

# Juvenile Detention and Alternatives Task Force: Report to the Mississippi Legislature

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# Introduction

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The 2012 Mississippi Legislature passed and the governor signed Senate Bill 2598, creating a Juvenile Detention and Alternatives Task Force (Task Force). The legislature charged the Task Force with several responsibilities including developing statewide detention center standards, creating a plan to support juvenile detention alternatives, and creating a plan for reducing the financial burden incurred by counties and maximizing federal and state fiscal sources.

The passage of the bill was the result of three years of negotiations to address the state's critical needs surrounding juvenile detention. In Mississippi, responsibility for detention of juveniles lies with the counties. During the last quarter of the 20<sup>th</sup> century, officials built facilities across the state in response to federal law requiring separation of juvenile offenders from adult offenders. Those facilities were primarily developed in the more populated areas or in very remote areas. The development of the centers was completely within the purview of the local communities. No standards existed to help guide the facilities' development. There is no state system of regional detention facilities as exist in other states. However, the county centers have become de facto regional centers.

During the past decade, lawsuits have been brought against several detention facilities in the state alleging deficiencies. Those lawsuits have resulted in the closure of two centers and consent decrees governing varying aspects of the operation of others. A need for statewide standards has become apparent for two reasons: to ensure that our children are being detained in safe and appropriate facilities, and to assist our counties by furnishing clear detention standards in keeping with national criteria, which will provide those facilities with some protections in the event of legal actions.

The legislature created a Task Force composed totally of public employees, the majority of whom were from county government or locally related. Entities represented include the Mississippi Juvenile Detention Directors Association, the Mississippi Association of Supervisors, the Mississippi Sheriffs' Association, county administrators, prosecutors, public defenders and youth court judges. State agencies represented include the Office of the Attorney General, Governor's Office of Public Safety Planning, the Department of Mental Health, the Department of Education, and the Department of Human Services, Division of Youth Services. The legislation also created an Advisory Committee to assist the Task Force. The Advisory Committee included representatives of advocacy groups, public universities, the Administrative Office of the Courts, the Judicial College, and a parent of a child in the system, among others.

The organizational meeting of the Task Force occurred in August, 2012. The first general meeting of the Task Force and Advisory Committee convened in Natchez on October 5, 2012. Dane Bolin, the Director of Juvenile Services in Calcasieu Parish, Louisiana, presented Louisiana's recent experience with developing juvenile detention facility standards. Our sister state had just completed the process of establishing statewide

standards and licensing procedure for all juvenile detention facilities. Dane provided critical information on the process used in Louisiana, which was greatly helpful to our quest. The members of the Task Force divided into several sub-groups and took on specific areas of the standards to discuss and draft. Advisory Committee members were likewise assigned to each group. They began their work that day and continued with several telephonic conferences thereafter. Each group worked tirelessly over the next several months drafting the language of their assigned areas.

Once the sub-group work was done, the Task Force and the Advisory Committee came together to review each recommendation and began the process of adopting the standards. Although detention administrators had been assigned to each sub-group, the Task Force recognized early that it needed more direct input from individuals who would be implementing the standards. The leaders of the Task Force personally reached out to the director of every detention center to invite them to attend and strongly encourage them to offer input before any standard would be adopted. Several detention administrators did participate and offered critical input throughout the meetings of the full Task Force. All persons participating had the opportunity to speak to any matter and suggest changes before any vote was taken.

Over the summer and into fall of 2013, the Task Force conducted eight day meetings and seven telephonic conferences dedicating approximately fifty hours of meeting time in order to subject every proposed standard to intense review. Sub-groups dedicated many more hours to developing recommended standards for their assigned areas. The guiding principles of the Task Force were insurance of public safety (and avoiding risk of harm), judicial economy, the best interests of children, and fiscal economy. During the meetings of the entire Task Force, the chair of each sub-group presented the group's recommendations for discussion and adoption. Every word of every recommended standard was read, discussed and often amended before adoption. As expected, the Task Force and Advisory Committee engaged in spirited discussion and disagreement on some issues. However, after healthy discussion and negotiation, the Task Force crafted appropriate standards. In fact, extensive changes to several proposed standards emerged due to detailed discussion. Fewer than ten of the standards required a contested vote to adopt. The Task Force adopted the vast majority of the standards unanimously. The Task Force considered every single word, punctuation, article, adjective, adverb, verb and noun, and made several changes and improvements to the sub-group work.

Throughout the process we were cognizant of the critical concerns of our local facilities and communities. We believe we have developed a product that effectively and responsibly addressed all these concerns. We include some examples below.

- **Safety and security** of the facility are paramount. The standards provide for pat-down, metal detector and clothing searches on anyone coming into the facility to discover any weapons or other contraband being brought into the facility. The standards further provide for more invasive searches (strip searches and body cavity searches) where facts and circumstances indicate a reasonable suspicion of such illegal activity and where such searches are conducted in accordance with applicable law.

- The **conditions of confinement** were key considerations. We developed standards to provide facilities that would satisfy all members if their own children were so unfortunate as to be detained there. In assessing these needs, we sought to be **fiscally responsible** and create provisions achievable by local facilities without unreasonable costs.
- The Task Force provided that all **employees** would be properly qualified for their positions, committed to youth, and properly trained to conduct their responsibilities. The provisions require some work with youth as a prerequisite, which can be met by any work with boy or girl scouts, church youth groups, school clubs or any other youth organization. Rather than being an encumbrance, that provision seeks individuals who have demonstrated commitment to youth. The administrator position, of course, requires additional qualifications. The standards recognize the great value of both education and experience in the field.
- The standards provide for general **training** as is required of all law enforcement but also provide for additional annual training on developments in laws and procedures relating to juvenile detention. A key standard, this will require intentional development of training opportunities which we believe to be a state responsibility. These workers are caring for our most precious resource. We want to ensure that they are all properly trained. We envision the state as developing these training opportunities through the licensing agency, which will be decided at a later date.
- The issue of the detention of **status offenders** has been raised. A status offender is a child who commits an offense which would not be an offense if committed by an adult (e.g., truancy, runaway, ungovernable behavior). Nothing in these standards changes or alters what is presently the law. The prohibition of detention of status offenders except in limited situations has been Mississippi law for some time. The Task Force has simply placed into its standards the mandates of present law. Unfortunately, there are not sufficient services provided at present to meet the needs of these children. It is a critical area which needs attention and resolution but is not the focus of these standards.

Finally, at the beginning of the process, the Task Force considered several different drafts of juvenile detention standards to assist us in our work. We settled on standards crafted by the Annie E. Casey Foundation as a starting point for our process. Over the next twelve months, the members reviewed, amended, reformed and reworded that document, developing our own Mississippi creation. The many disciplines worked tirelessly to create this document. We believe these standards when implemented will greatly and objectively ensure that our detention centers are properly caring for the children in their charge and, if followed, will help insulate those same facilities from litigation. Those facilities will then be allowed to concentrate on the custody and care of the many at-risk children who have to come that way.

Our work is not done. We recommend that the Legislature provisionally adopt the Task Force's proposed detention center standards in the 2014 Mississippi Legislative Session. We recommend adopting a delayed implementation date of October 1, 2015. The rationale for this provisional acceptance is to allow each facility to perform a detention facility self-assessment using the newly created standards. This approach would allow officials to study the application of the standards to their particular detention facilities. Such a review would enable administrators to pinpoint any physical plant structural deficiencies that might require modifications and/or waivers, as well as staffing and programming changes that might be needed. More importantly, each facility in conjunction with the Task Force can generate a realistic analysis of the cost to implement the standards. This analysis can include costs to individual counties as well as expenses more appropriately borne at the state level. This approach would allow the necessary time for counties (and, where appropriate, state agencies) to seek funding to address challenges that may arise in each facility to bring them up to agreed-upon provisions. Additionally, any changes that might be identified could be brought back before the 2015 Legislative Session for correction or clarification.

Additionally, we respectfully request that the life of the Task Force be extended until October 1, 2015, or until such time as the licensing agency has been selected and the licensing procedures developed. This extension would allow the Task Force to investigate more fully which agency is best suited to carry out the mandates of the standards, and to make such recommendation to the Legislature in time for the 2015 session. This time frame would give the prospective agency time to develop budget proposals for the 2015 Fiscal Year to be able to implement the licensing process, and receive appropriate funding starting July 1, 2015. This time frame would allow implementation of the standards by October 1, 2015.

Simply put, we humbly ask for provisional adoption of the minimum standards for the 2014 Session with the continued work of the Task Force to present a licensing agency recommendation and realistic budgetary impact statement for the 2015 Legislative Session. This approach will allow the State and the county juvenile detention facilities to fully accomplish the original tasks set forth by the Legislature.

We are happy to answer any questions that you may have about this report or the work of the Task Force. Thank you for your consideration.

Sincerely,

John N. Hudson  
Task Force Co-Chair  
Adams County Youth Court Judge

Thomas H. (Tom) Broome  
Task Force Co-Chair  
Rankin County Court Judge

# A Plan for Supporting Juvenile Detention Alternatives in Mississippi

Mississippi has committed itself to reducing unnecessary detention while protecting public safety by participating in the Annie E. Casey Foundation's Juvenile Detention Alternatives Initiative (JDAI). JDAI began more than twenty years ago and is now in some 200 jurisdictions in 39 states. JDAI sites have compiled a solid track record of helping states and counties make the most effective use of public funds by reserving incarceration for youth who present significant danger to themselves or others, while promoting community-based programs and services to provide supervision for other youth who get into trouble.

JDAI has eight "core strategies" for detention reform. Many have been successfully implemented in Mississippi counties. At the center of the JDAI approach is the use of objective screening instruments to determine which youth present high risk to the community and therefore should be detained, which youth present medium risk and may be supervised in the community, and which youth present low risk and may be released to parents or guardians. The objective screening tools are called Detention Risk Assessment Instruments (DRAIs). DRAIs help to promote fair and equitable decisions while still leaving reasonable flexibility for local professionals' discretion when determining whether each youth should be detained pending court hearings.

DRAIs must work hand-in-hand with an array of Alternatives to Detention (ATDs) that provide effective community-based supervision. A detention screening instrument would be of little value if there were no actual alternative programs for youth who can be supervised safely in the community. To maximize effectiveness, ATD programs should provide different levels of supervision, to meet the supervision needs of different youth. For example, electronic monitoring programs feature ankle bracelets worn by youth that allow them to live at home and to go to school or work, while probation officers can monitor their whereabouts. As a different example, Evening Reporting Centers (ERCs) are programs that provide enhanced programming and supervision of youth during the hours when they are most likely to get into trouble after school and in the evenings. Youth report to the programs after school; receive help with their homework, dinner, and structured activities with staff who serve as adult role models; and are taken home to parents or guardians in the evenings.

The Task Force has worked with state and county officials who have been implementing JDAI to develop a plan for statewide expansion of the core elements of detention reform. To further this goal, the Task Force has several recommendations for action by the Legislature.

1. Establish and fully fund electronic monitoring services for youth both pre- and post-disposition. Such services would allow for a cost-effective approach to monitoring youth who require some degree of supervision but do not need to

be securely detained in order to protect public safety and ensure appearance in court.

- a. Jurisdictions receiving such funding should be required to develop and utilize a Detention Risk Assessment Instrument (DRAI) to ensure that the appropriate youth are placed on electronic monitoring.
  - b. Electronic monitoring should be available to all jurisdictions based on need and the availability of funds.
  - c. The Task Force recommends that the legislature amend Mississippi Code §§ 43-21-301 and 43-21-605 so that they clearly permit use of electronic monitoring.
  - d. A statewide entity should establish standard procedures for use of electronic monitoring.
2. Designate a state governmental entity to coordinate statewide expansion of JDAI to all county courts that have a juvenile detention center.
3. Provide funds for administrative and technical support for implementation and sustainability of JDAI. Included in these activities should be expanded use of a DRAI in participating counties, with an eventual goal of statewide use.
4. Support the selection or development of an instrument for assessing risk of re-offending for post-disposition youth placed under court supervision, to determine which youth may be safely supervised in the community. There are several evidence-based, validated assessment instruments available for this purpose.
5. Support the establishment of a system of graduated incentives and sanctions to promote compliance with conditions of court-ordered supervision and informal agreements, and to respond appropriately to youth who violate conditions of court-ordered supervision and informal agreements. Many youth are held in detention for technical violations of probation or other court orders. It is more effective and less expensive to use sanctions that are proportionate to the violation, rather than using detention. The most effective strategy is to use incentives for good behavior as well as sanctions for violations.
6. Revise the existing hours and structure for the Adolescent Opportunity Programs (AOPs), so that they can function as Evening Reporting Centers.
7. Increase Department of Youth Services approved personnel (PINs) by 35 caseworkers. This increase would allow the Department to expand its intensive home supervision capacity and also reduce the unusually high caseloads of standard probation workers. Current average caseload is 75 to 90 youth per worker, which does not allow workers to provide the level of attention necessary to support meaningful changes in a youth's life. The added staffing would bring caseloads down to 50 to 60 per worker, which is still well above best practice caseload size, but an improvement. The increased personnel would include the necessary increase of regional directors to supervise the new staff, from 7 to 13 directors.



# A Plan for Reducing the Financial Burden Incurred by Counties for Providing Juvenile Detention Services. Increasing Cross-County Collaboration, Reducing Duplication of Services, and Maximizing Support from Federal, State and Private Sources

## Reducing the Financial Burden Incurred by Counties for Providing Juvenile Detention Services

The Task Force identified four areas where legislative change could help reduce counties' financial burden.

1. **Maximize Medicaid availability.** The Task Force recommends that the Legislature and the Governor direct the Mississippi Division of Medicaid to apply for a waiver that would permit the use of Medicaid funds for youth who are in detention. This is an approach piloted by New Mexico and approved by the federal government for that state. Having Medicaid as a source to fund needed medical and mental health care would substantially reduce the burden on counties.
2. **Fully fund detention schools and teacher ratios.** Some detention centers have borne part of the burden of funding adequate education in their facilities, and some school districts have not provided certified teachers in all subjects. As a result, the Task Force recommends that the Legislature provide sufficient designated funding for and direct the Mississippi Department of Education (MDE) to fully fund the 222 school days required by Mississippi Code § 43-21-321, establish appropriate student to teacher ratios, and fund certified teachers for detention centers for all school days at all locations. Youth in detention have an opportunity to recover lost school time and make focused academic progress while incarcerated. This funding is critical to provide adequate schools to help youth make their time in detention as productive as possible.
3. **Fund the Tony Gobar Individualized Assessment and Comprehensive Community Intervention Initiative and the Interagency Coordinating Council on Children and Youth.** The Task Force encourages the Legislature to re-establish funding for two programs, the Tony Gobar Individualized Assessment and Comprehensive Community Intervention Initiative and the Interagency Coordinating Council on Children and Youth wraparound program. The Tony Gobar Initiative provided strength-based services to youth who would otherwise be committed to institutional care, thereby reducing unnecessary incarceration. Avoiding unnecessary incarceration not only helps youth remain connected to their

communities and avoid the contagion associated with mixing with higher-risk peers. It also helps improve conditions in facilities by preventing unnecessary crowding.

