IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

R.J., et al.	)	
	)	
Plaintiffs,	)	
	)	Case No.: 12-cv-07289
vs.	)	
	)	Hon. Matthew F. Kennelly
	)	
CANDICE JONES,	)	
	)	
Defendant.	)	

DEFENDANT'S SUBMISSION OF POLICIES PURSUANT TO PARAGRAPH I(3) OF THE REMEDIAL PLAN

Defendant Candice Jones, Director of the Illinois Department of Juvenile Justice ("DJJ"), by her attorney, Lisa Madigan, Attorney General of Illinois, submits the attached policies for the Court's review and approval.

1. The remedial plan in this case (Dkt. No. 73) requires the DJJ to develop certain policies. For each such policy, paragraph I(3) of the plan requires the DJJ to provide a draft to the court-appointed experts and plaintiffs' counsel at least 30 days prior to the deadline specified in the plan, consider in good faith any proposed revisions and meet and confer upon request, submit the policy to the Court for its review and approval, and implement the policy.

2. Pursuant to the remedial plan and related court orders, DJJ filed ten policies on October 20, 2014. (Dkt. No. 102) The Court approved seven of those policies on November 26, 2014, and deferred review of the remaining three policies, related to confinement and restraints, in light of plaintiffs' objections to those policies. (Dkt. No. 115)

3. As the parties reported to the Court on January 9, 2015, the parties, with the assistance of the court-appointed monitors, have resolved plaintiffs' objections to the remaining policies. (Dkt. No. 122) Plaintiffs' memorandum regarding the revised confinement and restraint policies (to be filed today) accurately summarizes "the process that led from the disagreement to the agreement" and the "substance" of the revisions. The parties briefed plaintiffs' objections (Dkt. Nos. 109, 117, 118) and the Court scheduled an evidentiary hearing. In anticipation of the hearing, the parties jointly interviewed the court-appointed monitors on at least five separate occasions to determine their positions regarding the adequacy of DJJ's policies and their expected testimony at the evidentiary hearing. In addition, DJJ's Deputy Director of Programs sat for a lengthy (more than four hour) telephone interview by plaintiffs' counsel regarding the policies at issue and her expected testimony at the hearing. With input and guidance from the court-appointed monitors and the DJJ's Deputy Director of Programs, the parties were able to resolve the objections.

4. DJJ agrees with plaintiffs' statement in their memorandum that DJJ's revised policies "ensure minimally adequate treatment of IDJJ youths." But DJJ does not agree with plaintiffs' claim that the revisions were "necessary" to ensure minimally adequate treatment. For the reasons stated in DJJ's response to plaintiffs' objections, the policies that DJJ filed on October 20, 2014 complied with the constitution and other federal law, the consent decree, and the remedial plan. (Dkt. No. 117)[1] The revised policies, which establish additional safeguards and protections for youths in DJJ custody, exceed constitutional requirements.

[1] Also, for the reasons stated in DJJ's response (Dkt. No. 117 at 2), plaintiffs' citation to articles on "solitary confinement" is inapposite here.

5. In accordance with the remedial plan and related court orders, DJJ submits the policies attached as Exhibits A to C hereto for Court approval. Exhibits A (04.04.102, Emergency Mental Health Services, part II(F)(4)) and B (Draft Administrative Code Revisions, Section 2504.30 *et seq*.) address confinement, including hospitalization of youths on crisis status. Exhibit C (05.01.126, Security Restraints) addresses restraints. For the policies which are modified from existing policies, DJJ has attached redlined versions showing what changes were made. DJJ completely rewrote Exhibit B, and therefore attaches only a clean copy of that exhibit.

Dated: February 17, 2015

Respectfully submitted,

LISA MADIGAN
Attorney General of Illinois

/s/ Michael T. Dierkes

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Illinois Department of **Juvenile Justice**	***ADMINISTRATIVE DIRECTIVE***	**Number** 04.04.102 **Page** 1 of ~~11~~9 **Effective** ~~10/01/2014~~DRAFT

Section	**04**	**Programs and Services**
Subsection	**04**	**Mental Health**
Subject	**102**	**Emergency Mental Health Services**

I. POLICY

A. Authority

730 ILCS 5/3-2.5-20

20 Ill. Adm. Code 2415

B. Policy Statement

Youth shall have access to emergency mental health services.

II. PROCEDURE

A. Purpose

The purpose of this directive is to define the responsibilities of those employees involved in the provision of emergency mental health services to youth.

B. Applicability

This directive is applicable to all youth centers.

C. Facility Reviews

A facility review of this directive shall be conducted at least annually.

D. Designees

Individuals specified in this directive may delegate stated responsibilities to another person or persons unless otherwise directed.

E. Definitions

Close Supervision - a formal treatment status which provides for verbal or visual monitoring of those youth determined by a mental health professional to be acutely disturbed or potentially suicidal.

Crisis Team Member - an individual designated by the Chief Administrative Officer to respond to a potential or actual crisis.

Crisis Team Leader - a mental health professional designated by the Chief Administrative Officer to supervise and direct crisis services.

Observation Status - a formal monitoring status which provides for verbal or visual monitoring of those youth determined by a mental health professional or Crisis Team Leader to be at increased risk for experiencing a mental or emotional crisis.

Strip Celling – the removal of all clothing and property from a youth who is placed on suicide watch and determined by a mental health professional or physician, when a mental health professional is not available, that the youth is at imminent risk for harm to self or others.

Suicide Watch Status - a formal treatment status for a youth determined by a mental health professional to be acutely suicidal.

