on Saturdays and Sundays. However there are no policies, procedures, or protocols in place for the facility. The County is soliciting proposals for medical providers to provide medical care for the residents. However, no contract has been signed. The County has the responsibility to maintain medical care and provide medication and all other needs for residents. On this provision, I am reiterating that the actions and recommendations from my previous report should be reviewed and followed. The County must look at the medical filing system in place at this point and change it to meet contemporary medical standards, see additional discussion in the sections 1.2 and 1.3.	
Recommendations	1. Develop policies and procedures for this provision. 2. Develop policies and procedures and protocols based on standards for Health Services in Juvenile Detention and Confinement facilities. 3. Provide training for staff members who administer medication to residents on proper usage and possible side effects. Also, train the staff on emergency protocols if side effects occur. 4. Have a licensed medical professional review and sign off on policy and procedures. 5. Have a licensed health professional periodically review and provide supervision to the nurse at facility. 6. Develop forms to coincide with provision. 7. Remove medication from bags and place them in secure, organized areas and develop forms to determine what medications are present in the facility at all times. 8. Hire or have on contract a physician to review medical area. 9. Ensure that residents receive vision exams, dental screenings, mental health screenings, hearing tests, etc. 10. Order folders with 2 dividers, end tab, classification folders in letter size with 2 prongs for medical charts.	
Evidentiary Basis	Document review, observation, interviews	

Provision 12.2 Medical Care	Henley-Young shall ensure that a medical professional is available to examine residents confined at the facility to identify and treat medical needs, when necessary.	
Status	Non-Compliance	
Discussion	Based on my review of documents and observation, the provision that states, "Henley-Young shall ensure that a medical professional is available to examine residents confined at the facility to identify and treat medical needs, when necessary", is not in place and is still not being provided for this provision. The County is soliciting proposals for medical providers to provide medical care for the residents. However, no contract has been signed. The facility still has the responsibility of maintaining medical care and medication for all of the health needs of the residents. On this provision, I am reiterating that the actions and recommendations from my previous report should be reviewed and followed, (see the introduction.)	
Recommendations	1. Hire qualified medical professional for nights and weekend care. 2. Develop policies and procedures for this provision. 3. Provide training for staff on this provision.	
Evidentiary Basis	Document review, observation, interviews	

Provision 12.3 Medical Care	Henley-Young shall implement its sick call policy and practice which ensures that confined residents who request non-emergency medical attention are examined by a medical professional within 24 hours of a residents placing him or herself on sick call, excepting weekends and holidays.	
Status	Non-Compliance	
Discussion	Although the facility has 14 hours nursing service daily during the week and four hours on Saturday and Sunday there is still no policy, procedures and protocols as to how sick-calls should be administered to residents. The facility must develop the processes, and practices for this provision. The County is still soliciting for medical practitioners to provide medical care for the residents. However, no contract has been signed. The facility still has the responsibility of maintaining medical care and medication for all of the health needs of the residents. On this provision, I am reiterating that the actions and recommendations from my previous report should be reviewed and followed (see introduction.).	
Recommendations	1. Develop policies and procedures for this provision. 2. Place a kite box on each unit. 3. Provide training for staff on this provision. 4. Nurse or designated person, making daily rounds to retrieve kites (Request for Medical Service Forms).	

Evidentiary Basis	Document review, observation, interviews	
Provision 12.4 Medical Care	Prescription medications shall only be distributed by licensed medical staff or Henley-Young staff who has been trained by licensed medical personnel.	
Status	Non-Compliance	
Discussion	The facility has two registered nurses who are licensed to distribute medications to the residents. The problem is that the facility has no policies, procedures or protocols in place to direct this distribution. The County is soliciting proposals for medical providers to provide medical care for the residents. However, no contract has been signed. The facility still has the responsibility of maintaining medical care and medication for all of the health needs of the residents. On this provision, I am reiterating that the actions and recommendations from my previous report should be reviewed and followed (see introduction.).	
Recommendations	1. Develop policies and procedures to address this provision. 2. These policies and procedures must include the appointment of a medication administration protocol. 3. There must be a medication record of all medicines administered. a. One record to reflect all medicines leaving the pharmacy; b. An additional record kept in each resident's case file. 4. Ensure that the training is comprehensive make certain that all medical contingencies are considered. 5. The staff should be trained on what side effects to look for drugs commonly prescribed to residents with mental health needs. 6. Provide training to staff on the policy and procedures for this provision. 7. All training should be documented and conducted annually.	
Evidentiary Basis	Document review, observation, interviews	

Provision 12.5 Medical Care	Medical and mental health services shall be provided in a manner that ensures the confidentiality of resident's health information.	
Status	Non-Compliance	
Discussion	Based on my review of documents and observation, services are not in place and are still not being provided for this provision. The County is soliciting proposals for medical providers to provide medical care for the residents. However, no contract has been signed. The facility still has the responsibility of maintaining medical care and medication for all of the health needs of the residents. On this provision, I am reiterating that the actions and recommendations from my previous report should be reviewed and followed (see introduction.).	

Recommendations	1. Develop policies and procedures to address this provision. 2. Get HIPAA requirements and institute them the facility. 3. Designate the persons who have access to the resident's medical records within the facility and outside of the facility, but within the juvenile justice system. 4. Provide training to staff on policies and procedures. 5. Provide training to staff on HIPAA requirements, and document training. 6. Designate a HIPPA Privacy Officer.
Evidentiary Basis	Document review, observation, interviews

Provision 12.6 Medical Care	Henley-Young shall develop procedures for monitoring residents who require individualized attention because of medical issues that do not involve requiring the residents to sleep on a mat in the visitation room.	
Status	Non-Compliance	
Discussion	Based on my review of documents and observation, services are not in place and are still not being provided for this provision. The County is soliciting proposals for medical providers to provide medical care for the residents. However, no contract has been signed. The facility still has the responsibility of maintaining medical care and medication for all of the health needs of the residents. On this provision, I am reiterating that the actions and recommendations from my previous report should be reviewed and followed (see introduction.).	
Recommendations	1. Develop policies and procedures to address this provision. 2. Develop processes of continuous monitoring residents with stable medical issues, i.e. the care for diabetic residents who are on an insulin regiment. a. What are the medical requirements of the residents who need monitoring? b. Who is responsible for the monitoring? c. How are the records kept of the monitoring? 3. Provide training to staff on the policies and procedures for this provision. 4. Annual competency training.	
Evidentiary Basis	Document review, observation	