4. **Fund public health screenings.** The Task Force identified some best practices that were beyond the ability of counties to fund. Due to the costs associated with lab work, the Task Force determined that screening for sexually transmitted infections and other communicable diseases would be appropriate but would require a new source of funds. The Task Force recommends that the Legislature provide funds to detention centers so that they can provide to youth entering the facilities screening for communicable diseases, sexually transmitted diseases and infections, and other concerns identified by the American Medical Association and the U.S. Preventive Services Task Force.

### **Increasing Cross-County Collaboration**

The Task Force identified four opportunities to increase collaboration among counties.

1. **Establish a state initiative to reduce involvement of law enforcement and youth courts in school discipline matters.** Nationally, many juvenile justice systems are recognizing that their courts and facilities include populations of youth who do not present public safety risks. Often such youth are involved in the juvenile justice system because schools refer low-level offenses such as graffiti, simple assaults, and disorderly conduct to the courts – offenses that in past generations would have been handled through in-school detention or other school-based discipline. Schools need additional tools to handle disciplinary matters so that they can avoid court referrals. In several jurisdictions, effective partnerships between schools, law enforcement, and the courts have led to reductions in school-based court referrals. These reforms have also contributed to reductions in racial and ethnic disparities as well. The Task Force recommends that the Legislature establish a new initiative to collect data and fashion solutions to address this phenomenon in Mississippi.
2. **Formalize evacuation collaboration.** During natural disasters, public safety incidents, and other emergency events, counties are sometimes forced to move children from one detention center to another. Arrangements for this type of evacuation have mostly been informal. The Task Force recommends that cross-county evacuation collaborations be included in the state emergency plan.
3. **Regionalize detention.** The network of juvenile detention facilities in Mississippi has developed as a result of individual county initiatives, rather than any planning at the state level. As county priorities shift, the state must ensure that detention beds are available when counties need them, at reasonable distances from youth's home. The Task Force recommends that the Legislature convene judges, sheriffs and detention administrators to develop recommended regional catchment areas for detention.
4. **Ensure fair and rational funding for detention schools.** A school district providing educational services for a youth is entitled to receive the state funding allocated for that youth. To date, there has not been a cost-effective means for detention

centers to collect per-pupil funds from the home school districts of detained youth. The Task Force recommends that the Legislature mandate the redistribution of Average Daily Attendance funding to account for youth who are educated in juvenile detention centers, and mandate the creation of a system for such redistribution to take place in a time- and cost-effective manner.

## **Reducing Duplication of Services**

The Task Force identified three potential opportunities to reduce duplication of services.

1. **Ensure availability of information about youth service delivery.** Currently Mississippi is expanding the information and reach of the Mississippi Youth and Children Information Delivery System (MYCIDS), a statewide database. It will contain information about prior youth service delivery and other relevant information. In order to avoid having services such as evaluations duplicated if recent ones already exist, it would be helpful to expand MYCIDS to allow detention centers an appropriate level of access.
2. **Establish cost-effective service contracts for medical, dental, and mental health services.** Currently, each detention center must establish its own contracts for health, mental health and dental services. The state may be able to help create more uniform standards of care and reduce cost by establishing contracts that serve many detention centers. The Task Force strongly recommends that the legislature explore use of statewide or regional medical, dental, and mental health care providers in order to create economies of scale (e.g., University of Mississippi Medical Center, University of Mississippi Dental School, Mississippi State Hospital – Whitfield).
3. **Establish state-level juvenile detention training.** Time and again in the course of its deliberations, the Task Force identified topics in which all juvenile detention workers should be trained, but for which there is no uniform training program available in the state. In order to solidify the important improvements in conditions embodied in the proposed standards, staff at some facilities will need opportunities to grow their skills and will need access to information they have not received in the past. The Task Force strongly recommends that the Legislature establish and fund a central entity devoted to training of juvenile detention staff. In the past, some agencies have sent their workers to the Department of Corrections to receive annual training. However, some topics such as adolescent development and effective strategies or responding to youth in crisis are particular to youth facilities. These topics are not taught in the adult system training programs. Furthermore, establishing a separate youth-focused training academy will allow trainers to develop staff skills and support agency cultures that are attentive to the needs of children. The Task Force recommends that the legislature create a state juvenile detention training entity to provide high-quality and uniform training to juvenile justice professionals across the state.

### **Maximizing Support from Federal, State, and Private Sources**

Several of the examples above also would maximize use of federal, state and private sources.

## Recommendation of Which State Agency Should Be Authorized to Promulgate, Adopt, and Enforce the Proposed Licensing Standards

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As noted above, we respectfully request that the life of the Task Force be extended until October 1, 2015, or until such time as the licensing agency has been selected and the licensing procedures developed. This extension would allow the Task Force to investigate more fully which agency is best suited to carry out the mandates of the standards, and to make such recommendation to the Legislature in time for the 2015 session. This time frame would give the prospective agency time to develop budget proposals for the 2015 Fiscal Year to be able to implement the licensing process, and receive appropriate funding starting July 1, 2015. This time frame would allow implementation of the standards by October 1, 2015.

## Recommended Legislation for Consideration in the 2014 Legislative Session

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During the development of this report and the proposed juvenile detention facility licensing standards, the Task Force identified a number of areas where additional legislation would support efforts to improve conditions in the State's juvenile detention facilities and support more effective ways of responding to youth involved with the juvenile justice system.

**Recommendation: Provisionally Adopt the Juvenile Detention Facility Licensing Standards**

As mentioned in the introduction, we encourage the Legislature to provisionally adopt the juvenile detention facility licensing standards during the 2014 Legislative Session and establish the effective date of the standards as October 1, 2015. This would permit each juvenile detention facility to conduct a self-assessment using the proposed licensing standards before they take effect. The Task Force believes this approach will yield several benefits, including allowing facilities to identify and make any changes that are required by the standards before their first licensing inspection; helping facilities estimate the cost of implementation of the standards, which will provide the best information on the potential costs of the requirements; and permitting administrators and the Task Force to identify and raise any issues that may warrant adjustments to the proposed standards during the 2015 Legislative Session.

**Recommendation: Extend the Life of the Juvenile Detention and Alternatives Task Force**

The Task Force requests that the Legislature extend the life of Task Force until October 1, 2015, or until such time as the licensing agency has been selected and the licensing procedures developed, whichever is later. This extension would allow the Task Force to investigate which agency is best suited to carry out the mandates of the proposed standards and make an informed recommendation to the Legislature. An extension will also give the prospective agency time to develop anticipated budget for implementation of the licensing process for the 2015 fiscal year. This would allow for implementation of the standards by October 1, 2015.

**Recommendation: Establish a Requirement that the Mississippi Department of Education Oversee Compliance with the Education Provisions in the Juvenile Detention Facility Licensing Standards**

Given the importance of providing all youth with a high-quality education, including youth who are incarcerated, the proposed juvenile detention facility standards contain a range of requirements related to educational services in juvenile detention facilities. However, Task Force members recognize that the ultimate responsibility for providing educational

services rests with sponsoring school districts, not facility administrators. The Task Force also noted that the agency responsible for oversight of sponsoring school districts, the Mississippi Department of Education (MDE), does not have express authority to enforce the juvenile detention facility licensing standards related to education. Accordingly, the Task Force recommends that the legislature include a requirement that MDE oversee compliance with the standards related to educational services (§§ III(A)(1)-(21)).

**Recommendation: Establish and Fund a State Entity to Train Juvenile Detention Staff**

The proposed standards contain a range of staff training requirements. The standards help ensure that employees are well-prepared for the demanding job of working in a juvenile detention facility by outlining a list of core training topics. These include conflict management, de-escalation strategies, adolescent development, counseling techniques, and suicide prevention and response. Although individual facilities can differ in the specifics of their policies and procedures, the Task Force recognized the value in creating and delivering a training curriculum that covers topics common to all facilities. Establishing and funding a state entity to develop and deliver this training will create efficiencies among the many detention facility administrators who currently have to locate and pay for trainings for their individual facilities. It will also ensure that juvenile detention facility staff members across the state receive the most up-to-date information in the areas that are most important to their work.

**Recommendation: Establish Protections for Statements and Information Obtained as Part of Juvenile Detention Facility Screenings and Assessments**

Detention facility staff must obtain a range of information about youth to ensure that they identify any potential safety issues and meet any urgent medical or mental health needs. This information can include history of prior drug use, history of engaging in violent behavior, and other potentially incriminating information. At this time, Mississippi law does not provide any assurance that this information will not be used against a youth as part of a delinquency or criminal proceeding. We encourage the Legislature to enact legislation that would prohibit use of statements, admissions, or confessions made by or incriminating information obtained from youth as evidence of whether the youth committed a delinquent act, or on the issue of guilt or for sentencing purposes in any criminal proceeding when that information is obtained in the course of a screening or assessment at a juvenile detention center. This type of law will ensure that facility staff can encourage youth to disclose information that is vital to creating a safe environment for youth and staff. Pennsylvania House Bill 1511, which went into effect in 2008, can serve as a model for legislation.

**Recommendation: Establish and Fund a Statewide Contract for Language Interpretation Services in Juvenile Detention Facilities**

Under Title VI of the Civil Rights Act of 1964 and Department of Justice regulations, recipients of federal funding, including juvenile detention facilities, must take reasonable steps to ensure that individuals with limited English proficiency (LEP) have meaningful access to programs and activities. Failing to comply with these requirements puts federal

funding in jeopardy and violates Title VI's prohibition on national origin discrimination. The Task Force recognized the obligation to accommodate the needs of youth and family members with limited English proficiency. However, Task Force members also recognized the need for a reliable connection with an interpretation resource. Accordingly, we encourage the Legislature to pass legislation that provides for the establishment and funding of a statewide contract for language interpretation services for juvenile detention facilities.

**Recommendation: Re-Establish Funding for Juvenile Drug Courts and Create Advisory Boards to Help Keep Youth in the Program in the Community**

This past summer, juvenile drug court programs throughout the state faced steep funding cuts that significantly reduced their availability to youth with substance abuse problems. These drug court programs help youth overcome challenges with drug use using resources in their own community. The programs help reduce the need for more expensive interventions such as out-of-home placements or incarceration. The Task Force encourages the Legislature to restore funding for juvenile drug courts. Task Force members also urge the legislature to create Community Advisory Boards, which will help youth involved with juvenile drug courts avoid incarceration.

**Recommendation: Provide for the Development and Funding of a Facility to Treat Girls with Substance Abuse Disorders**

Although the Task Force urges the Legislature to restore funding for juvenile drug courts, Task Force members also recognize the need for out-of-home placements for some youth with substance abuse disorders. Currently, girls with substance abuse disorders in the state have very few options for that level of care. Accordingly, the Task Force encourages lawmakers to provide for the development and funding of a program that will treat girls with substance abuse disorders who cannot be served through community-based or outpatient programs.



## Other Issues Related to Juvenile Detention Centers or Alternatives to Juvenile Detention Deemed Relevant by the Task Force

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In addition to the recommended legislation listed in the previous section of this report, the Task Force encourages the Legislature to mandate and fund juvenile detention centers' participation in Performance-based Standards (PbS) for Youth Correction and Detention Facilities.

Originally launched in 1995, PbS is a program aimed at helping facility administrators monitor and improve conditions and services provided to incarcerated youth using national standards, outcome measures, and continual self-assessment. The program relies on:

- A set of goals and standards that facility administrators and staff strive to meet;
- Regular submission of facility-based data on a range of indicators;
- Reports that allow facility administrators to evaluate their performance over time and in comparison to averages among similar facilities;
- Tools to help facility administrators achieve these standards through regular self-assessment and self-improvement;
- Training, information, and resources provided through the PbS Learning Institute;
- Promotion and sharing of effective practices and support among facilities that participate in PbS; and
- Technical assistance from consultants assigned to work with facilities to identify areas of improvement and develop and implement reforms.

Task Force members believe that participation in PbS will help facility administrators track and measure key indicators of facility performance, which will help identify areas in need of attention in between licensing inspections. Additionally, facilities will be able to generate standardized measures across a range of key indicators. This will permit facility administrators, public officials, and others to assess strengths and weaknesses in individual facilities throughout the state.

# Proposed Juvenile Detention Facility Licensing Standards

These proposed licensing standards comprehensively address conditions in juvenile detention facilities. The Task Force developed the standards with extensive participation and input from detention administrators and representatives of other youth-serving agencies. The Task Force believes that the standards will protect youth and help facilities meet youths' needs while in detention.

The standards are divided into five sections:

- (1) General Application of Standards, Administration and Management, Training and Supervision of Staff;
- (2) Classification, Assessment, Health Care, and Data;
- (3) Programming and Access;
- (4) Restraints, Isolation, Due Process, and Grievances; and
- (5) Physical Plant, Environment, and Safety.

The first section, **General Application of Standards, Administration and Management, Training and Supervision of Staff**, defines 65 terms that are used in the standards and outlines management responsibilities for supervision of staff. The quality of any facility rests heavily upon the people who work in it. This section requires that staff who are hired are properly qualified, and that they receive the training they need to work with troubled youth. The standards also enable staff to perform their work well, through appropriate staffing ratios and proper administrative supervision. The section further provides for ongoing quality assurance and self-improvement through documentation of serious incidents, citizen complaints, and child abuse reports.

The second section addresses **Classification, Assessment, Health Care, and Data**. From the moment the youth arrives at the facility, staff need to gather information quickly, make important initial decisions, and address the young person's emotional, mental health, and physical needs. This section addresses these "front end" considerations, including intake, detention criteria, housing and programmatic assignments to keep youth safe, and mechanisms to reduce crowding and unnecessary detention. This section also covers the orientation process necessary for youth to understand what to expect in the facility, what rights they have, and how to ask for services or help. The standards also include accommodations for youth and families with limited English proficiency.