F. Implementation

The Chief Administrative Office shall develop a written procedure implementing all provisions of this directive.

1. Crisis Intervention Team

a. A Crisis Intervention Team shall be designated by the Chief Administrative Officer which shall include:

(1) A mental health professional who shall be the Crisis Team Leader;

(2) At least one member of the security staff who is the rank of Juvenile Justice Supervisor or above.

(3) Other members who may be chosen from the administrative, chaplaincy, counseling, educational, leisure time services, medical or security staff.

b. One or more team members shall be available on site on a 24-hour basis.

c. All staff selected for the Crisis Intervention Team shall be properly trained.

(1) Mental health professionals shall not be required to receive special training unless specifically required by the Chief Administrative Officer.

(2) All other team members shall receive sixteen hours of specialized training prior to serving on the Crisis Intervention Team, unless otherwise approved, in writing, by the agency Chief of Mental Health Services.

(a) The initial 16 hours of training shall be provided through the Training Academy and shall include assessment and intervention techniques in crisis situations.

(b) A team member may provisionally serve on the team after completing four hours of orientation training as determined by the Crisis Team Leader. The team member shall receive the required training provided by the Training Academy at the next available training session.

(3) All team members shall receive an additional one hour of training quarterly by the facility Crisis Team Leader. The training shall consist of topics selected by the Team Leader which are pertinent to crisis intervention.

2. Referrals to Crisis Intervention

a. A procedure shall be established for referral to the Crisis Intervention Team of youth who exhibit disturbed behavior.

(1) All staff are responsible for promptly reporting to the Crisis Intervention Team or a mental health professional any evidence that a youth is:

(a) Threatening suicide, attempting suicide, or exhibiting other symptoms which indicate that the youth may be at risk for, or intent upon, self-harm or suicide;

(b) Threatening or attempting homicidal behavior, or exhibiting other symptoms which indicate the youth may be at risk for, or intent upon, killing another;

(c) Mentally or emotionally disturbed and potentially dangerous to others, or unable to care for himself due to confusion, disorientation, etc.; or

(d) Exhibiting acute depressive or psychotic symptoms.

b. Upon notification of the referral, the Crisis Team Member shall determine and implement the steps necessary, if any, to resolve the crisis or prevent it from escalating. This may include referral to other staff or services.

(1) The Crisis Team Member shall promptly review the case with the Crisis Team Leader or other designated mental health professional to determine if appropriate services and referrals have been provided. After normal duty hours and on weekends and holidays this review may be by telephone.

(2) The Crisis Team Leader or Member shall monitor and facilitate service delivery including, when appropriate, referral for mental health or medical examination, initiation of crisis treatment plan and recording of visual or verbal checks, and any special recommendations by mental health professionals.

(3) The Crisis Team Leader of Member shall notify the Shift Supervisor of any recommendations involving responsibility of security staff toward the youth.

(4) The crisis response shall be terminated as determined by the Crisis Team Leader or other involved mental health professional.

3. Crisis Care Services

Upon the recommendation of a Crisis Team Member or a mental health professional, the Chief Administrative Officer may order that a youth be housed in a crisis care area. Youth who are assigned to a crisis care area shall be placed on observation status, close supervision status, or suicide watch status in accordance with this directive. In extreme emergencies, a youth may be placed in therapeutic restraints in accordance with Administrative Directive 04.04.103.

a. Crisis Care Area.

(1) The Chief Administrative Officer shall designate an area or areas for housing a youth who is determined by a mental health professional or Crisis Team Member to require removal from the regular housing assignment for mental health treatment or observation. Removal from the general population must comply with the provisions in Administrative Directive 04.04.100.

(2) Crisis care rooms or housing areas shall be equipped to provide for:

(a) Single celling or housing

(b) Control of outside stimuli, especially contact with other youth.

(c) Adequate lighting or lighting controlled from outside of the room or housing area.

(d) Opportunities for observation by staff from as many points in the area as possible.

(e) Opportunities for staff to conveniently hear activities within the room or area.

(f) Access to health services.

(g) Prompt access by staff into the area.

(3) Close supervision or suicide watch may be provided at a community health care facility pending evaluation or transfer to an appropriate Department facility.

(4) Clothing or other personal property removed from the youth's crisis care room or housing area shall be placed in a secure area.

b. Observation Status

(1) If it is determined by a mental health professional or Crisis Team Leader that a youth is at increased risk to experience a mental or emotional crisis, the individual may be placed on observation status. No youth meeting

criteria for close supervision or suicide watch may be placed on this status.

(2) The Chief Administrative Officer shall establish the procedures for this status through a local written procedure. At minimum these procedures shall include:

(a) The procedure for placing a youth on observation status.

(b) Notification of the Crisis Team Leader and Duty Administrative Officer.

(c) Checks by staff at least every 10 minutes and method of documentation.

(d) Daily evaluation by designated staff.

(e) A provision that observation status shall not exceed 72 hours, unless extended by a mental health professional following a formal evaluation.

(f) A provision that termination of this status shall be upon the written or verbal order of a mental health professional.

c. Close Supervision Placement

(1) A youth who is determined by a mental health professional to be acutely disturbed, potentially suicidal or who may pose a threat of serious physical harm to self or others in the near future may be placed on close supervision. When a mental health professional is not on site, this determination shall be made by the Crisis Team Member who shall promptly review the situation with the Crisis Team Leader.

(2) Monitoring of youth who are placed in close supervision shall be documented and shall include the following:

(a) Checks by staff at least every 10 minutes, which include verbal or visual contact with the youth. It is recommended that these checks include a notation on the youth's behavior or speech.