13. Mental Health Care

Provision 13.1 Mental Health Care	Henley-Young's contractor, Hinds Behavioral Health Services, shall provide adequate mental health services to all confined residents with a mental health diagnosis or serious mental health need, as indicated by the MAYSI-2. This shall include, but is not limited to, the provision of individual and group counseling sessions upon the request of a residents or the resident's parent/guardian, access to a mental health professional at the detention center, and the distribution and medical monitoring of psychotropic medications by a medical professional.	
Status	Non-Compliance	
Discussion	Based on my review of documents and observation, services are not in place and are still not being provided for this provision. I am reiterating that the actions and recommendations from my previous report should be reviewed and followed. It is without question that there are residents entering this facility that need access to structured mental health services (i.e. residents C.E., A.A., and A.F. also see the mental health introduction). There are still inadequate mental health services at this facility. Generally accepted professional standards require that mental health counseling be provided frequently and consistently enough to provide meaningful intervention for residents. Although residents may be seen by Hinds Behavioral Health Services, there is no documentation that indicates the needs of the residents or any planned strategies for the residents once they return to the facility. The Henley-Young mental health counseling is inadequate to the needs of mentally ill residents in both frequency and content. My review of records reveals no evidence of any counseling or use of any treatment plans or strategies. It should be noted that treatment planning, including identifying symptoms and behaviors is a critical part of effective treatment for residents with mental health illness or problems. An effective program should communicate treatment plans for mentally ill residents to all staff involved in the management of the residents in this detention facility and services should be coordinated prior to their implementation. Although some residents who are in need of mental health services are in the 89-day program and are assigned case managers, these individuals have no mental health training and they serve primarily as liaisons between the facility and the courts rather than focusing on coordinating care at the facility for mentally ill residents.	
Recommendations	1. Ensure that the facility has a Standardized Assessment Tool i.e. the MAYSI-2 to use during the intake process. 2. Develop policies and procedures to address this provision. 3. Provide training to staff on policies and procedures and provide documentation of training. 4. Develop documentation that will track resident's progress during their stay at facility. 5. Ensure there is communication between Hines Behavioral Health	

	Services, Juvenile Court Case Managers and Facility Staff on residents receiving mental health services.
Evidentiary Basis	Document review, observation, interviews

Provision 13.2 Mental Health Care	Residents who are confined for longer than thirty (30) continuous days and who are prescribed psychotropic medications, shall be evaluated by a psychiatrist every thirty (30) days. Such evaluations may be performed by and through employees of Hinds Behavioral Health.	
Status	Non-Compliance	
Discussion	Based on my review of documents and observation, services are not in place and are still not being provided for this provision. I am reiterating that the actions and recommendations from my previous report should be reviewed and followed, please review the introduction.	
Recommendations	1. Develop policies and procedures to address this provision. 2. Provide training to staff on policies and procedures.	
Evidentiary Basis	Document review, observation, interviews	

Provision 13.3 Mental Health Care	Within 72 hours of a resident's admission to the facility, staff shall develop individual mental health treatment plans for residents who are under the care of a mental health provider. Treatment plans shall emphasize continuity of care and shall ensure that whenever possible, residents are transported to appointments with their regular mental health provider, whether the appointments are standing or made after the resident's initial detention.	
Status	Non-Compliance	
Discussion	Based on my review of documents and observation, services are not in place and are still not being provided for this provision. I am reiterating that the actions and recommendations from my previous report should be reviewed and followed, please review introduction.	
Recommendations	1. Develop policies and procedures to address this provision. 2. Provide training to staff on policies and procedures. 3. Policies and procedures shall be reviewed and signed by a licensed mental health professional (psychiatrist, etc.).	
Evidentiary Basis	Document review, observation, interviews	

Provision 13.4 Mental Health Care	Henley-Young shall develop and implement policies and procedures for referring residents in need of psychiatric services to a licensed psychiatrist for a timely mental health evaluation. Such services may be provided by and through employees of Hinds Behavioral Health.	
Status	Non-Compliance	
Discussion	Based on my review of documents and observation, services are not in place and are still not being provided for this provision. I am reiterating that the actions and recommendations from my previous report should be reviewed and followed please review introduction.	
Recommendations	1. Develop policies and procedures to address this provision. 2. Provide and document training to staff on policies and procedures.	
Evidentiary Basis	Document review, observation, interviews	

Provision 13.5 Mental Health Care	Hinds County shall employ or contract for sufficient psychiatric services to permit a psychiatrist to fulfill the following functions: a. conduct needed psychiatric evaluations prior to placing residents on psychotropic medications; b. Monitor, as appropriate, the efficacy and side effects of psychotropic medications; c. Participate in treatment team meetings for residents under the psychiatrist's care; d. Provide individual counseling and psychotherapy when needed; e. Evaluate and treat in a timely manner all residents referred as possibly being in need of psychiatric services; and f. Provide adequate documentation of treatment. g. All evaluations and services outlined above may be performed and/or provided by and through employees of Hinds Behavioral Health or any other duly qualified Mental Health agency.	
Status	Non-Compliance	
Discussion	Based on my review of documents and observation, services are not in place and are still not being provided for this provision. I am reiterating that the actions and recommendations from my previous report should be reviewed and followed please review introduction.	
Recommendations	1. Develop policies and procedures to address this provision. 2. Provide training to staff on policy and procedures and document training.	
Evidentiary Basis	Document review, observation	

Provision 13.6 Mental Health Care	The psychiatrist and/or counselors shall review, if necessary, incident reports, disciplinary reports, suicide watch logs, and lockdown logs of residents under their care to determine whether their treatment is working and, if not, how it should be modified.	
Status	Non-Compliance	
Discussion	Based on my review of documents and observation, services are not in place and are still not being provided for this provision. I am reiterating that the actions and recommendations from my previous report should be reviewed and followed please review introduction.	
Recommendations	1. The mental health of the residents in the custody of the facility needs to be closely monitored at all times. 2. The facility needs to develop policies and procedures to address this provision. 3. Provide and document training to staff on policies and procedures and document training. 4. Facility needs documentation from a mental health organization on plan of action for residents receiving a mental health services.	
Evidentiary Basis	Document review, observation	