Youth often come into detention with medical and mental health conditions that require prompt attention. Many youth have not received adequate health care in the community and have unrecognized health needs. Other youth have chronic medical or mental health care needs. Still others have care needs arising from the incident leading to detention. The Health Care component of this section highlights key elements in meeting the medical and mental health needs of youth, including prompt identification of health conditions that place youth at risk or require medication, follow-up assessment of identified concerns, and

care for identified health needs while the youth is at the facility. This section also places a special emphasis on the identification and care of youth at risk of suicide or other self-harming behavior.

The third section addresses **Programming and Access**. Youth in detention are, first and foremost, adolescents. They need to be involved, to the extent possible, in age appropriate, healthy, educational activities. This section requires that detained youth receive a full academic education, with special services for youth with disabilities or limited English proficient youth. This section posed particular challenges for the Task Force because the educational services provided in detention are subject to the policies of the sponsoring school district and the funding made available by the state and county. The Task Force sought to identify the appropriate parties to be responsible for implementation and enforcement of this section.

Youth are also entitled to go outdoors regularly, engage in physical exercise, participate in a range of recreational activities, and practice their religion. This section also covers the ways youth are encouraged and motivated through positive reinforcement and incentives for good behavior. Because success in the community is often linked to supportive relationships that youth have with family and others, this section addresses the rights of detained youth to have access to the outside community through visitation, correspondence, and telephone calls to appropriate individuals. It also addresses the need for youth to be able to visit and communicate with their attorneys and other advocates about their cases, problems in the facility, or other issues requiring legal assistance.

The fourth section addresses **Restraints, Isolation, Due Process, and Grievances**. Security and good order in a facility are best achieved when expectations are clear; the facility encourages compliance with rules through positive behavior interventions; staff are well-trained to prevent and de-escalate crises; and staff forge positive relationships with youth. This section addresses what happens when those protective factors are insufficient. It outlines appropriate parameters for the use of force, restraints, isolation, room confinement, and discipline. It also includes provisions for due process and disciplinary sanctions. In addition, this section outlines the components of an effective grievance process and sets forth the facility's obligation to respond to concerns and complaints raised by youth and others.

The fifth section includes provisions regarding **Physical Plant, Environment, and Safety**. This section requires that the facility be clean, meet fire and safety codes, and have properly functioning temperature controls, light, and ventilation. It also sets forth expectations for the facility to establish a positive institutional atmosphere appropriate for adolescents. This section also encompasses quality of life issues – for example, assuring that youth will have clean, properly-fitting clothing; sufficient food; opportunities to have conversations at meals; and some measure of privacy. Although safety is only mentioned in the title of this final section, safety for youth and staff is the overarching principle underlying all of the other sections. This section reinforces the facility's oversight of and protections against use of excessive force, sexual abuse and harassment, intimidation, and contraband. The standards in this section require that administrators plan and prepare for emergency situations and take appropriate action with respect to safety issues.

## **I. General Application of Standards, Administration and Management, Training and Supervision of Staff**

### **A. Definitions**

- (1) “Abuse” means causing, or allowing to be caused, upon the youth, sexual abuse, sexual exploitation, emotional abuse, mental injury, nonaccidental physical injury, or other maltreatment. Discipline in a manner consistent with these standards is not considered to be abuse.
- (2) “Assessment” means a thorough evaluation of a youth’s classification, physical health, mental health, or educational functioning as required under these standards.
- (3) “Auxiliary aids or services” means the accommodations necessary to afford youth with a recognized disability under federal or state law an equal opportunity to participate in, and enjoy the benefits of, the services, programs, and activities of the facility.
- (4) “Belly belts or chains” means any mechanical restraint that wraps around the youth’s waist or abdominal area.
- (5) “Body cavity” means a rectal or vaginal cavity.
- (6) “Body cavity search” means a search of a body cavity.
- (7) “Chemical agents” means a chemical substance that induces pain to control, restrain, or incapacitate a person.
- (8) “Conflict management” means facility-approved practices for stabilizing a crisis situation.
- (9) “Contraband” means any object or substance that is unlawful to possess under state laws or prohibited by the policies of the facility.
- (10) “Corporal punishment” means the willful infliction of, or willfully causing the infliction of, physical pain on a youth for the purpose of discipline.
- (11) “Crisis intervention” means facility-approved practices for stabilizing a crisis situation.
- (12) “Crisis management” means facility-approved practices for identifying, addressing, and resolving a crisis situation.
- (13) “De-escalation techniques” means facility-approved strategies for defusing potentially dangerous or disruptive behavior.
- (14) “Exigent circumstances” means temporary and unforeseeable circumstances that require immediate action in order to address a serious threat to the security of a facility.
- (15) “Facility” means a juvenile detention facility.
- (16) “Facility administrator” means the principal official of the facility.
- (17) “Facility administrator’s designee” means the person designated by the facility administrator to act officially on his or her behalf.
- (18) “Facility staff” means all employees of the facility who are under the supervision of the facility administrator.
- (19) “Guardian” means a person appointed by a court to make decisions regarding the support, care, education, health, or welfare of a youth.
- (20) “Grievance log” means an official record of grievances.
- (21) “Grievance procedures” means the processes required under these Standards for filing, resolving, and recording grievances about any aspect of the facility, including medical and mental health services.

- (22) “Group punishment” means the imposition of discipline on the whole population of youth or a group of youth for the misbehavior of only one youth or a few youths.
- (23) “Health authority” means the individual, governmental entity or health care contractor responsible for the facility’s health care services, including arrangements for all levels of health care and the ensuring of quality and accessibility of all health services provided to detained youth.
- (24) “Health facility” means any licensed facility that is organized, maintained, and operated for the diagnosis, care, prevention, or treatment of medical illnesses or needs.
- (25) “Health-trained staff” means facility staff members trained by a qualified medical professional in limited aspects of health care or gathering of health information.
- (26) “Hogtying” means the practice of placing a youth on a bed, floor, or other surface and securing the youth’s hands to his or her feet.
- (27) “Individualized behavior plan” means a written plan developed by facility staff members for addressing the behavioral or safety concerns of a particular youth.
- (28) “Informed consent” means that a qualified health professional has informed the youth and/or the youth’s parent or guardian, in accordance with the law and in a developmentally appropriate manner, of the diagnostic and treatment options, risk assessment and prognosis, and of the right to refuse treatment, and that the youth and the youth’s parent or guardian have consented in writing to the recommended treatment.
- (29) “Isolation” means confining a youth in a room by himself or herself for current and disruptive behavior that is dangerous to the youth or others or that creates an imminent risk of serious property damage.
- (30) “Juvenile detention facility” means a juvenile detention center authorized to hold youth for five or more days. The term “juvenile detention facility” does not include state-operated facilities or temporary holding facilities.
- (31) “Management of assaultive behavior” means facility-approved practices for controlling behavior that is dangerous to the youth or others or that creates an imminent risk of serious property damage.
- (32) “Mechanical restraints” means handcuffs, leg shackles, leg irons, belly belts, belly chains, or other restraint devices used to restrict a youth’s free movement of limbs or appendages.
- (33) “Mental health authority” means the licensed entity that is charged with the responsibility for administering mental health services to youth in the facility.
- (34) “Monitoring log” means the official record of detailed entries by staff members whenever monitoring records are required under these standards to be made and preserved.
- (35) “One-on-one crisis intervention and observation” means individual counseling and continual face to face monitoring for any youth who is in isolation.
- (36) “Operational capacity” means the maximum number of youth that a facility may safely and effectively accommodate under its current funding levels, staffing levels, and existing programs and services.
- (37) “Pain compliance techniques” means pain rendering methods of a non-defensive nature to control, restrain, or incapacitate a youth.

- (38) "Pat-down search" means an open-hand frisking or patting down of a person's outer clothing for the purpose of discovering contraband.
- (39) "Physical body cavity search" means physical intrusion into a body cavity for the purpose of discovering contraband.
- (40) "Physical force techniques" mean facility-approved defensive methods that a staff member may use when a youth's behavior threatens imminent harm to the youth or others or serious property destruction.
- (41) "Physician" means any person licensed by the State of Mississippi to practice medicine in any of its branches.
- (42) "Primary language" means the language that the youth is most comfortable speaking or using when communicating to others.
- (43) "Programming" means a comprehensive multi-disciplinary set of activities for meeting the rehabilitative, educational, recreational, cultural, and religious needs of the youth in the facility.
- (44) "Qualified health professional" or "QMHP" means a licensed or certified professional who is engaged in the delivery of health services and who meets all applicable federal or state requirements to provide their professional services.
- (45) "Qualified mental health professional" means an individual with at least a master's degree in mental health or related fields and who has either a professional license or a Department of Mental Health credential as a mental health therapist.
- (46) "Reasonable suspicion" means suspicion based on specific and articulable facts that, when taken together with rational inferences from those facts, reasonably warrant action.
- (47) "Restraint review committee" means the committee responsible for regularly reading and assessing all force or restraint incidents and the policies and training on the use of force or restraints.
- (48) "Room confinement" means a disciplinary sanction of confining a youth to a room for violating a rule.
- (49) "Secured grievance box" means a locked container for depositing grievance forms and envelopes.
- (50) "Sexual abuse" means:
  - (a) Sexual abuse of a youth by another youth, which includes any of the following acts, if the victim does not consent, is coerced into such act by overt or implied threats of violence, or is unable to consent or refuse:
    - (i) Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;
    - (ii) Contact between the mouth and the penis, vulva, or anus;
    - (iii) Penetration of the anal or genital opening of another person, however slight, by a hand, finger, object, or other instrument; and
  - (b) Any other intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or the buttocks of another person, excluding incidental contact that occurs without the intent to abuse, arouse, or gratify sexual desire.
  - (c) Sexual abuse of a youth by a staff member, contractor, or volunteer, which includes any of the following acts, with or without consent of the youth:

- (i) Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;
  - (ii) Contact between the mouth and the penis, vulva, or anus;
  - (iii) Contact between the mouth and any body part where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
  - (iv) Penetration of the anal or genital opening, however slight, by a hand, finger, object, or other instrument, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
  - (v) Any other intentional contact, either directly or through the clothing, of or with the genitalia, anus, groin, breast, inner thigh, or the buttocks, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
  - (vi) Any attempt, threat, or request by a staff member, contractor, or volunteer to engage in the activities described in paragraphs (i)-(v) of this section;
  - (vii) Any display by a staff member, contractor, or volunteer of his or her uncovered genitalia, buttocks, or breast in the presence of a youth; and
  - (viii) Voyeurism by a staff member, contractor, or volunteer. Voyeurism means an invasion of privacy of a youth for reasons unrelated to official duties, such as peering at a youth who is using a toilet to perform bodily functions; requiring a youth to expose his or her buttocks, genitals, or breasts; or taking images of all or part of a youth's naked body or of a youth performing bodily functions.
- (51) "Sexual harassment" means:
- (a) Repeated and unwelcome sexual advances, requests for sexual favors, or verbal comments, gestures, or actions of a derogatory or offensive sexual nature by one youth directed toward another; and
  - (b) Repeated verbal comments or gestures of a sexual nature to a youth by a staff member, contractor, or volunteer, including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures.
- (52) "Sexual misconduct" means conduct that constitutes either sexual abuse or sexual harassment.
- (53) "Status offender" means a youth adjudicated of conduct that would not be a crime if committed by an adult.
- (54) "Strip search" means a search wherein all or some of a youth's clothing is removed or rearranged for the purpose of allowing for the visual inspection of the youth's genitalia, buttocks, anus, or female breasts.
- (55) "Substance abuse" means using, without medical reason, any psychoactive or mood-altering drug, including alcohol, in such a manner as to induce impairment resulting in dysfunctional social behavior.
- (56) "Supervisory staff" means the assigned supervisors responsible for ensuring that staff members properly implement and enforce the policies and procedures of the facility.

- (57) “Undocumented” means without official documentation evidencing lawful immigrant or non-immigrant status.
- (58) “Unit staff” means those staff members assigned to a particular housing or living unit in the facility.
- (59) “Unit supervisor” means the assigned supervisor of a unit staff.
- (60) “Universal safety precautions” means the guidelines recommended by the Centers for Disease Control for the screening, treatment, and management of infectious or contagious diseases.
- (61) “Valid court order” means a court order that complies with Rule 10 of the Mississippi Uniform Rules of Youth Court Practice and the Juvenile Justice and Delinquency Prevention Act which, if violated, may be the basis for an order detaining a status offender at the facility.
- (62) “Visual body cavity search” means the visual inspection of a body cavity for the purpose of discovering contraband.
- (63) “Voluntary time-out” means a youth voluntarily leaving a programming activity when experiencing a state of anger, anxiety, or frustration for the purpose of regaining his or her composure.
- (64) “Youth court judges” means a judge, referee, or designee authorized by the Mississippi Youth Court Law.

**B. Qualifications for Institutional Staff Positions**

- (1) Staff are hired to serve as positive role models for youth. Employees hired are qualified for their positions by education, experience, and ability to relate to young people, with minimum qualifications including a high school diploma or equivalent and some experience working with youth. The facility administrator’s minimum qualifications include some related college experience (including related military experience) or a high school diploma or equivalent and a minimum of five years experience working in youth programs.
- (2) There are written job descriptions and requirements for each classification or position in the facility.
- (3) Employees who have direct contact with youth receive a physical examination, including screening for infectious and contagious diseases prior to job assignment, in accordance with state and federal laws.
- (4) Employees undergo a criminal record check in accordance with state and federal laws. Staff members are not hired unless and until an exemption is granted by the licensing agency for any disqualifying offense. This record check includes inquiry with the Child Abuse and Sex Offender Registry. There is a periodic re-screening for all staff.
- (5) Contractors undergo screenings and background checks in compliance with the Prison Rape Elimination Act (PREA) regulations prior to interaction with youth.
- (6) Volunteers are screened prior to interaction with youth.

**C. Staffing**

- (1) The facility has sufficient staff to provide adequate and continuous supervision of youth. Staffing is adequate to provide for visitation, transportation to health care appointments (on-site and off-site), and other scheduled activities. If the facility uses cameras or other video technology, the technology is used to supplement, not replace, direct staff supervision.