(b) Daily contacts made by a crisis Team Member or an individual from the mental health, medical or psychiatric staff. Additional contacts shall be made as frequently as determined necessary by a mental health professional or medical staff.

(c) A check of the youth's vital signs shall be taken by the health care staff within 24 hours of placement on Close Supervision.

NOTE: Contacts in (b) and (c) above shall include an assessment of a youth's response to treatment and current mental health status. This shall be documented in the medical record and may additionally be noted in the

crisis record.

(3) The youth shall remain in close supervision until transferred to a mental health treatment setting or until the crisis is resolved as determined by the Crisis Team Leader or any other involved mental health professional. If release from close supervision is authorized via the telephone, a follow-up evaluation by a mental health professional shall be conducted within 72 hours.

d. Suicide Watch Placement

(1) A youth who is determined by a mental health professional to be acutely suicidal or who poses a threat of serious physical harm to self or others may be placed on suicide watch. Strip celling may be authorized. A physician may make this determination if a mental health professional is not available. Determinations shall be made after the psychiatrist, physician, or mental health professional has personally observed and examined the youth. Clinical reasons for such placement shall be documented.

(2) In the absence of a psychiatrist, physician, or other mental health professional, suicide watch may be temporarily initiated in an emergency upon the recommendation of the Crisis Team Member and with the approval of the Chief Administrative Officer or Duty Administrative Officer. Strip celling may be authorized. If approval is given verbally, the Crisis Team Member shall ensure that Medical Staff document this approval in the medical record and may additionally note it in the crisis record.

(a) A medical or mental health professional order for suicide watch placement or strip celling must be obtained within two hours. This order must clearly specify the clinical reason for the order.

(b) Verbal orders must be confirmed in writing in the medical record within 72 hours by the ordering physician or mental health professional or, if unavailable, by another mental health professional. Verbal orders reviewed by another mental health professional must be confirmed in writing by the ordering physician or mental health professional on the next scheduled working day.

(3) A youth's personal property, particularly the clothing, shall be returned as soon as practical, consistent with the mental health professional's assessment of the inmate's mental health status. Orders for return of property or clothing may be given verbally by a mental health professional in consultation with on-site health care staff or a Crisis Team Member.

(4) Monitoring of youth who are placed in suicide watch shall be documented in writing and shall include the following:

(a) Checks by staff at least every 5 minutes which shall include verbal

or visual contact with the youth. It is recommended that these checks include a notation on the youth's behavior or speech.

(b) Daily assessments of a youth's mental health status conducted by a mental health professional. On weekends and holidays, the mental health professional may consult by telephone with on-site health care staff or a Crisis Team Member. Additional contacts shall be made as frequently as determined necessary by a mental health professional or medical staff.

(c) A check of the youth's vital signs shall be taken by health care staff within 24 hours of placement on Suicide Watch.

NOTE: Contacts in (b) and (c) above shall include an assessment of the youth's response to treatment and current mental health status. This shall be documented in the medical record and may additionally be noted in the crisis record.

(5) The youth shall remain on suicide watch until the youth is transferred to a mental health treatment setting, community health care facility, or until a mental health professional determines that the crisis has been resolved or that the youth can be placed in a less restrictive crisis care status.

(6) A youth shall be placed in close supervision status for at least 24 hours after the suicide watch status has been terminated unless the psychiatrist, physician, or other mental health professional documents that such observation is not clinically indicated.

e. Emergency Mental Health Services Records

(1) Upon placement in observation, close supervision, or suicide watch, a treatment plan for emergency services to be rendered to the youth shall be developed. Upon termination of the emergency, the plan, including a notation of the termination and planned follow-up, shall be placed in the youth's medical and master files.

(2) An individualized record or records shall be kept to document security checks, medical checks, treatment visits and other care provided to youth while they are on observation, close supervision, or suicide watch status. These records shall be reviewed regularly by the facility medical director to ensure compliance with this Administrative Directive. A copy of these records shall be placed in the youth's medical file.

NOTE: Logs and forms used to document staff observation times will not have pre-printed check times printed on them. Staff making observations on youth on crisis watches shall record the actual time observations are conducted.

4. **Admission to Psychiatric Hospitals**

a. If a youth who has been placed on crisis status has shown little or no improvement

within the timeframe reasonably expected based upon the individual youth's diagnosis and prescribed treatment or psychotropic medications, but in no event longer than 72 hours after placement on crisis status, he or she shall be assessed for admission to a community psychiatric hospital.

b. A youth diagnosed with an acute mental illness ~~who~~ has shown little or no progress~~.~~ in response to mental health treatment, psychiatric treatment, and psychopharmacological services shall be assessed for admission to a community psychiatric hospital if:

(1) He or she is reasonably expected to inflict serious physical harm upon self or others in the near future;

(2) Due to his or her severe mental illness, he or she is unable to provide for his or her basic physical needs so as to guard himself or herself from serious harm; or

(3) He or she has been found unfit to stand trial and requires placement in a psychiatric hospital in order to attain fitness to stand trial.