14. Suicide Prevention

Provision 14.1 Suicide Prevention	Henley-Young shall develop a multi-tiered suicide prevention policy that has at least three stages of suicide watch. Suicide watch shall not be used as punishment. The “suicide cell” shall be reserved for residents for whom the “suicide cell” is deemed necessary in conjunction with this suicide prevention policy.	
Status	Beginning Compliance	
Discussion	The facility continues to be at beginning compliance for this provision. The facility has developed policy and procedures for this provision. Now the facility must develop training programs to ensure that staff learn and adhere to the policy and procedures. Further, staff must become familiar with the process. Once the facility hires a new mental health provider, they must ensure that the suicide prevention policy is included in the overall mental health program, please review introduction.	
Recommendations	1. Develop policies and procedures to address this provision. (executed) 2. Provide and document training for staff on policy and procedure. 3. Facility needs to ensure that the suicide prevention policy is included in the overall mental health program.	
Evidentiary Basis	Document review, observation	

Provision 14.2 Suicide Prevention	Any residents placed on the highest level of suicide watch shall be evaluated by a mental health professional, ideally within 12 hours, but in no case longer than 24 hours of his or her placement on suicide watch. If a resident on the highest level of suicide watch is not evaluated by a mental health professional within 24 hours, the residents shall immediately be transported to a local mental health facility or emergency room for evaluation and/or treatment.	
Status	Beginning Compliance	
Discussion	The facility continues to be at beginning compliance for this provision. The facility has developed policy and procedures for this provision. Now, there must be training programs developed to ensure that staff members adhere to the policy and procedures and that they are familiar with the process. Once the facility hires a new mental health provider, they must ensure that the suicide prevention policy is included in the overall mental health program, please review introduction.	
Recommendations	1. Develop policies and procedures to address this provision. (Executed) 2. The facility needs mental health professionals to help and enhance the development of these policies and procedures as they are the authorities in this area. 3. Provide training for staff on policies and procedures and document training. 4. Identify a mental health agency to help develop policies, procedures and protocols. 5. Facility needs to ensure that the suicide prevention policy is included in the overall mental health program.	
Evidentiary Basis	Document review, observation	

Provision 14.3 Suicide Prevention	Residents on suicide watch shall participate in recreation, school, and any other structured programming. Residents shall not be required to wear a "suicide gown" unless locked in a cell. Staff shall closely monitor residents on suicide watch, which includes logging activities every 15 minutes.	
Status	Beginning Compliance	
Discussion	The facility has developed policy and procedures for this provision which has moved it to beginning compliance. Now a training program must be developed to ensure that staff members adhere to the policy and procedures and that they are familiar with the process. Once the facility hires a new mental health provider, they must ensure that the suicide prevention policy is included in the overall mental health program, please review introduction.	

Recommendations	1. Develop policies and procedures to address this provision with the assistance of a mental professional. (executed) 2. Provide and document training for staff on policies and procedures. 3. Facility needs to ensure that the suicide prevention policy is included in the overall mental health program. 4. The facility needs mental health professionals to help and enhance the development of these policies and procedures as they are the authorities in this area.
Evidentiary Basis	Document review, observation

Provision 14.4 Suicide Prevention	When a resident is placed on any level of suicide watch, a report shall be made within 24 hours to the resident's court, as well as to the resident's guardian, and his or her defense attorney.	
Status	Beginning Compliance	
Discussion	The facility has developed policy and procedures for this provision which has moved it to beginning compliance. Now a training program must be developed to ensure that staff members adhere to the policy and procedures and that they are familiar with the process. Once the facility hires a new mental health provider, they must ensure that the suicide prevention policy is included in the overall mental health program, please review introduction.	
Recommendations	1. Develop policies and procedures for making and distributing the reports in this provision. (executed) 2. Provide training for staff on policies and procedures and document training. 3. Facility needs to ensure that the suicide prevention policy is included in the overall mental health program 4. The facility needs mental health professionals to help and enhance the development of these policies and procedures as they are the authorities in this area.	
Evidentiary Basis	Document review, observation	

15. Family Support and Interaction

Provision 15.1 Family Support and Interaction	Visitation shall not be restricted or withheld from residents unless the detention center director determines that a visit will violate the security of Henley-Young or will endanger the safety of residents, visitors, or staff. Visitation should not be restricted as a form of punishment.	
Status	Partial Compliance	

Discussion	During this visit I found that visitation was still being conducted in the multi-purpose room. As stated in my previous report, the facility must ensure that there is proper staffing available to provide for the visitation process to maintain reliability in it. Please review the staffing section of the introduction.
Recommendations	1. Provide and document training for staff on policies and procedures. (executed) 2. Provide and document training for staff on policies and procedures. 3. Ensure that there is proper staffing availability to maintain reliability.
Evidentiary Basis	Document review, observation and interviews

Provision 15.2 Family Support and Interaction	Within 90 days of the effective date of this Settlement Agreement, Henley-Young shall provide accommodations that allow residents to have contact visits with their families.	
Status	Partial Compliance	
Discussion	Based on this visit I found that the facility continues to allow contact visits. The facility should continue to ensure that proper staffing is available to make certain that this continues. The visitation program should be incorporated into the overall facility program that will help with providing a better structure, please review introduction.	
Recommendations	1. Develop policies and procedures to address this provision. (executed) 2. Identify area where contact visitation will take place. 3. Provide and document training for staff on policies and procedures. 4. Ensure that there is proper staffing availability to maintain reliability. 5. Ensure that visitation program is included in the overall facility program.	
Evidentiary Basis	Document review, observation and interviews	

Provision 15.3 Family Support and Interaction	Visitation shall be regularly scheduled at least three times per week, which shall include evening and/or weekend visitation times in order to encourage family visitation. Henley-Young shall permit the minor siblings of confined residents to participate in visitation, as long as the minors' parent or guardian is present during the visit and the siblings are not harmful to the residents who are detained at Henley-Young. Henley-Young shall also permit a confined resident's own child (ren) to participate in visitation	
Status	Partial Compliance	

Discussion	See provision 15.1 and 15.2
Recommendations	1. Develop policies and procedures and practices to address this provision. (executed) 2. Provide and document training for staff on policies and procedures. 3. Ensure that there is proper staffing availability to maintain reliability. 4. Ensure that visitation program is included in the overall facility program.
Evidentiary Basis	Document review, observation and interviews