- (2) The facility has at least a 1:8 ratio of unit staff to youth during the hours that youth are awake. There are sufficient available staff (on-site or on-call) beyond the 1:8 ratio to provide safe and appropriate supervision for youth with special needs. The ratio is calculated based on the number of unit staff supervising the general population. Staffing in specialized care units, such as medical, mental health, and special handling units that generally require more intensive staffing, are not factored into these calculations.
- (3) The facility has at least a 1:16 ratio of unit staff to youth during the hours that youth are asleep. At least two staff are on duty at all times in the facility.
- (4) Staff members assigned to supervise youth are actively engaged in supervision during the hours in which they are assigned to supervise.
- (5) Backup staff support is immediately available to respond to incidents or emergencies.
- (6) Female staff members are always on duty in living units housing girls.
- (7) The facility makes provisions for person(s) with limited English proficiency to have meaningful access to programs, services and activities. The facility keeps accurate records of those able to speak other languages and youth with limited English proficiency.

#### D. Training for Institutional Staff

- (1) Staff possess the information and skills necessary to carry out their duties.
- (2) Written policies, procedures, and actual practices ensure that all categories of personnel meet juvenile detention training requirements. Training for staff with youth care and supervision duties includes instruction on basic juvenile detention officer standard operating procedures and restraint, de-escalation and crisis management training prior to assuming any job duties, an additional 120 hours of training during the first year of employment, and 40 hours annually thereafter. All juvenile detention training is approved by the licensing authority. On the job or "shadowing" types of training (while valuable) do not count toward the hours of required training.
- (3) Facility staff receive training on policies and practices regarding:
  - (a) Discipline and basic rights of youth in detention.
  - (b) Access to mental health counseling and crisis intervention services for youth
  - (c) Conflict management, de-escalation techniques, and management of assaultive behavior, including when, how, what kind, and under what conditions physical force, mechanical restraints, and isolation may be used.
  - (d) Suicide prevention and emergency procedures in case of suicide attempt.
  - (e) Prevention of youth victimization (e.g., inappropriate relationships with or behavior towards youth by other youth or staff).
  - (f) Adolescent development for girls and boys, communication skills, and counseling techniques.
  - (g) Needs of specific populations (e.g., gender, race, ethnicity, sexual orientation and gender identity, disability, or youth with limited English proficiency) within the facility.
  - (h) Nondiscrimination policies and maintenance of a drug-free workplace.
  - (i) Proper administration of CPR/first aid.

- (j) Universal safety precautions for HIV, hepatitis, and tuberculosis.
    - (k) Facility operations, security procedures, fire and emergency procedures, safety procedures, and effective report writing.
  - (4) Medical and mental health professionals who provide services at the detention facility receive continuing education as required by state and federal law, and those with patient contact are current with CPR training and also receive annual sexual misconduct prevention and intervention training. Facility administrators determine training appropriate for any other contractors who come into the facility.
  - (5) All new medical and mental health professionals who provide services at the detention facility receive an immediate basic orientation prior to any patient contact that covers, at a minimum, relevant security and health services policies and procedures, response to facility emergency situations, the staff member's functional position description, and youth-staff relationships. Completion of the orientation program is documented and kept on file.
  - (6) Within 90 days of employment, all health and mental health professionals who provide services at the detention facility complete an orientation that includes, at a minimum, all health services policies not addressed in basic orientation, health and age-specific needs of the youth population, infection control, including the use of universal safety precautions, and confidentiality of records and health information. Completion of the orientation program is documented and kept on file.
  - (7) If the facility relies on health staff who are not mental health professionals to provide any mental health service otherwise permitted by state law, the responsible mental health authority for the facility approves such staff, and ensures that they have received adequate training in identifying and interacting with individuals in need of mental health services.
  - (8) If the facility relies on facility staff to perform the health screening at the time of admission, adequate instruction in conducting the admission screen is required.
  - (9) Training personnel incorporate recommendations and complaints from youth, parents, staff, management, quality assurance personnel, and others into training plans and curricula.
- E. Supervision of Staff
- (1) The facility administrator regularly tours living units to monitor institutional operations and provide guidance to staff.
  - (2) Staff members receive annual evaluations for performance, and the facility administrator or his/her designee takes action in appropriate circumstances either to address deficient performance or terminate employment. The facility administrator or his/her designee also recognizes staff for exemplary performance and ingenuity in promoting a positive environment for youth.
  - (3) The facility administrator or his/her designee conducts a daily review of logbooks; special incident reports; records of use of force, restraints, and isolation; grievances; and recreation records, and provides feedback to staff on areas of concern. The facility administrator or his/her designee conducts a weekly review of these documents except during exigent circumstances or

while on leave. [See also A(9) and B(6) in Restraints, Use of Force, Isolation, Due Process, and Grievances.]

- (4) The facility administrator or his/her designee annually reviews all facility operating procedures, and updates them as needed.
- (5) The facility administrator or his/her designee regularly schedules meetings or provides other opportunities for staff to propose and discuss new policies or issues of concern, as well as to offer suggestions for improvement of the facility or programs.
- (6) Written policies, procedures, and actual practices ensure that: 1) staff model social skills for youth and do not use profanity, threats, intimidation, humiliation, or have inappropriate physical contact or personal relationships with youth; and 2) facility management addresses violations of standards of conduct.

F. Child Abuse, Incident Reports, and Complaints

- (1) The facility has a clear, understandable, confidential, and accessible means for youth and staff to report suspected child abuse. The facility administrator or his/her designee ensures that staff, volunteers, and contractors understand and comply with state mandatory child abuse reporting laws.
- (2) Staff and youth do not experience retaliation for making complaints or reports of abuse.
- (3) The facility administrator or his/her designee maintains, reviews, and when appropriate, fully investigates all reports of major incidents at the facility, including all uses of physical force, all uses of restraints or isolation, all incidents in which a youth or staff is injured, all incidents involving contraband, and all significant property damage by youth. Staff members alleged to be involved in the incident do not conduct the investigation.
- (4) Written policies, procedures, and actual practices ensure that the facility administrator or his/her designee advise those making complaints of the results of the complaints or abuse reports or the actions taken to the extent the information is available.
- (5) The facility has a code of conduct requiring staff to report misconduct of other staff members. Staff who fail to adhere to the code of conduct face appropriate discipline.
- (6) Staff receive specific training in handling disclosures of victimization or other sensitive information made to them by youth.

## **II. Classification, Assessment, Health Care, and Data**

### **A. Specific Detention Limitations**

- (1) Admissions criteria limit detention eligibility to youth likely to commit a serious offense pending resolution of their case, youth likely to fail to appear in court, and youth held pursuant to a specific court order for detention where there is no alternative to custody.
- (2) Status offenders are not detained at the facility unless the youth violated a valid court order and received the due process protections and consideration of less restrictive alternatives as required by the federal Juvenile Justice and Delinquency Prevention Act.
- (3) There are written limitations on lower and upper ages for detention in the facility, and in no case may a youth under the age of 10 be held in the facility.
- (4) Non-offenders (including abused/neglected youth) are not detained in the facility.
- (5) Written policies, procedures, and actual practices ensure that:
  - (a) The facility does not ask youth about their immigration status.
  - (b) The facility does not detain youth simply because the youth is undocumented.
  - (c) The facility does not detain youth with immigration holds if they have no delinquency case or petition, or if they would be released under state law (e.g., youth arrested for a delinquent act who are released by the court at a detention hearing, receive a disposition to a non-secure placement, have their case dismissed, or finish a period of incarceration).
  - (d) If the facility contracts to hold youth detained pursuant to Department of Homeland Security (DHS, formerly INS) regulations, only youth meeting the DHS regulations on secure confinement of youth are detained.
- (6) Youth with serious medical or mental health needs, or youth who are severely intoxicated, are not admitted into the facility unless and until appropriate medical or mental health professionals clear them. Youth transferred from or cleared by outside medical or mental health facilities are admitted only if the detention center has the capacity to provide appropriate ongoing care (e.g., treatment for youth with gunshot wounds).
- (7) At the time of admission of a youth with disabilities (e.g., physical, visual, auditory, developmental, or intellectual) the facility and its educational program document that the physical plant can accommodate the youth, and the facility's programming can adequately address the youth's needs. Where appropriate, the youth court judge may transfer youth to other placements better suited to meet the youth's needs.

### **B. Intake**

- (1) Youth are processed into the facility in a timely manner. Intake for the juvenile justice system is available either on-site or through on-call arrangements twenty-four hours a day, seven days a week.
- (2) A youth court judge has the authority to release or conditionally release youth. Intake staff have the authority to release a youth upon notification to the youth court judge.
- (3) Intake staff use a race and gender-neutral Risk Assessment Instrument (RAI) to determine the appropriate pre-dispositional placement or status necessary to accomplish the purposes of detention (ensuring appearance in court and

preventing re-offending). Youth eligible for detention are placed in the least restrictive alternative needed to accomplish those purposes (e.g., a non-secure setting, home supervision, and/or home electronic monitoring).

- (4) For youth with limited English proficiency, staff make arrangements for intake to be conducted in the youth's native language in a timely manner.
- (5) The facility assesses the frequency with which it has contact with individuals with limited English proficiency from different language groups.
- (6) The facility establishes a process and informs families and guardians about the ways in which they can communicate with the facility about their children.
- (7) The facility follows a process for providing orientation to parents, guardians and caregivers within seven days of a youth's admission to the facility.
- (8) Parents and guardians receive orientation materials in the primary language spoken in the household, or the facility makes other accommodations to ensure that parents and guardians with limited English proficiency understand how the facility operates.
- (9) The facility does not charge for interpretation services.
- (10) When communicating with parents or guardians of detained youth, staff do not rely on youth to serve as interpreters in non-emergency situations.
- (11) During the intake process, youth receive information explaining, in an age-appropriate fashion, the agency's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment.
- (12) Within 10 days of admission, the facility provides and documents comprehensive age-appropriate education to youth either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents.

#### C. Detention Process

- (1) Admissions staff screen youth to identify immediate individual issues, such as intoxication or injury, and collect information about the youth's family, education status, and delinquency history.
- (2) Admissions interviews occur in a private setting.
- (3) Staff ask youth about any disabilities and provide necessary auxiliary aids or services to youth, as required by the Americans with Disabilities Act.
- (4) The admissions process includes offering youth at least one telephone call, a shower, and documented secure storage of personal belongings. Youth are offered food regardless of their time of arrival.
- (5) At the time of admission or shortly thereafter, youth receive a written and verbal orientation to institutional rights, rules, and procedures by admission staff including:
  - (a) Identification of key staff and roles.
  - (b) Rules on contraband and facility search policies.
  - (c) A review of behavior expectations, consequences that may result when youth violate the rules of the facility, and due process protections.
  - (d) Grievance procedures.
  - (e) Access to emergency and routine health and mental health care.
  - (f) Housing assignments.
  - (g) Opportunities for personal hygiene.

- (h) Rules on visiting, correspondence, and telephone use.
- (i) Access to education, religious services, programs, and recreational materials.
- (j) Policies on use of force, restraints, and isolation.
- (k) The positive behavior incentive system.
- (l) Emergency procedures.
- (m) The right to be free from physical, verbal, or sexual assault by other youth or staff.
- (n) How to report problems at the facility such as abuse, feeling unsafe, and theft.
- (o) Nondiscrimination policies.
- (6) Information is provided in a manner the youth can understand, paying particular attention to language and literacy needs of youth. Staff provide the orientation in the primary language used by the youth.
- (7) The facility makes key information about safety and youth rights available and visible to youth through posters, handbooks, or other written formats.

#### D. Population Management

- (1) Written policies, procedures, and actual practices ensure that when the institutional population approaches or reaches its operational capacity, appropriate youth are released, transferred, or “stepped down” to non-secure settings.
- (2) Written policies, procedures, and actual practices ensure that staff review the institutional population on a daily basis to identify youth who may no longer need secure confinement and make appropriate notifications to the youth court judge.
- (3) The agency responsible for detention regularly collects, reviews, and reports data, including: number of youth brought to detention by each agency (e.g., police, school police, group home); offenses charged or other reasons for detention such as failure to appear or violation of probation; admissions to detention; releases from detention; average daily population in detention; average length of stay in detention; and rearrests, violations of probation, and failures to appear. All data are available disaggregated by race/ethnicity, gender, and geography.

#### E. Classification Decisions

- (1) Upon admission, staff make housing, bed, programming, education, and work assignments in accordance with written classification policies. Staff provide youth with heightened supervision until they have collected the information necessary to fully classify youth. The facility administrator or his/her designee regularly reviews the process and any decisions that depart from established policies.
- (2) As part of the classification process, within 72 hours, staff consider the following information with the goal of keeping all youth safe and promoting their physical and emotional well-being:
  - (a) Age;
  - (b) Gender;
  - (c) Separation of violent from non-violent youth;
  - (d) Level of emotional and cognitive development;
  - (e) Current charges and offense history;
  - (f) Physical size and stature;
  - (g) Presence of intellectual or developmental disabilities;
  - (h) Physical disabilities;
  - (i) Presence of mental health needs;

- (j) The youth's own perception of vulnerability;
  - (k) Suicide risk;
  - (l) Prior sexual victimization or abusiveness;
  - (m) Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, gender non-conforming, two-spirited, or intersex, and whether the youth may therefore be vulnerable to sexual abuse; and
  - (n) Any other specific information about individual youth that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other youth (youth's affiliation with a gang without more specific information does not qualify).
- (3) Staff gather information used for classification through conversations with youth during the intake process and medical and mental health screenings; during classification assessments; and by reviewing court records, case files, facility behavioral records, and other relevant documentation from the youth's files. Facilities avoid questioning youth about sensitive information that can be ascertained through other means.
- (4) Staff do not base housing or programming decisions on race or ethnicity.
- (5) There are no automatic policies for housing or programming of gay, lesbian, bisexual, transgender, intersex, questioning, gender non-conforming, and two-spirited youth on the basis of their actual or perceived gender identity or sexual orientation. Staff make any special housing or programming decisions for such youth on an individual basis in consultation with the youth to include the youth's perception of where he or she will be most secure, as well as any recommendations from the youth's health care provider, and document the reasons for the particular treatment. The facility administrator or his/her designee reviews the recommendations of staff and makes a final decision.
- (6) Written policies, procedures, and actual practices ensure that youth with disabilities receive appropriate accommodations in accordance with the Americans with Disabilities Act and Section 504 of the Rehabilitation Act of 1973.
- (7) When necessary, staff develop individualized plans to provide for the safety of particular youth.

#### F. Admission Screenings

- (1) Youth receive physical and mental health screenings in a confidential setting conducted by detention center staff upon admission to the facility. Female detention center staff are available to conduct the screening for girls.
- (2) The admission screening is a brief screening immediately upon arrival meant to detect any urgent health or mental health issues and to identify ongoing health concerns that require immediate attention, including the continuation of prescribed medication. The screening reflects the different health issues in the male and female populations and includes:
- (a) Inquiry into current and past illnesses, and history of medical and mental health problems and conditions, including:
    - (i) Medical, dental, and psychiatric/mental health problems (including all past mental health diagnoses, treatment, and suicide attempts), and infectious and communicable diseases.
    - (ii) Medications needed for ongoing conditions and other special health needs.