NOTE: The analysis of the youth's progress in response to treatment, for purposes of part F 4. ~~(~~a.~~)~~ above, shall be whether the youth has shown some level of improvement within the timeframe reasonably expected based upon the individual youth's diagnosis and prescribed treatment or psychotropic medications, but in no event longer than 72 hours. ~~If a youth with an acute mental illness has shown no response to treatment or prescribed medications after 72 hours, analysis of factors set forth in F (4)(a) (1) (3) above shall occur.~~

~~b~~c. If a mental health professional finds ~~believes~~ that a youth meets the criteria for community psychiatric hospitalization in paragraph 4.a. or 4.b., he or she shall immediately inform the Treatment Unit Administrator (TUA) or his or her designee who will immediately contact the Chief Administrative Officer and the Chief of Mental Health, who will notify the Deputy Director of Programs and ensure a licensed psychiatrist is available for consult. ~~.~~

~~c~~d. ~~If~~The TUA, in consultation with ~~after consulting with the TUA,~~ the Chief of Mental Health and a licensed psychiatrist, shall assess youth identified under paragraph 4.c. and decide whether to ~~determines hospitalization~~seek hospitalization. ~~is the best course of action,~~

e. If the TUA determines that hospitalization should be sought:

(1) For those youth who are not eligible for Screening, Assessment, and Support Services (SASS), the TUA shall initiate hospitalization.

(2) For those youth who are eligible for Screening, Assessment, and Support Services (SASS):

(i) ~~t~~The TUA or his or her designee shall~~:~~ (~~1~~a)Notify the youth's parent or guardian (if the youth is under the age of 18), ask if the

youth is covered by private insurance, and tell the parent or guardian what hospital the youth will be transported to, if known; and (b) . ~~(2)~~ Contact Crisis and Referral Entry Services (CARES), request an evaluation from ~~Screening, Assessment, and Support Services (~~SASS~~)~~, ~~get~~obtain the name of the assessor who will be coming to the youth center to make the assessment, and prepare a visitor pass for the assessor.

(ii) ~~NOTE:~~ A SASS assessor will in most cases meet the youth and the TUA at the youth center within 2 hours. In the event of a medical emergency, the TUA will inform CARES that the evaluation shall take place at the hospital. ~~The youth will then be transported by ambulance to the hospital along with a Juvenile Justice Specialist and a mental health professional, in accordance with Administrative Directive 05.03.124.~~

~~d. If the SASS assessor determines that hospitalization is not required, the youth shall remain in crisis status.~~

(iii)~~e.~~ If the assessor recommends hospitalization the assessor will designate which hospital the youth should be transported to. ~~The TUA or his or her designee shall notify the following of the assessors' determination:~~

~~The Chief Administrative Officer;~~

~~The Records Office;~~

~~The Chief of Mental Health, who will notify the Deputy Director of Programs; and~~

~~The youth's parent or guardian (if the youth is under the age of 18), and~~

(iv) If the SASS assessor does not recommend hospitalization, the youth should still be hospitalized if, in consultation with the Chief of Mental Health and a licensed psychiatrist, the TUA believes hospitalization should still be sought.

e. If a decision has been made to hospitalize the youth, the TUA or his or her designee shall immediately notify the following individuals:

(1) The Chief Administrative Officer;

(2) The Records Office;

(3) The Chief of Mental Health, who will notify the Deputy Director of Programs; and

(4) The youth's parent or guardian (if the youth is under the age of 18)

~~h~~f. If ~~the assessor or TUA~~ a decision is made ~~decides~~ to hospitalize the youth:

(1) ~~The~~The youth shall be transported to the hospital in accordance with Administrative Directive 05.03.124. ~~Additionally, a~~ A mental health professional shall be transported with the youth, along with 3 days of clothing, a crisis log, documentation from Health Care and Records Office, and a black box, if needed.

~~i.~~(2) For youth who are age 18 and over, the hospital may determine that he or she will require transfer to a Department of Human Services (DHS) facility. If a youth is transferred to a DHS facility, the TUA shall inform the Chief of Mental Health.

~~j.~~ (3) Prior to return from the psychiatric hospital, the Treatment Unit Administrator shall ensure that the hospital has provided a discharge plan which should include discharge diagnosis, level of stability, and current medications. If a discharge plan has not been provided, staff shall document the efforts they made to obtain one and the reason it was not provided.

~~k.~~(4) Upon return from the psychiatric hospital, the youth shall be assessed by a Mental Health Professional to determine if, based on the youth's current mental status, continued crisis placement is needed.

(5)~~l.~~ Within three days of a youth's return from a psychiatric hospital, the Health Care Unit Administrator shall submit a request for medical and mental health records to the hospital. These records shall be placed in the youth's medical file. If the records are received after the youth has been transferred to another youth center, the Health Care Unit Administrator shall forward the records to the Health Care Unit Administrator at the youths current assigned youth center.

g. If the ~~assessor and TUA~~ final decision is to ~~de~~ not to hospitalize the youth, a multidisciplinary treatment team which includes a licensed psychiatrist, shall meet within 24 hours to create a specific treatment plan likely to end the mental health crisis. Immediately after the plan is created, it shall be discussed with the youth and then implemented. The TUA shall ensure notice to the Chief Administrative Officer and the Chief of Mental Health, who shall ensure the Deputy Director of Programs is notified.

h. Anytime a decision regarding hospitalization is made, the TUA ~~or designee who evaluated the youth for hospitalization~~ shall document the evaluation and decision in writing. The documentation shall include the youth's treatment in the prior three days, the youth's response to that treatment, and the reasons why hospitalization was or was not needed.

i. Once per quarter, the Department Medical Director, Child and Adolescent Psychiatrist, Chief of Mental Health, Deputy Director of Programs, and Deputy Director of Quality Assurance shall conduct a quality assurance review of all assessments and decisions regarding psychiatric hospitalization made pursuant to

ADMINISTRATIVE DIRECTIVE	**Effective** ~~**10/01/2014**~~**DRAFT**	**Page** **11 of 11**	**Number** **04.04.102**

the provisions of this Administrative Directive.