Provision 15.4 Family Support and Interaction	Residents may receive phone calls from their attorneys. At the discretion of the Director or assignee, in emergency situations, residents may receive phone calls from parents, primary caretakers, or legal guardians. Emergency phone calls and phone calls from attorneys should not be restricted as a form of punishment.	
Status	Beginning Compliance	
Discussion	The facility has developed a policy and procedures for this provision. Based on my review of the policy, additional phone privileges will be a part of the new behavioral management system once it is implemented. However, I found no evidence of residents consistently being allowed to make phone calls and there was no documentation too whom the call was made or received from or the date and time of phone calls (see QA audit of 10-15-13). The facility must develop specific telephone call logs that are in alignment with their policy and procedures. In addition, there is no indication that residents are allowed to mail letters as part of access to supportive relationships that residents have with families and others in the community. This (mail) is a major part of the rehabilitative process. Staff now needs to be trained on policies and procedures and the facility should ensure that policy and procedures are being followed.	
Recommendations	1. Develop policies and procedures and practices to address this provision. (Executed) 2. Provide and document training for staff on policies and procedures. 3. Ensure that there is proper staffing availability to maintain reliability. 4. Ensure that residents are allowed to mail letters.(County will pay for postage)	
Evidentiary Basis	Document review, observation and interviews	

16. Miscellaneous Provisions

Provision 16.1 Miscellaneous Provisions	Male and female residents shall be provided with equal access to educational and rehabilitative services, medical care, and indoor and outdoor recreation.	
Status	Beginning Compliance	
Discussion	The facility has developed a policy and procedures for this provision. However during my visit, I found that female residents were still assigned to laundry detail. In addition, according to the female residents I interviewed, they rarely participated in outside activities and, when they did, it consisted mostly of sitting on the bleachers because the male residents were using the basketball court and they are not allowed on the court while the males were outside using it. The facility does have both basketball goals repaired now. However, there were still no schedules posted or documents showing equal programming for male and female resident's. It should be noted that the basketball court is being repaired.	
Recommendations	1. Develop policies and procedures and practices for this provision. (Executed) 2. Cease in the designation of female residents as being solely responsible for laundry; this is a duty male residents can perform as well as females. 3. Develop monthly recreational schedules. 4. Develop comprehensive facility schedules. 5. Provide training for staff on policies and procedures and document training. 6. Ensure that there is proper staffing availability to maintain reliability. 7. Repair court and goal area. 8. Posting of schedule on units.	
Evidentiary Basis	Document review, observation, interviews	

Provision 16.2 Miscellaneous Provisions	The parties agree, however, that henceforth: All residents shall have the opportunity to engage in at least one hour of large muscle exercise a day.	
Status	Non-Compliance	
Discussion	Based on my review of documents, observation and interviews with residents and staff; residents are not engaging in 1 hour of large muscle exercise daily. As stated previously, residents are placed in their rooms when there is not enough staff available (see exhibit 8). In addition, on the weekends, residents are only allowed out when there is enough staff available. During my visit on Sunday, December 15, 2013; I found this to be true. In addition, I also found that because there was a lack of staff,	

	residents were only out of their rooms on a rotating basis. During this visit, I found no schedule of recreational or program activities and when residents were allowed out it was random with no schedule being followed. There must be a schedule in place and adhered to which will ensure that residents are receiving the required time out of their units and rooms and that structured activities are available, unless a resident has been placed on behavior management or isolation. However, even residents who are placed in a behavior management program must be allowed the required time out of the unit and room for recreational and large muscle exercise.
Recommendations	1. Develop policies and procedures and implement practices to address the needs of this provision. 2. Develop and implement programming and recreational schedules. 3. Provide and document training for staff on policies and procedures. 4. Ensure that there is proper staffing availability so that residents are not unnecessarily "locked" in their cells.
Evidentiary Basis	Document review, observation, interviews

Provision 16.3 Miscellaneous Provisions	Henley-Young shall implement a policy which prohibits staff from insulting residents or calling them names, and using profanity in the presence of residents	
Status	Beginning Compliance	
Discussion	The facility has developed a policy and procedures for this provision. During my interviews with residents they still complained about the staff's use of profanity. Although some residents said that "it's not as bad as it used to be" another resident explained that "staff respects us as long as we respect them". Since the policy has been developed for this provision, the facility administration must train staff and ensure staff adheres to the policy. In addition, the facility administration should ensure that there is a constant vigilance that promotes positive language by residents and staff.	
Recommendations	1. Develop policies and procedures and practices to address the needs of this provision. (Executed) 2. Provide training to staff in the proper de-escalation techniques of residents. 3. Administration must provide enough supervision to reduce or eliminate insulting behavior by staff. 4. Discipline and retrain staff as needed. 5. Provide training for staff on policies and procedures and document training. 6. Hire an independent person to investigate allegations of abuse or complaints regarding staff by residents. (Executed)	

Evidentiary Basis	Document review, observation and interviews	
Provision 16.4 Miscellaneous Provisions	Henley-Young shall implement an adequate grievance policy that is accessible to all residents regardless of literacy levels, and that provides residents with the opportunity to appeal facility level determinations. Residents shall obtain the grievance forms from the school liaison.	
Status	Beginning Compliance	
Discussion	Based on my interviews with residents and my review of documents, residents do not have confidence in the grievance process. Most residents said they were not aware of the grievance process and some residents advised that they never file a grievance. As stated in my previous reports, the mark of a good grievance system is that residents do file grievances. Most juvenile facilities have a resident's grievance system in place to allow residents to seek a resolution to problems that they may be having while at the facility. Typically, juveniles use the grievance system to attempt to resolve issues they may have with the application of facility rules, concerns about living conditions or food, problems with missing property, conflicts with other residents or staff, or seeking some sort of other assistance. All grievances should be tracked by the grievance coordinator to assure that a response is given. The nature, topic or presenting problem should be categorized and tabulated. The grievance coordinator should provide his/her supervisor, the facility director and other key staff, a summary grievance report each month. The report should include, at a minimum, the number of grievances filed, the living units from which the grievances were filed, the nature and final outcome of the grievances. A system should also be established to ensure that grievance resolutions are actually implemented. The grievance system should be viewed as an important tool for staff to communicate with the residents. The system should enhance the regular programming activities and not be viewed as an impediment. The administration should use cumulative data gathered from grievances as a tool to assist in monitoring what is going on within the institution. Such data can indicate where the program is functioning well and where there may be potential problems. In addition, in my review of some grievances, one resident filed a grievance then later retracted the grievance. There must be as part of the grievance process a component that the residents has the ability to retract the grievance and not the staff advising that the residents retract his/her grievance. The facility must now make certain that staff is trained properly and that residents are made fully aware of the grievance process.	
Recommendations	1. Place grievance boxes on each unit and school, residents should not be required to request a grievance form. 2. Provide training for staff on policies and procedures and document training.	