- (iii) Allergies.
  - (iv) Symptom screening for tuberculosis including questions regarding cough, night sweats, weight loss, or recent exposure to someone who might have tuberculosis.
  - (v) Use of drugs or alcohol, including types, methods of use, amounts, frequency, time of last use, previous history of problems after ceased use, and any recent hiding of drugs in his/her body.
  - (vi) Recent injuries (e.g., injuries at or near the time of arrest).
  - (vii) History of gynecological problems, pregnancies, and current pregnancy status and related medical needs.
  - (viii) Names and contact information for physicians and clinics treating youth in the community, as well as health insurance information.
  - (ix) Name of an adult family contact.
- (b) Observation of:
- (i) Behavior and appearance, including alcohol or drug intoxication, state of consciousness, mental status (including suicidal ideation, emotional distress, or signs of depression), and sweating.
  - (ii) Disabilities including vision, hearing, mobility issues, and intellectual and/or developmental disabilities.
  - (iii) Condition of skin, including evidence of trauma, bruises, lesions, jaundice, rash, infestation (e.g., lice, scabies), and needle marks or other indications of drug use.
- (c) The facility uses a standardized mental health screening instrument (such as the MAYSI) to identify youth who may be at risk of suicide or who may need prompt mental health services.
- (3) After screening, staff promptly refer the following youth for needed services.
- (a) Youth who are unconscious, semiconscious, bleeding, mentally unstable, intoxicated or withdrawing from drugs or alcohol, or report having recently swallowed or ingested drugs, or otherwise in need of urgent care are denied admission until released by appropriate medical personnel.
  - (b) Youth who are identified in the screen as requiring additional medical services are immediately referred and receive an expedited medical follow-up within 24 hours or sooner if medically necessary.
  - (c) Youth who are identified upon initial screening or at a later date as having experienced prior sexual victimization or who previously perpetrated sexual abuse are immediately referred and offered a meeting with a qualified mental health professional (QMHP) within 24 hours.
  - (d) Youth who are identified in the screen as requiring additional mental health follow-up are immediately referred and receive appropriate assessment by a QMHP within 24 hours or sooner if necessary.
  - (e) There is a system in place so that youth currently on prescription medication have their medication continued as medically appropriate.
- (4) Staff provide documentation of:
- (a) Disposition of the youth, such as referral to emergency medical or mental health care services, placement in general population with later referral to health/mental health care services, or placement in the general population.
  - (b) The date and time screening is completed and the signature and title of the person completing the screening.



- (c) Staff place youth identified in the admissions screen as needing further evaluation of suicide risk or other acute mental health conditions on observation at intervals not to exceed 10 minutes until they can be formally evaluated by a QMHP. Staff directly and continuously supervise any youth who has been identified at risk for suicide or self-harm until a QMHP completes an assessment. Only a QMHP may remove a youth from observation.
- (d) Youth who are exhibiting active signs of suicide are on one-on-one supervision in which a staff member is within reasonable proximity of the youth until the youth is evaluated by a QMHP.
- (5) Written policies, procedures, and actual practices developed in conjunction with the health authority ensure sufficient supervision of youth identified with potential medical problems (e.g., diabetes, asthma) until youth receive health assessments.

#### G. Health Assessment

- (1) Youth receive a health assessment soon after admission and in no case later than one week after admission.
- (2) The medical assessment portion of the health assessment includes:
  - (a) Review of screening results and collection of additional data to complete the medical, dental, and mental health histories.
  - (b) Review with the parent or guardian (by phone or in person) the physical and mental health issues of the youth, making best efforts to protect confidential information.
  - (c) A detailed history of potentially preventable risks to life and health including: smoking, drug use (including alcohol), unsafe sex practices, problems with interpersonal conflict resolution with violence, use of weapons, eating patterns, and physical activity.
  - (d) A pregnancy test for sexually active females.
  - (e) Review of immunization history and scheduling or provision of needed updates in accordance with the Advisory Committee on Immunization Practices (ACIP) guidelines.
  - (f) Recording of height, weight (and body mass index by chart), pulse, blood pressure, temperature, and results of other tests and examinations.
  - (g) Referral of girls for gynecological examinations where clinically indicated.
  - (h) Review of the results of medical examination and tests, and initiation of treatment when appropriate.
  - (i) Contact with youth's medical professional in the community as needed to ensure continuity of medical treatment.
- (3) The health assessment includes a mental health screening portion in which the qualified health professional or QMHP gathers information about:
  - (a) History of mental health (previous psychiatric hospitalization, outpatient treatment, family history, suicidal and homicidal behavior).
  - (b) Current and previous use of psychotropic medications.
  - (c) History of drug and alcohol use.
  - (d) Developmental history (intellectual and/or developmental disability, history of seizures, and cerebral trauma).
  - (e) History of trauma (victimization, abuse, domestic violence, physical and/or sexual assault, and natural disaster).
  - (f) The youth's educational and vocational history.

- (g) Social/cultural history (relationship with family, living arrangements, siblings, social supports, etc.).
- (4) Information collected by medical or mental health professionals is used for care of youth in detention and not disclosed to courts for adjudication or criminal justice proceedings.
- (5) A registered nurse, nurse practitioner, physician's assistant, or physician performs the health assessment, with physician co-signature as required by law. Female staff are present during a physical examination of a girl. QMHPs should ensure that practitioners are appropriately trained to conduct the mental health screening portion of the assessment.
- (6) Staff refer youth identified through the screening as needing mental health follow-up to a QMHP. A QMHP sees the youth within 48 hours or sooner if necessary to provide appropriate assessments and treatment as needed.

#### H. Health Care Services

- (1) The facility provides diagnosis and treatment for conditions discovered during the screening and assessment of youth and for youth with medical problems that arise after admission.
- (2) Chronic disease care is provided by qualified health professionals who have appropriate training.
- (3) Written policies, procedures, and actual practices ensure that:
  - (a) Sick call is accessible every day.
  - (b) Youth may request to be seen without disclosing the medical reason, and without having non-health care staff evaluate the legitimacy of the request.
  - (c) Youth requesting sick call see a qualified health professional.
- (4) Services are accessible to meet the medical needs of youth in the facility.
- (5) 24-hour on-call or emergency medical and mental health services, including transportation, are accessible through on-site staff, by contract, or by way of other immediately available services.
- (6) There is a responsible health authority accountable for health care services pursuant to a contract or job description.
- (7) The health authority develops, approves, reviews, and revises at least annually, the written policies, procedures, and actual practices regarding medical and mental health care.
- (8) Written job descriptions define the duties and responsibilities of personnel in the facility health care services.
- (9) Medical and mental health professionals are professionally licensed or certified as required by state law to perform the functions required in their respective positions.
- (10) Female health professionals are available for health and mental health services for detained girls. Female staff are always present during physical examinations of girls.
- (11) The facility health authority utilizes an ongoing quality assurance and improvement program.
- (12) The health authority and facility administrator or his/her designee approve a written plan for medical and mental health emergencies, and review the plan at least annually.
- (13) All staff supervising youth are trained in the following:

- (a) Signs and symptoms of medical emergencies.
  - (b) Action required in emergencies, including referral policies and procedures.
  - (c) First aid procedures for transferring patients to medical facilities.
  - (d) Protocols for both boys and girls.
- (14) All staff supervising youth are trained in characteristics and reporting of the following:
- (a) Mental illness, emotional disturbance, and suicide risk.
  - (b) Cognitive, intellectual, and developmental disabilities.
  - (c) Chemical dependency, including withdrawal from drugs and alcohol.
  - (d) Signs and symptoms of child abuse (including sexual abuse) and trauma-related disorders.
- (15) The health authority ensures that staff serving as “health-trained staff” to perform admission screenings are properly trained to fulfill those duties.
- (16) The facility has private areas for examinations and for handling youth with special medical needs.
- (17) Health and mental health professionals are knowledgeable about informed consent laws.
- (18) Providers advise youth about the limits of confidentiality prior to initiating any medical or mental health services.
- (19) Medical examination and treatment conform to state laws for informed consent and the right to refuse treatment. Written policies, procedures, and actual practices ensure that:
- (a) Medical staff obtain informed consent from youth and/or parent or guardian as required by law, and honor refusals of treatment.
  - (b) Where medical or mental health staff believe that involuntary treatment is necessary, the treatment is conducted in a hospital and not at the facility after compliance with legal requirements.
  - (c) Staff document the youth and/or a parent’s or guardian’s consent or refusal, and counseling with respect to treatment, in youth’s medical records.
- (20) There are designated areas and/or policies for medically isolating youth from the general population. Health care beds are not used to handle overcrowding.
- (21) For those detention centers that have an infirmary, youth housed in the infirmary are admitted only by a qualified health professional, and the infirmary has 24-hour staffing by qualified health professionals, with 24-hour on-call physician staffing.
- (22) Staff provide notification and/or obtain consent of parent(s) or guardian(s) in case of serious medical or psychological problems, consistent with state law. If a minor is committed to a hospital and held overnight, written policies, procedures and actual practices ensure that staff make reasonable attempts to notify parent(s) or guardian(s) within one hour of the hospitalization.
- (23) Pregnant girls receive prompt prenatal care, including physical examinations, nutrition guidance, child birth and parenting education, counseling, and provisions for follow up care. Pregnant girls receive a modified diet and vitamins to meet their nutritional needs.
- (24) The facility provides regular health education in self-care skills, including personal hygiene, oral hygiene and dental care, nutrition, preventive health care, STDs and STD prevention, stress management, drug/alcohol/tobacco education, and physical

- fitness. The facility provides youth with education tailored to the particular health needs of the youth.
- (25) Written policies, procedures, and actual practices ensure that:
    - (a) Staff do not automatically segregate youth with HIV.
    - (b) Staff limit the sharing of confidential information regarding youth with HIV, to those who need the information to provide for the safety, security, health, treatment, and continuity of care for youth, consistent with state law.
    - (c) Staff ensure there is available a trained qualified health professional (through contract) to provide appropriate treatment for youth with HIV/AIDS. Youth with HIV are managed by a qualified health professional trained in HIV treatment.
    - (d) All staff supervising youth receive training on and exercise universal safety precautions.
  - (26) Written policies, procedures, and actual practices ensure that youth receive substance abuse treatment if needed.
  - (27) Written policies, procedures, and actual practices ensure that youth who are victims of sexual abuse are handled appropriately, including: the collection of evidence; testing for STDs as appropriate; evaluation for counseling and referral to the rape crisis medical staff at the local hospital; reporting to the facility administrator or his/her designee; and reporting to child protective authorities. Written policies, procedures, and actual practices ensure that staff understand and respond sensitively to the psychological impact of sexual abuse. Female medical staff are available to examine girls in these situations if requested and male medical staff are available for males if requested.
  - (28) Written policies, procedures, and actual practices ensure youth reporting to the health unit with an injury are questioned by qualified health professionals outside the hearing of other staff or youth regarding the cause of injury. If the health care provider suspects abuse, the provider immediately takes steps to preserve evidence of the injury; reports the suspected abuse; documents the injury in the youth's medical record; and completes an incident report.
  - (29) Physical evaluation occurs in private and in a room with adequate space and adequate light and equipment that is necessary in order to perform clinical examinations.
  - (30) Facility and qualified health professionals prepare discharge plans to provide to the youth court counselors and the youth's parent or guardian to ensure that youth leaving custody receive continuity of care for ongoing illnesses or conditions.
- I. Dental Services
- (1) Youth receive a dental screening by a qualified health professional. The screening takes place soon after admission, and in no case later than a week after admission. The screening includes:
    - (a) Visual observation of the teeth and gums.
    - (b) Immediate referral to a dentist for any obvious or gross abnormalities.
  - (2) The facility, through contract with a dental provider, provides youth with a full range of services that in the dentist's judgment are necessary for proper dental health, including use of topical fluorides, fillings, and extractions.

J. Mental Health Services

- (1) QMHPs are available through contracts to provide appropriate assessment and services to youth referred as needing mental health services.
- (2) Youth with significant mental health needs receive an evaluation by a QMHP and ongoing mental health services in accordance with a treatment plan. The treatment plan includes:
  - (a) Identification of the mental and/or behavioral health issues to be addressed.
  - (b) Any medication or medical course of action to be pursued.
  - (c) Planned activities to monitor the efficacy of any medication or the possibility of side effects.
  - (d) A description of any behavioral management plan or strategies to be undertaken.
  - (e) A description of any counseling or psychotherapy to be provided.
  - (f) A determination of whether the type or level of treatment can be provided in the detention center.
  - (g) A plan for monitoring the course of treatment.
  - (h) Any necessary modifications to the standard use of force and restraint procedures (e.g., a youth who has been sexually assaulted may need to be restrained differently than other youth in restraints).
  - (i) A transition plan for when the youth leaves the care of the facility.
- (3) Staff carefully investigate all incidents of self-harm or attempted self-harm (e.g., cutting). Following any incident of self-harm, a QMHP prepares a detailed care and support plan for the youth. Staff also review the results of the investigation and institute remedial measures to prevent similar occurrences in the future.
- (4) Staff encourage youth who are assessed as vulnerable or at risk of self-harm to engage in appropriate activities and programs that will raise their self-esteem and reduce the risk of further self-harming behavior.
- (5) 24-hour on-call or emergency mental health services are accessible as needed.
- (6) Psychiatric, psychological, and psychiatric nursing care are accessible as needed.
- (7) If the facility relies on health staff who are not QMHPs to provide any mental health service otherwise permitted by state law (e.g., screening interviews), the responsible mental health authority ensures that they have received adequate training in identifying and interacting with individuals in need of mental health services.
- (8) Written policies, procedures, and actual practices ensure that youth are appropriately assessed and treated for suicide risk. This system includes the principles listed below.
  - (a) All staff working with youth receive training on recognition of behavioral and verbal cues indicating vulnerability to suicide, and what to do in case of suicide attempts or suicides (e.g., the use of a cut-down tool for youth hanging).
  - (b) The admissions screening addresses suicide risk through interview questions and observation.
  - (c) QMHPs evaluate suicide risk.
  - (d) Youth at risk of suicide receive prompt evaluation and frequent follow-up by QMHPs.
  - (e) Staff document contemporaneously the monitoring of youth on suicide watch.
  - (f) Staff monitor actively suicidal youth one-on-one on a continuous basis or transfer youth to an appropriate facility. Youth who have been on continuous

one-to-one monitoring for 24 hours are assessed as soon as possible, but no later than 24 hours following such a 24-hour one-to-one monitoring period, by a physician or QMHP to determine whether there is a need for hospitalization.