Authorized by:

Candice Jones
Director

Supersedes:

04.04.102~~A-J~~	AD	10/01/2014

02/02/2015

Draft Admin. Code Revisions
R.J. v. Jones - Confinement

Section 2504.30 Preparation of Disciplinary Reports

a) Every employee has the duty to observe the conduct of youth.

b) When the rule infraction is minor, every effort should be made to take corrective action that is adapted to individual circumstances, administered immediately and consistently, and is understood by the youth through appropriate counseling efforts. If an employee observes a youth committing a potentially major offense, discovers evidence of its commission, or receives information from a reliable witness of such conduct, the employee shall promptly prepare a disciplinary report. When the rule infraction is potentially major and may justify placement on investigative status, the shift supervisor should be contacted immediately. Use of confinement in response to an offense must be consistent with the requirements of Subpart B.

c) The disciplinary report must be fully completed. The reporting employee shall provide the following information to the extent known or available.

1) The name and youth identification number of the youth.

2) The place, time, and date of the offense.

3) The offense that the youth is alleged to have committed.

4) A written statement of the conduct observed.

5) The names of youth, employees, and visitors who were witnesses. The identity of witnesses may be withheld for reasons of security provided a statement to that effect and the information the confidential source provided are included on the disciplinary report to the extent the information can be included without jeopardizing security.

6) The signature of the reporting employee and the date and time the report is completed.

d) If a youth is placed on investigative status, an investigative report shall be issued that reasonably informs the youth of the subject of the investigation to the extent that safety and security allow.

e) Service of a disciplinary report or investigative report upon the youth shall commence the disciplinary proceeding. If a youth is currently confined on investigative status, he or she must be served with an investigative report within 12 hours after placement in confinement. In no event shall a disciplinary report or

investigative report be served upon any youth more than 6 days, after the commission of an offense or the discovery thereof unless the youth is unavailable or unable to participate in the proceeding.

Section 2504.50 Review of Disciplinary Reports

a) The Chief Administrative Officer of each facility shall designate one or more Internal Investigators.

b) If a youth is currently confined on investigative status and an investigative report has not been served on the youth within 12 hours after placement in confinement, the Internal Investigator shall inform the Chief Administrative Officer.

c) A youth who is placed on investigative status shall be interviewed by the Internal Investigator in order to permit the youth an opportunity to present his or her views regarding the incident. The interview shall be conducted within 3 days after initial placement of a youth in investigative status, whenever possible.

1) If the investigation does not indicate that the youth may be guilty of any disciplinary offense, placement in investigative status shall be terminated and the report shall be expunged from the youth's records. A copy shall be maintained in an expungement file. This decision shall be made by the Chief Administrative Officer and shall be documented in writing.

2) If, as a result of the investigation, it is necessary to amend or modify the original charges, the youth shall be issued a revised disciplinary report.

3) Upon completion of the investigation, the youth shall appear before the Adjustment Committee for a hearing on the disciplinary report unless the report has been expunged.

d) The Internal Investigator shall review each disciplinary report and determine whether:

1) The reported facts justify a disciplinary hearing. If not, the report shall be expunged from the youth's records. A copy shall be maintained in an expungement file.

2) The disciplinary report has been completed properly. If not, the Internal Investigator shall make the necessary corrections or direct the reporting employee to make the corrections. The youth shall be provided with a copy of the corrected report. In the event the corrected report contains new charges, the youth shall be provided a copy of the corrected report at least 24 hours prior to the hearing, unless the youth waives this notice in writing.

3) The offense is major or minor in nature. Disciplinary reports for major offenses shall be assigned to the Adjustment Committee for a hearing and

disciplinary reports for minor offenses shall be assigned to the Program Unit for a hearing.

A) Aiding and abetting, soliciting, attempting to commit, conspiring to commit, or committing any offense listed in the 100, 200, or 500 series of Table A shall be considered a major offense.

B) Those offenses listed in the 300 or 400 series or the aiding and abetting, soliciting, attempting to commit, or conspiring to commit any of these offenses shall be designated as major or minor based on the seriousness of the offense and the following factors :

i) The aggressiveness of the youth;

ii) The threat posed to the safety and security of the facility or any person;

iii) The need to restrict the youth's access to general population to conduct the investigation; or

iv) The seriousness of the offense.

SUBPART B: CONFINEMENT PROCEDURES

Section 2504.210 Definitions

"Chief Administrative Officer" means the highest ranking official of a youth center.

"Confinement" means intentionally keeping a youth separate from all other youth, removing a youth from the general population, restricting the movement of a youth, or confining a youth to a room or area for any period of time for the reasons defined herein regardless of whether the youth is placed on a confinement unit. Confinement of a youth for any reason not defined in this rule is not permitted.

“Confinement unit” – means an area within the youth center designated by the Chief Administrative Officer to house youth who, for safety and security reasons, require close supervision and limited out of room time, access to privileges, and contact with other youth. Youth may only be placed in the confinement unit in accordance with Section 2504.220.

“Confinement decision” means a decision by a staff member to initially confine a youth, to continue or change the basis for confinement, to remove a youth from confinement, to initially restrict access to programs or services of a youth on confinement, or continue or adjust such restrictions.

"Department" means the Department of Juvenile Justice.

"Deputy Director of Operations" means the Deputy Director of Operations of the Department of Juvenile Justice.

"Director" means the Director of the Department of Juvenile Justice.