	3. Provide training for residents on policies and procedures and document training. 4. Ensure that residents are adequately familiarized with the grievance process during their orientation into the facility 5. Add a place on the Resident's Grievance Resolution Report for a resident to request an appeal and place for the Director's resolution. 6. Ensure Resident's Grievance Resolution Reports are provided to the resident for their signature and their response to the outcome. If the resident disagrees with the resolution the resident has the right to appeal the decision to the director. 7. Any retractions of grievances should be done by residents and not by staff.
Evidentiary Basis	Document review, observation, interviews

Provision 16.5 Miscellaneous Provisions	Hinds County denies that Henley-Young does not currently have an adequate policy whereby residents can request to see their attorney and/or Residents Court counselor. The parties agree, however, that henceforth: Henley-Young shall develop and implement an adequate policy that allows residents of all ages and literacy levels with the opportunity to request to see their attorney and/or Residents Court counselor. Residents shall obtain the form requesting a visit from his/her counselor from the school liaison. Henley-Young agrees to collaborate with the Plaintiffs to design and implement a comprehensive juvenile justice pre-service and in-service training program for detention center staff. Training shall include, but is not limited to, the mandatory reporting requirements for direct care workers, the requirements of the Prison Rape Elimination Act, verbal de-escalation techniques, adolescent brain development and developmental issues, effective communication with adolescents, effective documentation, appropriate use of force and restraint, and best practices for detention center administration.	
Status	Beginning Compliance	
Discussion	The facility has developed a policy and procedures for this provision. During this visit, many residents complained that they have not had the opportunity to speak with their attorneys. Also, in my review of the records, there was no indication that attorneys had been visiting. However, court counselors were present in the facility and seeing the residents. Additionally, I found no forms for requesting visits from counselors, attorneys or school liaisons. And I found no training on the mandatory reporting requirements for direct care workers, the requirements of the Prison Rape Elimination Act, verbal de-escalation techniques, adolescent brain development and developmental issues, effective communication with adolescents, effective documentation, appropriate use of force and restraint, and best practices for detention center administration.	

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Recommendations	1. Develop policies and procedures and practices for this provision. (Executed) 2. Provide and document training for staff on policies and procedures. 3. Develop single form and system for incident reporting. 4. Develop system for receiving and mailing privileged and non privileged mail for residents.
Evidentiary Basis	Observation, interviews

Conclusion

This is my sixth official visit to the Henley-Young Juvenile Justice Facility. As stated in my previous reports, the facility continues to make incremental (small positive) improvements. There are several provisions that have moved to partial compliance. However, the facility needs to develop an internal corrective action plan that will assist in keeping them focused and moving additional provisions to compliancy. Since there is a new administration in place, it must become more vigilant and aggressive in training and holding staff more accountable to the operational needs of the facility.

In addition, staffing, medical, mental health and behavior management are core areas of the facility. These areas must be fully developed and operational for the facility to move forward. As stated in my introduction, there cannot be a "checked box" mentality developed. There must be a culture change that must occur where staff and the administration buy into the idea of operating a quality juvenile detention facility at the forefront of what they do. The facility has to be mission driven and everyone must be on board. Also, staff must understand that the facility is policy and procedure driven, and staff must be supervised.

I would like to again thank the County Administrator and the director for their assistance and cooperation. This is a monumental task and they should continue moving forward.

A handwritten signature in black ink, appearing to read "Leonard Dixon". The signature is stylized with a large, looped "D" and a cursive "L".

LEONARD DIXON

Henley Young Juvenile Justice Center
Sixth Monitoring Compliance Report
February 27, 2014

Attachment 1

NCYC
National Center for Youth in Custody
1424 Gull Road
Kalamazoo, MI 49048
269.383.8644
npjshelp@gmail.com
<http://ncyc.npjs.org>

To: Leonard Dixon, Monitor
Hinds County, Mississippi

Brenda Frelax, Director
Henley-Young Juvenile Justice Center

From: Carol Cramer Brooks, Director
National Center for Youth in Custody &
CEO, National Partnership for Juvenile Services

Date: December 6, 2013

RE: Summary of Training Provided & Recommendations for Next Steps

The following training activities were provided for staff of the Henley-Young Juvenile Justice Center as part of a training request submitted to the National Training Center for Youth in Custody (NCYC):

1. Foundation Skills for Trainers, November 13 and 14, 2013
The modules used in this training are part of the Foundation Skills for Trainers Course from the National Institute of Corrections curriculum. The training modules included:
 - o Introductions, Expectations, and Ground Rules
 - o Ice breakers and Energizers
 - o Training Cycle and Trainer Liability
 - o Context of the Learner-Adult Learning Theory, Learning Styles
 - o Context of the Lesson-Learning Cycle, Instructional Theory Into Practice (ITIP), Instructional Strategies
 - o Context of Trainer-Platform Skills, Dealing with Nervousness
 - o Context of the Participant Group-Stages of Group Development, Handling the Disruptive Participant

Each participant received two homework assignments for completion in the detention careworker training the following week: 1.) Icebreaker to facilitate with a co-trainer; 2.) Module lesson plan to read in advance, and observe from a trainer perspective during that particular module in the training.

NCYC is funded through a grant awarded to the National Partnership for Juvenile Services (NPJS) from the USDOJ Office of Juvenile Justice and Delinquency Prevention (OJJDP).

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Six people completed the entire training (Rigoberto Allbarran, Ferniece Galloway, Carolyn Holmes, Eddie Burnside, Betty Stewart, and Mae Henry). One participant, Dale Knight, completed part of the training.

2. Detention Careworker Training, November 18-22, 2013

The modules used in this training are part of the National Partnership for Juvenile Services Detention Careworker Curriculum and Corrections Careworker Curriculum. The specific modules were identified by Henley-Young Juvenile Justice Center administration as priority training needs and included:

- Adolescent Development, including Adolescent Brain Research
- Behavior Management
- Managing Mentally Ill Youth
- Suicide Prevention
- Effective Communication
- Conflict Resolution Skills
- PREA
- Juvenile Rights
- Safety, Security and Principles of Supervision

Nine people completed the entire training (Rigoberto Allbarran, Ferniece Galloway, Carolyn Holmes, Eric Dorsey, Eddie Burnside, Betty Stewart, Mae Henry, Dale Knight and Debra Byrd). Two people, Namibia Brown (missed Adolescent Development) and MacArthur Russell (missed PREA, Juvenile Rights and Safety, Security and Principles of Supervision) completed four days of training. Teneka Moore and Brenda Frelux attended the training intermittently.