- (g) QMHPs provide clear, current information about the status of youth on suicide watch to staff supervising youth.
- (h) Staff do not substitute supervision aids, such as closed circuit television or placement with roommates, for in-person one-on-one staff monitoring.
- (i) Youth at risk of suicide are engaged in social interaction and are not isolated. Youth on all levels of suicide precautions (based on level of risk) have an opportunity to participate in school and activities (e.g., with the one-on-one staff person).
- (j) Youth on suicide watch are not left naked and are housed appropriately.
- (k) Only a QMHP may release a youth from suicide watch or lower a youth's level of precautions. QMHPs return youth to normal activity as soon as possible.
- (l) Youth released from suicide watch have an individualized plan of care that is followed by QMHPs and communicated to all staff who come into contact with the youth.
- (m) Suicides or attempts at suicide are carefully documented and there is a process for administrative/medical review and staff debriefing after each such occurrence.
- (n) Staff promptly notify parent(s) or guardian(s) following any incident of suicidal behavior or self-harm.

K. Administration of Prescription Medications

- (1) Qualified health or mental health professionals regularly monitor and document youth on psychotropic or other regular medications.
- (2) Only individuals permitted under state law and regulations administer medication to youth.
- (3) Qualified health professionals administer medications under circumstances that protect the youth's medical confidentiality (i.e., not in a public space).
- (4) Youth with conditions that require immediate use of medication are provided with immediate access to their medication (e.g., asthma inhalers).
- (5) The medical authority complies with state and federal laws and regulations regarding procuring, prescribing, dispensing, administering, and disposing of pharmaceuticals.
- (6) Written policies, procedures, and actual practices provide for continuity of medication while youth are in the facility.
- (7) Medications are stored in proper environmental conditions (e.g., temperature, light, moisture, ventilation), with attention to safety (segregation of medications for external versus internal use) and security.
- (8) Qualified mental health and health professionals ensure that the youth and his/her family understand the importance of continuing the current medication regimen upon the youth's release from the facility. Youth on psychotropic medications who require continuing care upon release are linked to community-based resources for ongoing oversight and care.

- (9) Health professionals maintain a supply of antidotes and emergency medications, and easily accessible information (e.g., the phone number of poison control) in case of overdoses or toxicological emergencies.

L. Medical, Mental Health, and Dental Records

- (1) Written policies, procedures, and actual practices ensure that access to confidential information is limited to those staff with a “need to know” consistent with applicable state and federal laws. Written policies, procedures, and actual practices ensure that staff share information where appropriate to provide for safety, security, health, treatment, and continuity of care for youth.
- (2) Medical and mental health professionals communicate instructions to custodial staff for youth with special needs, as appropriate.
- (3) Staff record and treat medical, mental health, substance abuse, and dental information as confidential.
- (4) Medical, mental health, substance abuse, and dental records are maintained and stored separately from confinement records.
- (5) There is a record for each child that includes screening forms, assessment records, findings, diagnoses, treatments, prescribed medications and records of administration, lab test records, consent or refusal forms, insurance information, discharge summaries, and reports from other health providers (e.g., dental or psychological).

### **III. Programming and Access**

#### **A. Education**

- (1) During admission, youth receive a brief educational history screening with respect to their school status, special education status, grade level, grades, and history of suspensions or expulsions. This information is used to determine initial placement in the institutional educational program.
- (2) Staff enroll youth in the facility school at the earliest possible time and, at the latest, within three days of admission to the facility, excluding weekends and legal holidays.
- (3) No later than ten days after admission to the facility, youth begin an extended detention education program. A team consisting of a certified teacher provided by the local sponsoring school district or a private provider agreed upon by the youth court judge and sponsoring school district, the appropriate official from the local home school district, and the youth court counselor or representative develop an individualized education program for the youth, where appropriate as determined by the teacher of the sponsoring school district, or a private provider agreed upon by the youth court judge and sponsoring school district. The youth's parent or guardian participates in the team unless excused by the youth court judge. Failure of any party to participate does not delay implementation of this education program.
- (4) The sponsoring school district provides 330 minutes of instruction per school day per student.
- (5) The sponsoring school district provides instruction in the detention center for 222 days per year in accordance with the requirements of paragraph 11 of this section.
- (6) School classes are held in appropriate, dedicated space.
- (7) The sponsoring school district provides adequate staff (including special education staff) to meet state student-to-teacher ratios for education. Staff are qualified and hold appropriate credentials, including any specialized credentials necessary for providing special education programming or instruction for youth with limited English proficiency.
- (8) The sponsoring school district identifies youth with limited English proficiency and provides appropriate instruction for those students to allow for meaningful access to the curriculum.
- (9) The sponsoring school district provides adequate substitute teaching staff to cover teaching duties of staff who are on vacation, sick, or otherwise not available. The sponsoring school district provides substitute teachers in order to ensure the continuation of educational services to youth in the detention center in accordance with the sponsoring school district's policy and procedures for students in the traditional school setting.
- (10) The facility school is annually reviewed and evaluated by the Mississippi Department of Education pursuant to Mississippi Code § 43-21-321.
- (11) The sponsoring school district provides the curricula required by the state for graduation from high school, including preparation for any required state examinations.



- (12) The sponsoring school district awards credit (including partial credit) for work completed, and forwards the youth's education records from the facility to other schools upon the youth's exit from the facility.
- (13) The sponsoring school district complies with the federal special education law (IDEA) and comparable state laws for students with educational disabilities.
  - (a) The sponsoring school district has procedures to determine which youth have previously been identified as having educational disabilities, and to promptly obtain special education records for such students.
  - (b) The sponsoring school district has procedures in place to identify and assess youth who potentially have a disability, in conformity with state and federal requirements for special education.
  - (c) An Individualized Education Program (IEP) is in place for each student with identified disabilities. Students entering with an existing IEP receive interim services that match the IEP as closely as possible.
  - (d) The process for developing or modifying IEPs at the facility school is the same as that used in public school settings.
  - (e) The sponsoring school district provides special education students with a full continuum of regular education classes, special classes, and supplementary services. Special education students are allowed to participate in regular school programs to the maximum extent appropriate.
  - (f) Special education staff at the school are certified by the state for the services they provide.
  - (g) The sponsoring school district provides related services required by the IEP.
  - (h) Transition services are provided as required by the IEP.
  - (i) Parents or guardians are permitted to participate in decisions regarding special education of their youth, and facility staff are flexible in scheduling or using telephone conferences to permit parent or guardian involvement.
  - (j) The sponsoring school district secures parent or guardian surrogates when parents or guardians are unavailable to participate in special education decisions.
  - (k) The sponsoring school district complies with legally required timelines for assessment and IEP development.
  - (l) The sponsoring school district complies with IDEA requirements for notice and due process.
  - (m) Facility staff and school personnel do not inappropriately discipline youth for behaviors that are manifestations of their disabilities.
- (14) Students entering with an existing 504 plan receive interim services that match the plan as closely as possible.
- (15) The sponsoring school district provides GED preparation programs for appropriate youth.
- (16) Youth in isolation or room confinement receive an education program comparable to youth in other units in the facility. For example, dropped off packets of work without adequate instruction, follow-up, or grading are not sufficient to meet this standard. For the safety of others, a student receives counseling as it relates to the incident that caused reassignment, prior to reentering the classroom.
- (17) Behavior intervention plans are developed for youth whose behavior interferes with their school attendance and progress.

- (18) The sponsoring school district provides youth with reading materials geared to the reading levels, interests, and primary languages of confined youth. Youth have reasonable access to such materials.
- (19) These standards do not negate the responsibility of a youth's local school district to provide for his or her special education needs pursuant to federal and state law.
- (20) Upon request by the sponsoring school district, the local school district of any student receiving educational services reimburses the sponsoring school district for the number of days the student receives educational services, which does not include weekends and legal holidays. In a case where a student's IEP requires related services, the cost may be more than the traditional per pupil/per day rate. The amount includes the cost of additional services provided, based on the student's IEP.
- (21) The State Department of Education is responsible for ensuring compliance with this section. Facilities are neither penalized nor have their licenses withheld for failure to comply with areas beyond the control of the detention facility itself.

**B. Exercise, Recreation and Other Programming**

- (1) Staff keep youth occupied through a comprehensive multi-disciplinary program. Staff post and adhere to a daily schedule of activities in each living unit that incorporates both structured and free time. Staff log the date and reasons for any deviations from scheduled activities.
- (2) The facility provides recreational activities, including a range of activities in dayrooms or common areas, for example: reading, listening to the radio, watching television or videos, board games, drawing or painting, listening to or making music, and letter writing.
- (3) There is an adequate supply of recreation materials for use during recreation times, such as games, cards, and writing and art materials.
- (4) Staff, volunteers, or community groups provide additional programming that reflects the interests and needs of various racial and cultural groups within the facility, and that is gender-responsive. The facility offers a range of activities such as art, music, drama, writing, health, fitness, meditation/yoga, substance abuse prevention, mentoring, and voluntary religious or spiritual groups. When possible, programming is provided by community-based programs that offer the opportunity for continuity once the youth is released.
- (5) Equivalent programming exists for female and male youth in the facility. "Equivalent" does not mean that programming for males and females is identical, but that girls have reasonable opportunities for similar activities and an opportunity to participate in programs of comparable quality.
- (6) Youth in the facility, including youth in room confinement, have the opportunity for at least one hour of large muscle exercise every day. Large muscle exercise can be accomplished through the facility school's physical education class so long as the one-hour minimum requirement is met. Youth have the opportunity to exercise outside, weather permitting and to the extent the physical plant allows. Facilities built prior to the effective date of these standards are not required to comply with outdoor recreation if their physical plants do not have such space available and they provide for other appropriate exercise space.

- (7) Youth are out of their rooms except during sleeping hours and for brief periods of transition, such as shift changes. For the majority of time that youth are out of their rooms, they are participating with staff or volunteers in structured recreational, cultural, or educational activities. Youth are also provided with some unstructured free time as well.
- (8) The facility has sufficient recreational equipment, such as games and balls, to provide a variety of physical education activities.
- (9) Written policies, procedures, and actual practices ensure that limitations on reading materials are reasonably related to the security of the facility, or the health and development of youth in the facility.
- (10) Reading materials appropriate for the age, interests, ability and literacy levels of youth are available in sufficient variety and quantity to the youth. Youth are allowed reading materials in their rooms.

#### C. Religion

- (1) Youth have the opportunity to participate in organized religious activities. Youth are not compelled to participate in religious activities.
- (2) Youth have the opportunity to meet or speak with clergy of the religion of their choice.
- (3) Youth receive special diets to accommodate sincerely held religious beliefs.
- (4) Youth are allowed religious books and reading materials in their rooms.
- (5) Staff do not restrict religious practices and materials absent a compelling government interest.

#### D. Positive Behavior Management

- (1) A written behavior management system provides a graduated scale of incentives for positive behavior.
- (2) Youth understand the rewards and sanctions system and how it works.
- (3) Staff implement the rewards and sanctions system fairly and consistently.
- (4) The behavior management system is facility-wide and points or status follow the youth when he or she is transferred from one unit to another.
- (5) To the extent possible, the culture of the facility emphasizes rewarding success in lieu of focusing on or punishing failure.

#### E. Mail

- (1) Staff do not limit the number of letters a youth may receive, including youth on disciplinary status. Staff provide youth with a reasonable amount of paper, access to writing implements, and postage for correspondence and encourage them to write to their families.
- (2) Staff only read mail if there is a reasonable suspicion based on specific information that the mail itself constitutes a criminal act or threat to the security of the facility, youth, or staff.
- (3) Staff open envelopes containing mail for a youth in the presence of the youth in order to inspect for contraband. However, staff may open mail for youth outside their presence if they have reasonable suspicion to believe that the mail contains contraband or other threats to the security of the facility, youth, or staff.
- (4) The facility establishes written policies, procedures, and actual practices regarding mail and ensures that staff, youth, and their families and guardians

understand any limitations on those persons with whom the youth may correspond. In the event that the facility or child knows that the child's parent or guardian is incarcerated and the child is permitted to communicate with that parent or guardian, the facility makes efforts to assist the youth in communicating with that parent or guardian.

- (5) If staff withhold mail for any reason, staff inform the youth, log the date, time and reason for the action, place the mail in the youth's private property, and advise the youth that he or she may file a grievance over the decision to withhold the mail, unless such information would compromise an ongoing criminal investigation.
- (6) Staff distribute mail within 24 hours of arrival at the facility, and post outgoing mail within 24 hours of receipt of mail from youth, or on the next business day when the post office is open.

#### F. Telephone

- (1) The facility provides youth with reasonable access to telephones.
- (2) The facility allows youth to talk on the telephone for at least five minutes per call (after a connection is established), at least twice a week.
- (3) Calls are available free of charge or calls are charged at reasonable rates. Staff make provisions to accommodate youth who need to make long distance calls. If the facility requires youth to make collect calls, the facility makes accommodations for youth whose families cannot afford collect calls.
- (4) Youth are permitted to use the telephone at times that are arranged in advance and that are convenient to staff and the recipient of the call.
- (5) If there is no response when the youth first uses the phone, the youth has reasonable opportunities to make additional efforts to call back.
- (6) Facilities make reasonable efforts to accommodate youth, parents, or guardians with hearing impairments when they wish to communicate with one another.

#### G. Visitation

- (1) The facility permits youth to visit with those individuals approved by the facility administrator or his/her designee or the youth court judge. The facility establishes a process to ensure that undocumented family members who are otherwise approved for visitation may visit their children.
- (2) Written policies clearly describe who may visit, the mode and manner of visitation, if and when contact visits may be available, how to request a contact visit if it requires special arrangements, and the approval procedure for visitors.
- (3) Family visiting occurs on several days of the week, on weekdays and weekends. Staff post a schedule of visiting hours and rules.
- (4) The facility permits families to schedule visits at other times with permission from the facility administrator or his/her designee. Written policies clearly describe procedures for special visits.
- (5) Visits are at least thirty minutes in length. Contact visits are encouraged.
- (6) Staff do not deprive youth on disciplinary status of visits as a punishment. Youth on disciplinary status may have visits with family members unless such visits would pose an immediate threat to the safety and security of the facility.