"Youth" means a person committed to the Department or to the custody of the Department.

"Investigative Status" means a status given to a youth who is temporarily confined, after approval of the Deputy Director of Operations, where confinement is necessary for the efficient and effective investigation of a major offense as defined in Section 2504.50.

"Administrative Hold" means the status of a youth who is temporarily being housed in a particular youth center, and includes, but is not limited to, youth awaiting transfer to the Department of Corrections or another youth center, youth permanently assigned to another youth center being housed for purposes of attending court, youth awaiting release or who were delivered to the Department by mistake.

"Confinement Status" means a status assigned to a youth who exhibits or threatens violent, aggressive, or uncontrolled behavior and poses a serious an immediate threat to his or her own safety, the safety of others, or the security of the facility.

"Behavioral Hold" means the confinement of a youth to their own room or other area, separate from the confinement unit, when a youth has violated a department or youth center rule, failed to follow instructions of youth center staff, or otherwise behaved in a disruptive manner.

"Crisis Status" means a status assigned to a youth who exhibits behavior suggestive of acute mental or emotional disorder or suicidal ideation.

"Medical Hold" means the confinement of a youth ordered by a physician for purposes of medical quarantine, recovery, or observation.

Section 2504.215 Responsibilities

a) Unless otherwise specified, the Director, Deputy Director of Operations, or Chief Administrative Officer may delegate responsibilities stated in this Subpart to another person or persons or designate another person or persons to perform the duties specified.

b) No other individual may routinely perform duties whenever a Section in this Subpart specifically states the Director, Deputy Director of Operations, or Chief Administrative Officer shall personally perform the duties. However, the Director, Deputy Director of Operations, or Chief Administrative Officer may designate another person or persons to perform the duties during periods of his or her temporary absence or in an emergency.

Section 2504.220 Placement in the Confinement Unit

The confinement of a youth in the confinement unit must comply with the following requirements:

a) The Chief Administrative Officer may designate an area within the youth center, separate from all other youth, as the confinement unit. Youth may be removed from the general population and place in the confinement unit only under the following conditions:

1) When a youth is placed on Investigative Status he or she may be placed in the confinement unit. Such confinement must comply with the requirements of Section 2504.250;

2) When a youth is placed on Confinement Status he or she may be placed in the confinement unit only until the youth regains self-control and for no longer than 24 hours;

3) When a youth is on an Administrative Hold and is awaiting transfer to the Department of Corrections or a more secure setting, or the Chief Administrative Officer documents other safety or security reasons why a less restrictive form of housing is not appropriate he or she may be placed in the confinement unit for a maximum of 3 business days;

4) When a youth is on an Administrative Hold for reasons other than those described in paragraph 3 above, he or she may be housed in the confinement unit for a maximum of 24 hours; and

5) When a youth is on Crisis Status he or she may be placed in the confinement unit only when a mental health professional determines that such placement is necessary to prevent physical harm to self or others and a less restrictive area is not available or sufficient.

A) The necessity of such placement shall be reviewed by a mental health professional every 24 hours, and if placement in the confinement unit is still necessary after three days, the youth shall be evaluated for psychiatric hospitalization.

B) Such youth must be removed from the confinement unit once the risk of physical harm to self or others ends or a less restrictive area become available or sufficient.

C) Whenever feasible given the physical layout of the confinement unit and youth then present, a youth on Crisis Status shall be sight and sound separated from youth in the confinement unit for other reasons.

6) When a youth is on a Medical Hold he or she may be placed in the confinement unit only when ordered by a physician after a determination

that a less restrictive area is not available or sufficient to meet the youth's medical needs.

A) The necessity of such placement shall be reviewed by a physician every 24 hours.

B) Whenever feasible given the physical layout of the confinement unit and youth then present, a youth on Medical Hold shall be sight and sound separated from youth in the confinement unit for other reasons.

b) While on the confinement unit, visual checks and verbal communications required by Section 2504.230(e) shall be made no less than every 15 minutes

c) All other confinement of youth must occur in their rooms or living areas or in another area designated by the Chief Administrative Officer and under the conditions as otherwise provided in this Subpart.

Section 2504.230 General Confinement Requirements

All confinement, regardless or basis or location, must comply with the following requirements:

a) All confinement decisions shall be documented and justified in writing as soon as practical by the staff member making such decision.

b) The Chief Administrative Officer shall be notified of all decisions to confine for any reason as soon as possible and shall review all documentation justifying such decisions.

c) Any medical complaint registered by the youth or possible medical concern observed by staff while in confinement shall be reported immediately to the medical staff, if on duty, or to the shift supervisor who shall contact a member of the medical staff immediately.

d) Visual checks by youth center staff shall be made of all youth in confinement no less than every 15 minutes, shall include a verbal confirmation from the youth during waking hours, and during sleeping hours if and as often as ordered by a physician or mental health professional, and shall be documented.

e) Use of physical restraints on youth in confinement must comply with 20 Ill. Adm. Code 2501.Subpart B.

f) Youth in confinement shall be provided time outside the room for daily showers, personal grooming, and recreation.

g) Youth confined for 24 hours or more shall be provided a minimum of 8 hours of out-of-room time for every 24-hour period, including at least one hour of large-

muscle exercise. This hour of exercise shall be out doors when weather permits.

1) Such out-of-room time may be restricted on orders of the Chief Administrative Officer when release of the youth poses a threat to the safety of the individual or others or to the security of the facility. Such determinations shall be documented and justified.