Issues raised during training requiring immediate attention:

1. Staff shortage – When originally planned, the Detention Careworker Training was to have thirty people in the training. The week prior to the training, at the Training for Trainers session, this estimated number was reduced to twenty. There were actually eleven people in the training, including the seven participants from the T4T. Of the eleven, one staff worked multiple midnight shifts and then came to training. Other staff attended training from 8-4:30 and then worked until 11 pm. One of the participants did this four consecutive days and was not able to attend the last day of training due to exhaustion.



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Due to the staffing shortage, administration never would have been able to fill a training class. More importantly, inadequate staffing levels was often raised as a reason during the training for not being able to implement the concepts we were training them on and for having a negative impact on the safety of youth and staff in the facility.

2. Staff has not received physical restraint training in over three years. When asked, there has not been a decision made on what PRT methodology or program to use. Administration was deciding between Crisis Prevention Intervention (CPI) for which they had access to a local trainer, and Handle With Care (HWC).
3. Staff is being put on the pods to work with no training. They are relying on pairing new staff with a "good" staff person who will share the knowledge and skills the way they want it shared. Critical issues arise – such as happened during the training – a youth threatening suicide by tying his coat around his neck and the staff not knowing what to do. When the new staff did what he thought to be appropriate, report the incident to a veteran staff, the staff he went to for help gave him bad advice.
4. Staff does not know policy and the contents/requirements of the consent decree have not been shared with them. They have not been given the training, tools, or information needed to implement policy, i.e. behavior management policy and effect the changes required under the consent decree.

Recommendations:

1. Continue to develop and train the leadership team so that all members of the team understand the role, mission, and function of juvenile detention and can present a united voice regarding the direction of the reform movement at Henley-Young. There appears to be role confusion amongst the members of the team, i.e. adult facility, long-term corrections facility, treatment, detention, etc. Participation in t
2. his development and training should include Ms. Frelix, Mr. Knight, Mr. Dorsey, and Mr. Burnside.
3. The Training for Trainers Strategy is not going to be effective at this time or as previously laid out for Henley-Young. The staff who participated in the T4T will need to do extensive work to understand the concepts and the content of the curriculum in order to be able to teach others. Of the seven



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people that participated in the training, there are three (Mae, Eddie and Ferniece) that would be the first to be able to co-train with an experienced trainer, but only after they have had some coaching and practice time to study and absorb the curriculum.

One of the participants in the T4T class, Rigo, is a new hire from the adult correctional system and therefore is not appropriate for use as a trainer until he is able to become more familiar with juvenile detention practice and can clearly demonstrate and articulate the concepts. Another participant, Dale, is a veteran staff, also from the adult system, and although he has spent time as the administrator of the Henley-Young Juvenile Justice facility, struggles with applying juvenile justice concepts. He also is not appropriate for use as a trainer until he demonstrates and articulates the concepts. I do not feel that I have enough knowledge about the content or the trainer expertise of the other members of the training team (Betty and Carol) to feel confident in putting them in front of a training class without additional training

Recommendation: Although building the internal capacity for Henley-Young to provide training for their staff is ultimately the goal, this is an end product, and there are many steps that need to be taken before this can be achieved. For assistance in achieving this goal, you should consider submitting a TA request to NCYC for a trainer coach to continue to work with the trainer team to get them ready to present material.

Until the training team is ready to present the training solo, a contract with trainers to provide the training for the staff is needed.

4. The administrative team needs to be fully staffed with quality individuals that buy into and promote the vision and mandate of juvenile justice. The administrative team also has to be one voice in promoting the culture change at Henley-Young. It's not just about adding bodies. In fact, there will no doubt be a pruning process that will have to take place as people realize the new culture and direction may not be for them. Having adequate numbers of quality staff will enable administration to re-position staff as needed to implement the programs that youth need.

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Once the administrative team is fully staffed and reflective of the values, vision, and mission of the facility, they need to address the vacancies in the direct care staff positions.

Recommendation: The monitor or a consultant should work with the Henley-Young administrative team to develop a hiring protocol, i.e. characteristics of staff that fit the values, vision, and mission of the Henley-Young Juvenile Justice Center. All applicants should be measured against this protocol.

Work with the monitor/consultant to develop a strategy for creating a pool of part time workers who can relieve the stress on the current staff who are currently expected to work overtime for compensatory time that they can never take due to the staff shortage.

5. Certain training has to be done right away, even if it requires that Henley-Young bring in contracted trainers because your training team is not ready to go yet. These include Suicide Prevention, De-escalation and Physical Restraint, PREA, and CPR and First Aid (if staff are not current in these certifications).

Recommendation: Work with National Center for Youth in Custody and the National Partnership for Juvenile Services to identify appropriate trainers for the subject areas and schedule the trainings for all staff as soon as possible.

6. Once the critical trainings have been completed, create a training plan that includes requirements for:
 - a. Pre-service training – determine the content and how many hours of training new staff should receive before they can work on a pod
 - b. In-service hours – determine the content and number of annual training hours staff are required to receive, including any annual recertification requirements
 - c. Professional development hours – identify appropriate on-line courses, conferences, workshops, membership in professional organizations for staff at all levels of the organization
 - d. On-the-job-training hours – identify appropriate post-training follow-up activities for all training application

Attachment 2

Description



Smead® End-Tab 2-Divider Classification Folders, 8 1/2" x 11", 2 Divider, 2 Partition, 50% Recycled, Green, Pack Of 10
Item # 760403



Smead® Fastener Folders With Dividers, Letter Size, Manila, Pack Of 10
Item # 782140



SJ Paper Top-Tab Economy Classification Folders, Letter Size, 2 Dividers, 35% Recycled, Red, Box Of 25
Item # 707800