- (7) Staff supervise the visiting area, but do not routinely monitor conversations, absent a reasonable suspicion that a crime, escape, or threat to safety or security may occur, or subject to court order.
- (8) If staff conduct searches of youth following visits, they use the least intrusive measure to protect against the introduction of contraband into the facility. Written policies and procedures clearly describe the facility's practice.
- (9) Staff post the search policies so visitors are aware of the rules.
- (10) Visitors are able to ask questions or register complaints about the treatment of youth. Unit staff or the facility administrator or his/her designee promptly respond to such questions or complaints within the limits of confidentiality.

H. Access to Counsel, the Courts, and Public Officials

- (1) Mail to and from attorneys, the courts, or public officials is privileged. Staff may open such mail in the presence of youth to check for contraband only but may not read such mail.
- (2) Attorney visits may occur at all reasonable times during hours that youth are awake and are not limited to family visiting hours.
- (3) There is a room or area in the facility that allows for confidential attorney conversations.
- (4) Youth are able to make and complete free and confidential phone calls to attorneys. Staff assist youth in obtaining the phone numbers of their attorneys if necessary.

I. Access to Outside Support Services Related to Sexual Misconduct

- (1) Staff provide youth with access to outside victim advocates for emotional support services related to sexual abuse, by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, state, or national victim advocacy or rape crisis organizations. Staff enable reasonable communication between youth and these organizations and agencies, in as confidential a manner as possible.
- (2) Staff inform youth, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.

#### **IV. Restraints, Isolation, Due Process, and Grievances**

- A. Physical Force, Mechanical Restraints, and Chemical Agents
- (1) Written policies, procedures, and actual practices ensure that:
    - (a) Unit staff receive annual training in conflict management, de-escalation of confrontations, crisis intervention, management of assaultive behavior, and the facility's continuum of methods of control.
    - (b) Unit staff receive annual training on situations in which use of physical force or mechanical restraints is or is not justified, permitted methods of physical force and restraints, appropriate techniques for application of force and restraints, and guidance to staff in deciding what level of physical force or restraints to use if that becomes necessary.
    - (c) Unit staff follow a graduated set of interventions that limit the use of physical force or mechanical restraints, employ a range of interventions or actions before using force or restraints, and permit only that amount of force needed to ensure the safety of the minor and others.
    - (d) Only staff specifically trained in the application of physical force and mechanical restraints may use such techniques or devices; staff only use approved techniques or devices.
  - (2) Written policies and procedures in the facility set forth the principles below for use of force and mechanical restraints:
    - (a) Staff only use approved physical force techniques when a youth's behavior threatens imminent harm to the youth or others or serious property destruction.
    - (b) Staff only use physical force or mechanical restraints in the degree and for the amount of time necessary to bring the situation under control. As soon as a youth regains self-control, staff stop using physical force or mechanical restraints.
    - (c) During transportation, staff may use mechanical restraints to prevent injury or escape. Based on the youth's behavior and on an individual basis, staff may restrict movement of youth's legs during transportation. Staff do not handcuff youth together during transportation.
    - (d) Staff do not use belly belts or chains on pregnant girls. Any use of leg shackles or leg irons on pregnant youth is made on a case-by-case basis by the facility administrator or his/her designee.
    - (e) During facility emergencies, staff may use handcuffs to prevent injury or escape. Staff remove handcuffs promptly after the youth is placed in his or her room, or is otherwise in a safe place. In an instance in which a youth is out of control, the facility administrator or his/her designee may authorize ongoing use of restraints until the youth is under control. Staff continuously monitor youth who are in mechanical restraints using one-on-one direct staff supervision. Except in exigent circumstances, staff contact the mental health provider if any youth is in mechanical restraints in his or her room for longer than 15 minutes.
    - (f) If use of force is necessary, staff use approved defensive physical force techniques including evasion and deflection maneuvers or holding techniques that immobilize the body without locking joints or using pressure points.

- (3) Youth who are restrained have reasonable access to food, water, toilet facilities, and hygiene supplies.
- (4) Written policies, procedures, and actual practices prohibit:
  - (a) Use of chemical agents, including pepper spray, tear gas, and mace.
  - (b) Use of pain compliance techniques at the facility. Pain compliance techniques are different from defensive physical force.
  - (c) Hitting youth with a closed fist, kicking or striking youth, or using chokeholds or blows to the head on youth.
  - (d) Use of four or five-point restraints, straightjackets, or restraint chairs.
  - (e) Hogtying youth.
  - (f) Restraining youth to fixed objects, including beds, or walls.
  - (g) Restraining youth in a prone position and putting pressure on the youth's back or chest.
  - (h) Using physical force or mechanical restraints for punishment, discipline, or treatment.
  - (i) Use of belly belts or chains on pregnant girls.
- (5) Staff document all incidents in which physical force or mechanical restraints are used (except for restraints used pursuant to paragraph 2(c) of this section), including:
  - (a) Name of youth.
  - (b) Date and time physical force or mechanical restraints were used on youth.
  - (c) Date and time youth were released from mechanical restraints.
  - (d) The person authorizing placement of youth in restraints.
  - (e) A description of the circumstances leading up to the application of force or restraints, and what occurred during and after the restraint.
  - (f) Persons involved in the incident and other witnesses.
  - (g) The alternative actions attempted and found unsuccessful or reasons alternatives were not possible.
  - (h) The type of physical force or mechanical restraints used.
  - (i) Referrals or contacts with health and mental health professionals including the date and time such persons were contacted.
- (6) Medical professionals document all contact with youth subjected to physical force or restraints, including the name and position of medical or mental health professionals, the date and time of initial contact, all subsequent monitoring, pertinent findings, instructions to staff, and follow up to the incident.
- (7) Staff and youth involved in serious use of force or restraint incidents and/or use of force or restraint incidents where youth are injured undergo an immediate debriefing process with supervisory staff and mental health professionals to explore what might have prevented the need for force or restraint and alternative ways of handling the situation. Staff also make reasonable attempts to notify parents or guardians of serious use of force or restraint incidents and/or use of force or restraint incidents where youth are injured and ask for input and support on ways to prevent future such incidents.
- (8) The facility administrator or his/her designee regularly reviews and maintains a file in his or her office, for a period of at least one year after the incident, of reports on all incidents in which youth are subjected to physical force or placed in restraints.

- (9) A restraint review committee, which includes the facility administrator or his/her designee, training staff, mental health staff, and line staff, regularly reviews all force and restraint incidents to identify departures from policy and issues needing policy clarification, to develop targeted training, and to provide feedback to staff on effective crisis management. [See also E(3) in General Application of Standards, Administration and Management, Training and Supervision of Staff.]

B. Isolation

- (1) Written policies and procedures in the facility set forth the following principles for the use of isolation.
  - (a) Staff only use isolation if a youth's behavior threatens imminent harm to self or others or serious destruction of property.
  - (b) Prior to using isolation, staff utilize less restrictive techniques, including talking with the youth in the youth's primary language to de-escalate the situation and bringing in staff, mental health professionals, or other youth to talk with the youth. Prior to using isolation, staff explain to the youth in the youth's primary language the reasons for the isolation, and the fact that he or she will be released upon regaining self-control.
  - (c) Staff only keep youth in isolation for the amount of time necessary for the youth to regain self-control and no longer pose a threat. As soon as the youth's behavior ceases to threaten imminent harm to self or others or serious destruction of property, staff release the youth back to programming.
  - (d) Staff notify the unit supervisor as soon as a youth is placed in isolation. Youth are not kept in isolation for longer than one hour without explicit approval of the unit supervisor.
  - (e) During the time that a youth is in isolation, staff provide one-on-one crisis intervention and observation at least every 15 minutes.
  - (f) If a youth is in isolation for longer than one hour, a qualified mental health professional (QMHP) is contacted for a crisis intervention plan.
  - (g) Staff may not hold a youth in isolation for longer than four hours. If a QMHP determines that a youth needs to be in isolation for longer than four hours, staff arrange transportation for the youth to an appropriate health facility.
  - (h) If at any time during isolation, the level of crisis service needed is not available in the current environment, the youth is transported to a location where those services can be obtained (e.g., medical unit of the facility, hospital).
  - (i) Youth in isolation have reasonable access to food, water, toilet facilities, and hygiene supplies.
- (2) Staff keep designated isolation rooms clean, appropriately ventilated, and at comfortable temperatures.
- (3) Designated isolation rooms are suicide-resistant and protrusion-free.
- (4) Staff document all incidents in which a youth is placed in isolation, including:
  - (a) Name of the youth.
  - (b) Date and time the youth was placed in isolation.
  - (c) Name and position of the person authorizing placement of the youth in isolation.
  - (d) Persons involved in the incident and other witnesses.



- (e) Date and time the youth was released from isolation.
  - (f) Description of the circumstances leading to the use of isolation.
  - (g) The alternative actions attempted and found unsuccessful, or reason alternatives were not possible.
  - (h) Referrals and contacts with medical and mental health professionals, including the date, time, and person contacted.
- (5) The facility administrator or his/her designee regularly reviews the use of isolation, and maintains a file in his or her office for a period of at least one year after the incident, of reports on all incidents in which youth are placed in isolation.
  - (6) The facility administrator or his/her designee, in conjunction with mental health staff, reviews all uses of isolation to identify departures from policy and provides feedback to staff on effective crisis management. [See also E(3) in General Application of Standards, Administration and Management, Training and Supervision of Staff.]
- C. Voluntary Time Outs
- (1) Staff allow youth to have a voluntary time out for a short period of time at youth's request.
  - (2) Staff document voluntary time outs.
- D. Due Process in Discipline
- (1) Staff provide the youth in the youth's primary language with a written list of prohibited behaviors and the sanctions or consequences of such behaviors. Staff post the rules of the facility in all living units in English. Staff provide to each youth in the youth's primary language a written and verbal explanation of the rules and sanctions of the facility. Sanctions include less restrictive interventions in addition to room confinement.
  - (2) Due process protections apply when youth may be subject to discipline for all major rule violations (i.e., when room confinement may last longer than four hours). Staff provide due process hearings within 48 hours of the incident (except weekends and legal holidays) and before the youth serves the room confinement time for a sanction.
  - (3) Youth receive procedural due process protections during discipline including:
    - (a) Written notice to the youth of the alleged rule violation.
    - (b) A hearing before a disciplinary committee comprised of impartial staff who were not involved in the incident of alleged violation of the rule. The disciplinary committee gathers evidence and investigates the alleged violation. During the hearing, the youth is allowed to be present provided he or she does not pose a safety threat. The youth may have a staff member of his/her choosing present for assistance. The youth is allowed to present his/her case and present evidence and/or call witnesses.
    - (c) Consultation with a QMHP regarding the youth's ability to understand and participate in due process, whether a youth's disability or mental illness contributed to his or her behavior when determining appropriate consequences, and whether the youth is capable of serving any assigned sanctions.

- (d) Following the hearing, the disciplinary committee renders a decision and finds the youth at fault or not.
- (e) The youth receives a written notice of the committee's decision and the reasons for the decision.
- (f) The youth may appeal a finding of being at fault to the facility administrator or his/her designee assigned to the facility.
- (g) Youth receive written notice of the committee's decision and right to appeal.
- (4) Under no circumstances is a youth deprived of his or her basic rights as part of discipline. Basic rights for each youth include:
  - (a) A place to sleep (e.g., a mattress, pillow, blankets and sheets).
  - (b) Full meals and evening snacks.
  - (c) A full complement of clean clothes.
  - (d) Parental or guardian and attorney visits.
  - (e) Personal hygiene items.
  - (f) Daily opportunity for exercise.
  - (g) Telephone contacts with his or her attorney.
  - (h) The right to receive and send mail.
  - (i) A regular education program.
  - (j) An opportunity for daily shower and access to toilet and drinking water as needed.
  - (k) An opportunity to attend religious services and/or obtain religious counseling of the youth's choice.
  - (l) Clean and sanitary living conditions.
  - (m) Access to reading materials.
- (5) Staff do not use group punishment as a sanction for the misbehavior of individual youth.

#### E. Room Confinement

- (1) Prior to any imposition of room confinement, staff provide the components of due process set forth above. Youth are not automatically subjected to room confinement and/or isolation upon their admission to the juvenile detention facility unless they would be subject to isolation in section (C)(1)(a).
- (2) As soon as staff place a youth in room confinement, staff notify the unit supervisor. Staff may not keep youth in room confinement for longer than one hour without explicit approval of the unit supervisor. Staff may not keep youth in room confinement longer than four hours without explicit approval of the facility administrator or his/her designee.
- (3) Room confinement of more than 24 hours is reserved for the most serious violations, is approved by the facility administrator or his/her designee, and is not imposed for more than 48 hours continuously.
- (4) If a youth is in room confinement longer than 24 hours, at least every 24 hours the facility administrator or his/her designee who was not involved in the incident reviews and determines whether it is appropriate to authorize release.
- (5) If the youth repeatedly engages in behavior which results in room confinement, the facility administrator or his/her designee develops an individualized behavior plan for the youth.
- (6) Staff document all incidents in which a youth is placed in room confinement, including the name of the youth, the date and time the youth was placed in room

confinement, the circumstances leading up to the confinement, less restrictive sanctions considered, the person authorizing placement in room confinement, the staff or youth involved in the incident, and the date and time the youth was released from the confinement.

- (7) The facility administrator or his/her designee regularly reviews and analyzes the use of room confinement and maintains a file in his or her office for a period of at least one year after the incident of reports on all incidents in which youth are placed in room confinement. After a year all records are preserved and maintained pursuant to state laws and regulations.
- (8) Unit staff receive regular training on the appropriate use of, and alternatives to, room confinement.
- (9) During any time that a youth is in room confinement, staff monitor the youth at intervals not to exceed 15 minutes. If the youth appears in need of mental health services, mental health or medical professionals are contacted. A monitoring log is maintained.
- (10) Youth in room confinement have reasonable access to water, toilet facilities, and hygiene supplies.

#### F. Corporal Punishment

- (1) Staff do not use corporal punishment or cruel or degrading punishment, either physical or psychological, at the facility.