2) All out-of-room movement shall be documented

h) Youth confined for 24 hours or more shall be interviewed daily by a mental health professional. If the mental health professional is not licensed, he or she shall review the substance of the interview with a licensed mental health professional.

i) Anytime a youth is in confinement for 18 consecutive hours or on more than 10 occasions in any 30 day period, the Deputy Director of Operations shall be notified immediately and all documentation justifying such confinement shall be forwarded to him or her.

j) The parents or guardian of a youth under 18 years of age shall be notified anytime such youth is confined for 24 hours or more.

k) Youth in confinement shall continue to receive the mental health services they ordinarily receive.

l) Youth in confinement shall have the opportunity to receive the educational services they ordinarily receive, unless the Chief Administrative Officer personally determines that providing such services to the youth poses a threat to the physical safety of the individual or others or to the security of the youth center. Such determinations shall be documented and justified. The opportunity to receive educational services shall resume when the threat ends.

m) Youth in confinement shall be permitted to have family, attorney, and clergy visits. Family and clergy visits may be restricted by order of the Chief Administrative Officer when the youth poses a threat to the physical safety of the individual or others or to the security of the youth center. Such determinations shall be documented and justified.

n) Reading materials shall be provided to the youth for use in the room provided the materials are not abused. Youth shall be provided access to writing materials daily, outside the room. Any abuse of reading or writing materials must be documented on a disciplinary report and may result in temporary restriction except for communication to counsel or the court. Such determinations shall be documented and justified.

o) The Department shall maintain cumulative data on all confinement decisions.

Section 2504.240 Confinement Status

a) A youth may be placed on Confinement Status and confined in the confinement unit or other area designated by the Chief Administrative Officer when he or she exhibits or threatens violent, aggressive, or uncontrolled behavior and poses a serious threat to his or her own safety, the safety of others, or the security of the facility.

b) Such confinement must end when the youth regains self-control and may not exceed 24 hours in duration.

c) Unless sooner removed from confinement, within one hour of confinement and every hour thereafter if the youth is awake, a supervisory staff member shall meet with the youth to assess whether the youth has regained self-control.

d) If a youth has not regained self-control after 4 hours in confinement, staff shall meet with the youth, attempt to assist the youth in regaining self-control, and assess whether the youth has any immediate needs for additional mental health services. Such staff shall continue to check in every 2 hours if the youth is awake, until the youth is removed from Confinement Status. If a mental health professional is on grounds, a mental health professional shall perform these checks. If a mental health professional is not on grounds, the checks shall be performed by other staff specifically trained in crisis response.

e) Within 24 hours after the initiation of confinement status, regardless of whether or not the confinement has ended, the youth shall be referred to a mental health professional to determine whether additional treatment services are needed.

Section 2504.250 Investigative Status

a) A youth may be placed on Investigative Status and confined in the confinement unit or other area designated by the Chief Administrative Officer when that youth is alleged to have committed a major offense as defined 2504.50, the temporary confinement is necessary for the efficient and effective investigation of the offence, and such confinement is personally approved by the Deputy Director of Operations.

b) Such confinement must end when, regardless of the maximum time established, the Internal Investigator, Chief Administrative Officer, or Deputy Director of Operations determines that continued confinement is no longer necessary for the efficient and effective investigation of the offence.

c) Such confinement may continue for a maximum of 4 days, unless:

1) The investigation is being conducted by an outside agency and the agency submits to the Deputy Director of Operations documentation supporting why continued placement in the confinement unit is necessary; or

2) In the event that an investigation cannot be completed within 4 days due to an institutional emergency, and the Deputy Director of Operations

personally authorizes, in writing, an extension of up to 4 days placement in confinement for pending investigation. As used in this Section, an institutional emergency includes riots, strikes, lockdowns, and natural disasters.

Section 2504.260 Administrative Hold

a) A youth may be placed on an Administrative Hold when temporarily being housed in a particular youth center and may be separated from other youth for administrative or security purposes as personally determined by the Chief Administrative Officer.

b) Youth on an Administrative Hold may be placed in the confinement unit only as provided in Section 2504.220.

c) The Department shall make every reasonable effort to provide youth on an Administrative Hold, who are not placed in the confinement unit for safety and security reasons, with access to the same programs and services youth in the general population have. Any restrictions on movement or access to programs and services shall be documented and justified by the Chief Administrative Officer.

Section 2504.270 Behavioral Hold

a) A youth may be placed on a Behavioral Hold when a youth has violated a Department or youth center rule, failed to follow instructions of youth center staff, or otherwise behaved in a disruptive manner.

b) The shift supervisor shall be immediately notified anytime a youth is places on a Behavioral Hold.

c) All youth shall be informed of what behaviors are unacceptable and may result in a Behavioral Hold.

d) Youth on a Behavioral Hold shall be confined in their own room or other area designated by the Chief Administrative Officer and may not be placed in the confinement unit.

e) Within 30 minutes of confinement, a staff member not involved in the behavioral incident shall meet with the youth, provide counsel and guidance regarding the behavior, and de-escalate the behavior where necessary.

f) A youth shall be removed from the behavioral hold once the shift supervisor determines the youth has demonstrated an understanding of the behavior and the desire and ability to return to program participation with no further behavioral issues. Unless sooner removed from confinement, within one hour of confinement

and every hour thereafter, a supervisory staff member shall meet with the youth to assess whether the youth has done so.

g) At no time may a youth on a behavioral hold be confined for more than 4 hours.