Exhibit 1

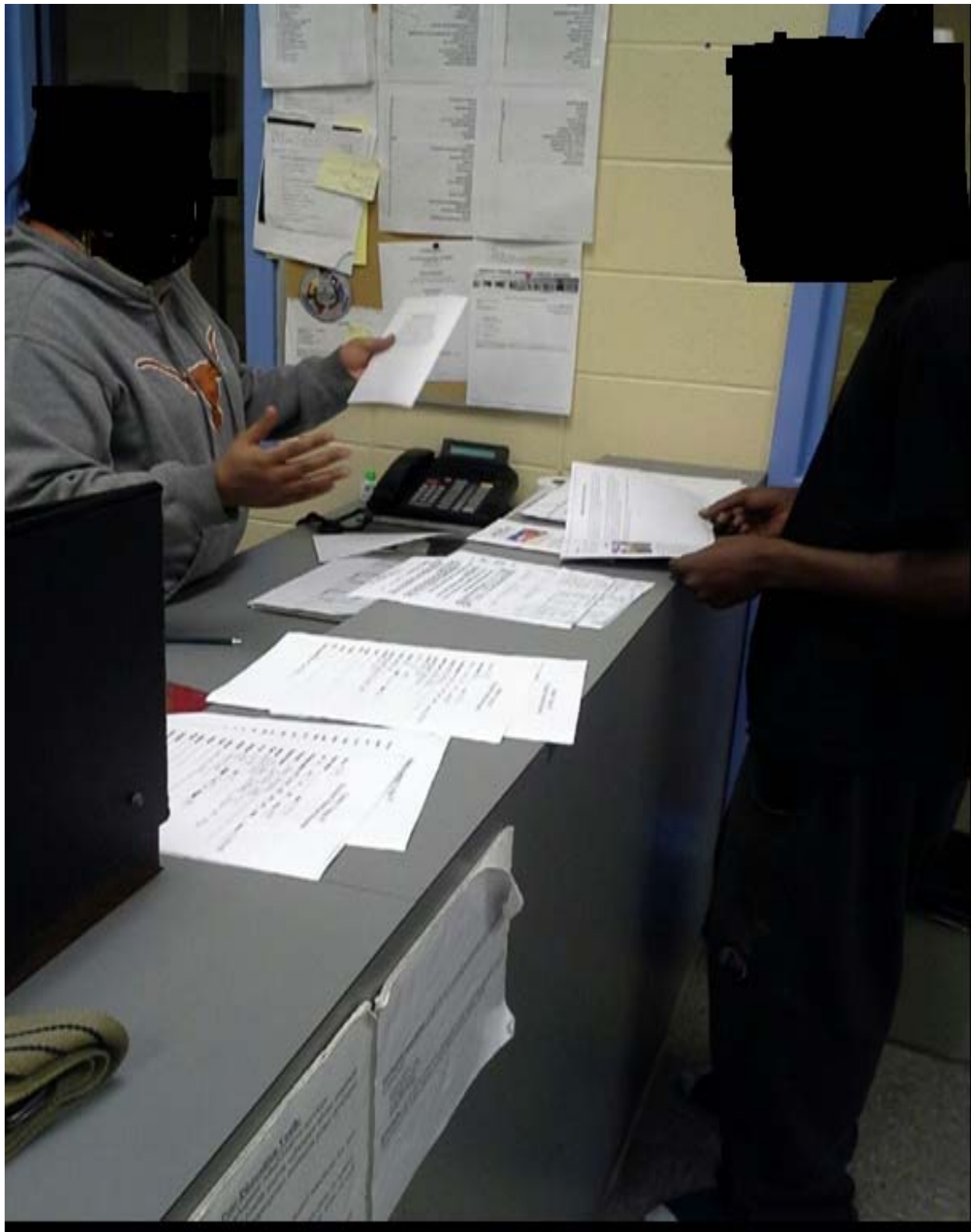


Exhibit 2



Exhibit 3



Exhibit 4

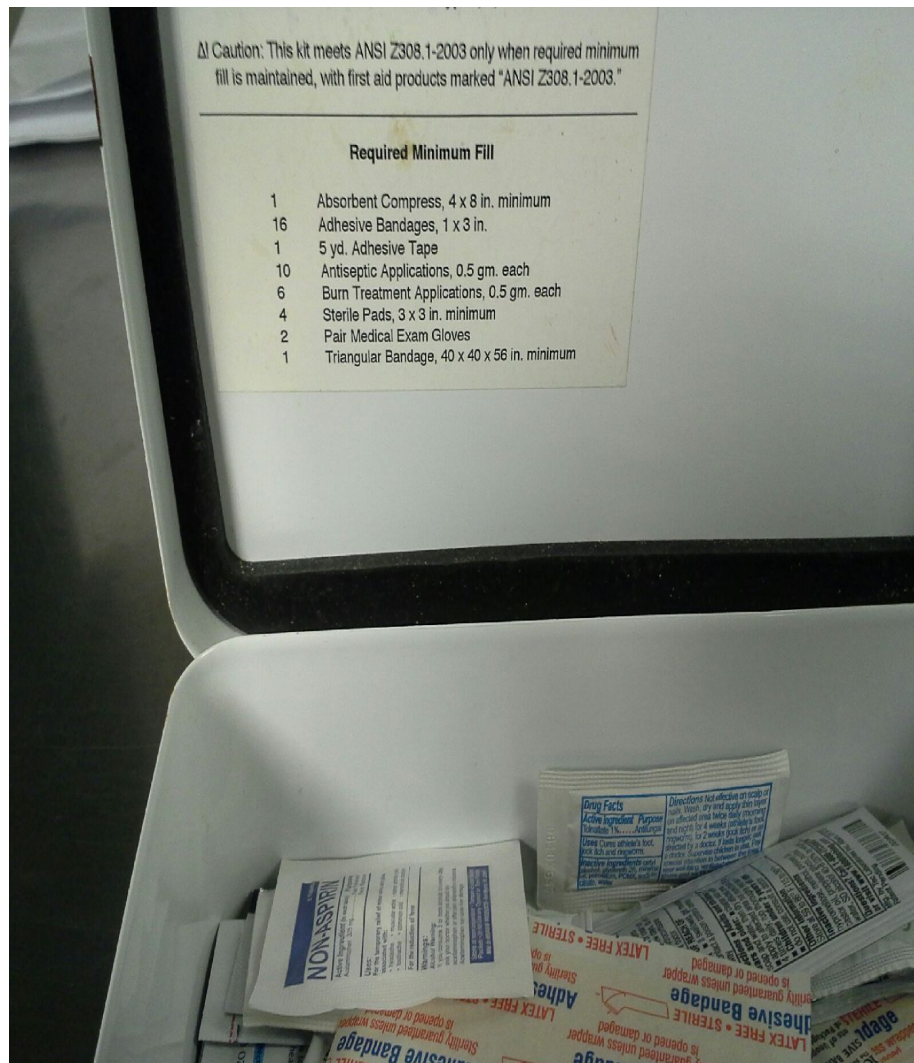


Exhibit 5

Medical Services
History and Physical Examination

gg: HAM

Docket#: _____ Date: 12/16/13 Pod/Cell: _____

Name: [REDACTED] Age: 16 Sex: (M) F

Date of Incarceration: 12/14/13 DOB: [REDACTED]