Section 2504.280 Crisis Confinement

a) A youth on Crisis Status may be placed in the confinement unit or other area designated by the Chief Administrative Officer when determined by a mental health professional or other staff specifically trained in crisis response to require removal from the youth's regular housing assignment for mental health treatment or observation. Unless the determination is made by a licensed mental health professional:

1) If a licensed mental health professional is on grounds, then within one hour he or she shall personally assess the youth, and decide whether to continue the confinement and whether additional treatment services are needed.

2) If a licensed mental health professional is not on grounds, then within one hour the individual who made the determination shall notify the on-call licensed mental health professional. A licensed mental health professional shall, within one hour of his or her arrival on grounds, but in no event more than 24 hours after the determination was made, personally assess the youth, and decide whether to continue the confinement and whether additional treatment services are needed.

b) The Department shall establish procedures for the timely identification of, referral to appropriate staff, and provision of mental health services to youth in crisis.

c) Youth on Crisis Status may be placed in the confinement unit only as provided in Section 2504.220.

d) Where crisis status is ordered and there is no present risk of physical harm to self or others, a youth's movement and access to programs and services may only be restricted as specifically ordered by a mental health professional based on a finding of mental health need. These restrictions shall be reviewed by a mental health professional daily.

Section 2504.290 Medical Hold

a) A youth may be placed on a medical hold and confined for purposes of medical quarantine, recovery, or observation only when ordered by a physician.

b) Youth on a medical hold may only be confined in their own room or other area designated by the Chief Administrative Officer and may not be placed in the confinement unit.

c) Where a medical hold is ordered, a youth's movement and access to programs and services may only be restricted as specifically ordered by the physician based on a finding of medical need. These restrictions shall be reviewed by a physician daily.

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Section	**05**	**Operations**
Subsection	**01**	**Security**
Subject	**126**	**Security Restraints**

I. POLICY

A. Authority

730 ILCS 5/3-2-2, 3-2.5-20, and 3-6-7

20 Ill. Adm. Code ~~501~~2501

B. Policy Statement

The Department shall use security restraints to protecting property, persons, or to ensure the custody of youth. Security restraints shall not be applied for more time than is absolutely necessary or used for the purpose of punishment.

II. PROCEDURE

A. Purpose

The purpose of this directive is to establish a written procedure for the use and control of security restraints.

B. Applicability

This directive is applicable to all youth centers within the Department.

C. Internal Audits

An internal audit of this directive shall be conducted at least annually.

D. Designees

Individuals specified in this directive may delegate stated responsibilities to another person or persons unless otherwise directed.

E. Definition

Security restraints - devices, such as handcuffs, security belts, and leg shackles, approved by the Department for use to limit movement for security reasons.

F. Requirements

The Chief Administrative Officer shall ensure that a written procedure for the use and control of security restraints is established. The written procedure shall provide for the following:

1. **Use of Security Restraints**

~~a. Use of security restraints on youth classified as minimum supervision and low escape risk shall be at the discretion of the Chief Administrative Officer.~~

~~b~~

a. Except as otherwise provided herein, or in accordance with Administrative Directive 05.03.130 regarding pregnant youth, security restraints shall be used:

(1) To prevent a youth from escaping;

(2) To retake a youth who has escaped or run away;

(3) To prevent or suppress violence by a youth against another person or property; or

(4) When transporting a youth outside the youth center for the purposes of transfers, writs, etc., ~~except~~in accordance with Administrative Directive 05.03.123.

b. Restrains shall not be used when transporting youth assigned to work details outside the youth center or when transporting a pregnant youth for purposes of delivery.

c. Youth on funeral furlough shall be restrained in accordance with Administrative Directive 05.03.127.

d. Except as otherwise provided in Administrative ~~Directive~~Directives 05.03.123 and 05.03.130 regarding youth assigned to a Security Level Five and pregnant youth, security restraints may be used:

(1) When moving a youth within a youth center who is ~~in disciplinary confinement~~on ~~C~~confinement ~~S~~status, ~~i~~investigatory ~~S~~status, or ~~who is in confinement pending investigation~~an ~~A~~administrative ~~H~~hold and awaiting transfer to the Department of Corrections or a more secure setting ~~within the youth center~~, if based on the youth's own behavior, there is a present and genuine risk that the youth will attempt to escape or injure another person; or

(2) Whenever the Chief Administrative Officer deems it ~~is~~ necessary in order to ensure security within the youth center or within the community.

e. Every use of security restraints shall be documented. Such documentation shall identify the youth the restraints were applied to; include the date, location and the time the restraints were applied and removed; and the reason for applying the restrains. Shift supervisors shall review all such documentation during the shift in which the restraints were used. The Deputy Director of Quality Improvement shall regularly conduct statistical analysis of patterns in the aggregate of such documentation to identify any uses inconsistent with Department policy and any

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opportunities to improve Department policy.

2. **Inventory and Control**

a. A written master inventory of all security restraints, dated and signed by the Chief Administrative Officer, shall be maintained.

b. Security restraints that have not been issued to staff shall be stored and maintained in a secure area or areas that are not accessible to youth.

c. A log documenting issuance and return of security restraints shall be maintained in the secure area or areas. The log shall include:

(1) Date and time issued;

(2) Receiving employee's name;

(3) Issuing employee's name;

(4) Date and time returned; and

(5) Name of employee receiving the returned restraints.

d. A written report shall be filed on lost, broken, or malfunctioning security restraints. The report shall be reviewed by the Chief of Security and maintained on file with the security restraints inventory records for a minimum of one year.

Authorized by:

Candice Jones
Director

Supersedes:
05.01.126 AD 3/1/2009