I have received information on Medical Services and how to obtain them. I am aware that for any medical emergency that I should notify a Detention Officer, who will contact medical personnel"

I hereby give my consent to this examination and any necessary laboratory

Date: 12/16/13 [REDACTED]
Signature

[REDACTED]
Witness

	No	Yes	Explanation (Date, treatment, etc)
Illness/injury			
Operations	<u>No</u>	Yes	C/O Back pain caused by beaten by SPD officer
Surgeries	<u>No</u>	Yes	No SLS of Injury done
Medicines	No	<u>Yes</u>	C/O Pain off and on located
Medicines	No	Yes	
gies	No	Yes	<u>HAM</u>
Communicable disease			

Exhibit 6



Exhibit 7



Exhibit 8

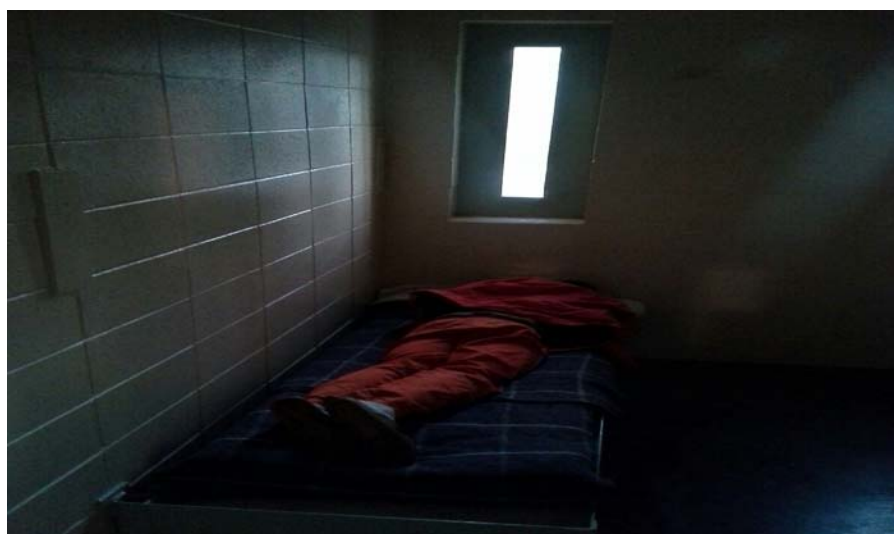
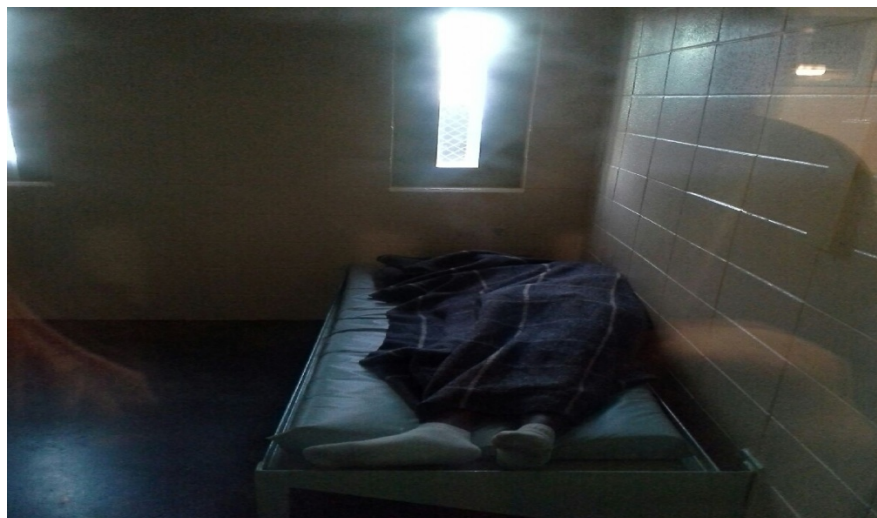


Exhibit 8



Exhibit 8



Exhibit 9

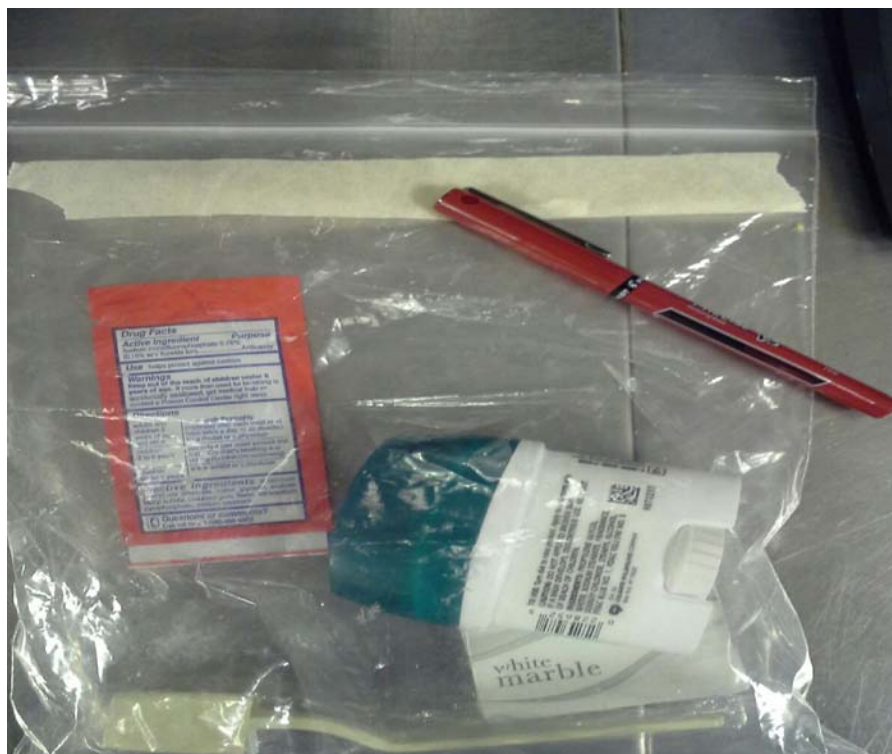


Exhibit 9