#### G. Grievance Procedures

- (1) The facility's grievance procedures assure a method for the expression and resolution of youth's grievances and complaints about any aspect of the facility and its operation, including medical and mental health services.
- (2) Every youth and the youth's parent(s) or guardian(s) have the right to file grievances without fear of retaliation.
- (3) Staff provide to each youth in the youth's primary language a written and verbal explanation of the grievance procedures, the steps that must be taken to use them, and the name of the person or position designated to resolve grievances. Staff ask each youth whether he or she understands the facility's grievance procedures. If the youth confirms his or her understanding of the facility's grievance procedures, then both the staff member and the youth sign a written acknowledgment to that effect. Failure of the youth to sign a written acknowledgment does not invalidate an otherwise properly given written and verbal explanation of the facility's grievance procedures.
- (4) Informal Grievance and Resolution
  - (a) All youth and/or the youth's parent or guardian are given the opportunity to solve their complaints informally by allowing them to express their feelings and concerns about the complaint with the shift supervisor and/or detention officer.
  - (b) If an acceptable resolution is not attained at this level, the youth and/or parent or guardian may then choose to file a formal grievance verbally or in writing, with identification or anonymously.
  - (c) Staff do not require youth to use any informal grievance process or otherwise attempt to resolve with staff alleged incidents of sexual abuse.

- (5) Formal Grievance Procedure
  - (a) Unit staff do not interfere with a youth's right or the youth's parent's or guardian's right to file a grievance.
  - (b) Youth have access to grievance forms and envelopes, which are located throughout the center. Upon request, the youth is given a pencil/pen, and placed in a reasonably private area, such as the recreation area, computer lab, intake room, etc., to complete the form.
  - (c) Youth are not given a grievance form to complete while they are still exhibiting disruptive behavior.
  - (d) Assistance by staff not involved in the issue of the grievance is provided if the youth requests it.
  - (e) Staff involved in the issue of the grievance are not in the presence of the youth while the youth is completing the grievance form.
  - (f) Upon completion of the grievance form, the facility allows the youth to place the form in the grievance envelope, seal the envelope, and place the envelope in a secured grievance box.
  - (g) Grievances may be submitted verbally and are reduced to writing at the youth's request.
- (6) Collection and Processing of Grievances
  - (a) Each morning all grievance(s) are collected from the grievance boxes located in the center by either the facility administrator or his/her designee.
  - (b) All grievances are given to the facility administrator or his/her designee immediately after collection.
  - (c) On weekends and legal holidays the grievance(s) are collected each morning by the shift supervisor on duty and the shift supervisor places the unopened grievance(s) in the facility administrator or his/her designee's box and contacts the facility administrator or his/her designee to advise him/her if there are grievance(s) to review.
  - (d) The facility administrator or his/her designee communicates with the youth within 24 hours of receiving the grievance. This communication is documented and preserved according to state law.
  - (e) The grievance is fully investigated by the facility administrator or his/her designee. Upon conclusion of the investigation, the decision is documented and the youth is informed of initial decision in writing within three days excluding weekends and legal holidays. Staff alleged to be involved do not conduct the investigation.
  - (f) The youth may appeal the initial decision.
  - (g) All steps of the grievance process, including 24 hour notification, initial decision, and all appeals are documented. Youth receive responses to grievances that are respectful, legible, and address the issues raised.
  - (h) All grievances filed by parents or guardians are submitted to the facility administrator or his/her designee or the equivalent immediately.
  - (i) If a grievance is found to be valid, the facility administrator or his/her designee takes appropriate action, and when staff actions are involved, provides for counseling, retraining, reprimand, discipline, or termination of the employee, and, in appropriate cases, for the filing of child abuse or criminal charges.

- (j) The facility administrator or his/her designee regularly analyzes grievance forms (granted and denied) for patterns or trends.
  - (k) The facility's health authority considers grievances related to health and mental health care services as part of ongoing quality improvement activities.
- (7) Distribution of Grievance Forms
  - (a) Once the grievance procedure and resolution has been completed, the original and copies of the grievance form are to be distributed as follows:
    - (i) A copy of the grievance and resolution is given to the youth.
    - (ii) A copy of the grievance and resolution is maintained in the youth's file (unless the grievance is directly filed against a staff member).
    - (iii) The original copy of the grievance and resolution is maintained in the grievance log, which is located in facility administrator or his/her designee's office.

## **V. Physical Plant, Environment, and Safety**

### **A. Positive Institutional Atmosphere**

- (1) All persons in the facility are treated with respect. Written policies, procedures, and actual practices prohibit use of slurs, name-calling, and other disrespectful behavior by youth or staff.
- (2) Staff demonstrate an appropriate level of tolerance of normal adolescent behavior in their day-to-day working with youth.
- (3) The buildings and grounds are well maintained.
- (4) Staff recognize and celebrate important holidays, birthdays, and other dates of significance to youth.
- (5) Programming acknowledges and values the diverse population of youth in the facility.
- (6) Youth are allowed to speak in their primary language. Staff may only impose restrictions for safety or emergency situations.

### **B. Sanitation**

- (1) The facility complies with all local, state, and federal health and sanitation codes, and has documentation demonstrating such compliance.
- (2) Youth are encouraged, enabled, and expected to keep themselves, their rooms, and communal areas clean. In order to achieve this, youth are given instruction, supervision, and supplies (including necessary protective gear) to carry out these tasks.
- (3) Rooms, bathrooms, and common areas are clean and free of mold and debris.
- (4) Youth perform the kinds of housekeeping tasks they might be expected to do at home, but are not substitutes for professional janitorial staff.
- (5) Youth do not perform dangerous tasks (e.g., blood spill clean-up, floor stripping, use of hazardous chemicals, or roofing).
- (6) Youth do not perform housekeeping or other tasks that require them to miss school or interfere with normal sleeping hours.
- (7) The facility provides functioning toilets at a minimum ratio of at least one for every twelve youth in male units and one for every eight youth in female units. Urinals may be substituted for up to one-half of the toilets in male units. All housing units with five or more youth have a minimum of two toilets. Youth in “dry” rooms (without toilets) have immediate access to toilets (no longer than a 5 minute delay after a youth’s request).
- (8) Youth have access to operable sinks with hot and cold running water in the housing units at a minimum ratio of one basin for every twelve youth.
- (9) Youth have access to operable showers with temperature-controlled hot and cold running water at a minimum ratio of one shower for every eight youth. Water for showers is thermostatically controlled to temperatures between 100 and 120 degrees Fahrenheit.
- (10) The facility is free of insect and/or rodent infestation.
- (11) Staff allow youth to take showers every day and allow youth an opportunity to groom themselves before court or any other important event.
- (12) Staff allow youth to brush their teeth after breakfast and dinner.
- (13) Staff allow youth to wash their hands before meals and after activities that may cause the spread of germs.

- (14) Staff provide youth with clean underclothing and socks daily. Staff provide youth with clean outer clothing, except footwear, not less than twice a week.
- (15) Staff provide youth with clean bed linens at least once weekly. Staff provide youth with clean towels daily.
- (16) Staff disinfect mattresses after each youth moves out of the room, before the next youth occupies the room. Staff repair or remove from circulation any mattresses that cannot be properly disinfected. Staff also disinfect garment bags and other storage spaces that hold youth's personal clothes after each use.
- (17) The furnishings are in good repair and appropriate for their expected use (e.g., mattresses are of sufficient quality and thickness for sleeping).

#### C. Food

- (1) The facility's food services comply with applicable local, state, and federal sanitation and health codes, and have documentation demonstrating such compliance.
- (2) Youth receive at least three meals daily, of which two are hot meals, with no more than 14 hours between the evening meal and breakfast. Youth receive snacks.
- (3) Youth in the facility receive a wholesome, appetizing, and nutritionally adequate diet.
- (4) The facility provides meals stored and served at safe temperatures.
- (5) The facility provides meals for youth with special dietary requirements with proper documentation (e.g., youth with allergies, pregnant girls, youth with dental problems, and youth with religious beliefs that require adherence to religious dietary laws). This documentation is provided by staff for facility purposes after staff contact parent or guardian of youth, doctor, or any person or agency who can provide information regarding the youth.
- (6) There is no infestation of insects or rodents in food, food preparation and storage areas, the kitchen, or the dining area(s).
- (7) Youth eat meals in a cafeteria or common area unless on isolation or room confinement.
- (8) Youth have a reasonable time, no fewer than 20 minutes, for each meal.
- (9) Youth may talk during meals absent safety or security reasons.
- (10) Staff may not withhold food for discipline. The facility does not serve deliberately unappetizing meals (e.g., food loaf) to youth.
- (11) Staff follow up with youth who do not eat the meal to determine the reasons. If appropriate, staff initiate a medical or mental health referral.

#### D. Temperature, Ventilation, and Noise

- (1) Temperatures in indoor areas are appropriate to the summer and winter comfort zones, with no unhealthy extremes.
- (2) There is adequate ventilation in indoor areas.
- (3) Noise levels in the facility are comfortable and appropriate at all times.

#### E. Emergency Preparedness and Fire Safety

- (1) The facility has an emergency preparedness plan that includes, but is not limited to, fire and fire prevention, severe weather, natural disasters, disturbances or riots, national security issues, and medical emergencies. The plan covers:

- (a) The identification of key personnel and adequate staff and their specific responsibilities during an emergency or disaster situation.
  - (b) Agreements with other agencies or departments including communication protocols with everyone concerned. Needs of youth with special needs are met through agreements with those agencies that can provide the needed services.
  - (c) Transportation to pre-determined evacuation sites including the transportation of medication. Other supplies including food, drinking water, first aid supplies, flashlights, batteries, etc.
  - (d) Notification to families.
  - (e) Needs of youth with disabilities in cases of an emergency.
  - (f) Immediate release of youth from locked areas in case of an emergency, with clearly delineated responsibilities for unlocking doors.
- (2) All facilities built after the effective date of these standards meet applicable fire codes as to exits and means of egress.
  - (3) The facility has identification and lighting of all exits, including during emergencies.
  - (4) The facility has smoke alarms in appropriate locations and in working condition.
  - (5) The facility has fire extinguishers in appropriate locations and in working condition. Staff receive training in the use of fire extinguishers. Fire extinguishers are regularly checked and serviced per fire codes and this is documented.
  - (6) The facility has an evacuation plan that staff conspicuously post in each area of the facility. Staff regularly conduct and document fire drills, at least monthly and on a rotating basis by shift. Staff document fire drills including how long it takes to unlock doors and get youth cleared from the building.
  - (7) First aid kits are immediately available and fully stocked with non-expired items.
  - (8) Potentially hazardous or flammable compounds are properly stored and secured.
  - (9) Cut down tools are available on each living unit. Staff can quickly access the cut down tool and are trained in its use.

#### F. Lighting

- (1) Individual rooms have adequate lighting, sufficient for reading.
- (2) The lights in youth rooms are turned out at night (or adequately darkened for sleep), unless the youth requests otherwise, or for security, health, or mental health reasons.
- (3) Dayroom and/or common areas used for recreation are adequately lit, and include the use of natural light as much as possible.

#### G. Clothing and Personal Items

- (1) Facilities should strive to provide detainees with non-prison-like clothing.
- (2) Youth wear their own underwear as approved by the facility or the facility provides them with clean and sanitized underwear. The facility provides girls with bras and underwear that fit and are appropriate for females. The facility allows transgender youth to wear underwear appropriate to their gender identity.
- (3) Youth receive outerwear that is appropriate to the season.
- (4) The facility housing units have lockers or other storage for youth's clothing and personal items.



- (5) Youth have access to adequate and culturally appropriate personal hygiene and toiletry supplies, including hygiene supplies specific for girls if girls are detained in the facility. Items that could allow for spread of germs are not shared among youth (e.g., common toothpaste tube, deodorant, etc.).
- (6) Youth receive clean bedding and linen and sufficient blankets to provide reasonable comfort.

#### H. Searches

- (1) The facility has written policies, procedures, and actual practices governing searches of youth, the facility, and visitors in accordance with applicable law. The facility posts a summary of the search policy at the entrance to the facility; in the intake/admissions area, day rooms, or in a handbook given to each youth; and in visiting areas. Written procedures address each of the following:
  - (a) Intake searches may include pat-downs, metal detector, or clothing searches. If the facility permits strip searches or visual body cavity searches, they are conducted in accordance with applicable law. Staff do not search or physically examine a transgender or intersex youth for the sole purpose of determining the youth's genital status.
  - (b) Youth who are returning from court, school, another facility, visits on the premises, or who have otherwise been continuously in custody, may be searched by a pat-down, metal detector, or clothing search. Staff may conduct strip or visual body cavity searches in such circumstances only with prior supervisory approval, upon reasonable suspicion that a youth is in possession of a weapon or contraband, and in accordance with applicable law. All strip and visual body cavity searches are documented and the rationale is reviewed for appropriate basis.
  - (c) Staff conduct facility and individual room searches when needed with the least amount of disruption and with respect for youth's personal property.
  - (d) Staff may conduct searches of persons entering the premises by facility-approved pat down, metal detector, clothing searches, or other searches as permitted by applicable law, to ensure the safety of persons in the facility, to discover contraband, to inventory property, or to protect the security and sound operation of the facility.
  - (e) The facility posts a list of items that may and may not be taken into the facility by visitors.
  - (f) The facility provides staff with a list of items that may and may not be taken into the facility by staff. Staff are personally searched if there is probable cause that the staff member is in possession of a weapon or contraband.
- (2) Persons conducting pat-down searches and clothing searches are of the same gender as the person being searched except in exigent circumstances. Staff conducting strip searches, visual body cavity searches, or collecting urine samples are of the same gender as the person being strip searched except when performed by medical practitioners. Staff document and provide written justification for all cross-gender searches.
- (3) Only medical personnel may conduct physical body cavity searches. Staff notify parents or guardians if a youth is subjected to a physical body cavity search. Female staff are present during physical body cavity searches of girls.

- (4) Staff conduct strip searches and visual body cavity searches with youth individually and in a private setting.
  - (5) Staff do not conduct searches of youth, youth rooms, or visitors as harassment or for the purpose of punishment or discipline.
- I. Overcrowding, Adequate Living Space, and Privacy
- (1) The total population of the facility and the population per unit does not exceed operational capacity.
  - (2) The facility enables youth to shower, perform body functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances. Staff of the opposite gender of the youth living there announce their presence when entering housing units.
  - (3) The dayroom and/or common areas have sufficient chairs and tables to accommodate recreational activities.
  - (4) Sleeping rooms are large enough to provide comfortable movement for in-room activities and hygiene for the number of youth in the room. All new construction meets applicable standards pertaining to minimum square feet per youth. Portions of facilities that were built before the effective date of this standard are exempt from this requirement.
- J. Youth are safe from physical assault, sexual misconduct, harassment, and intimidation by staff.
- (1) Written policies, procedures, and actual practices ensure that the facility administrator or his/her designee regularly reviews, and appropriately responds to, incident reports, grievances, child abuse reports, and other indicia of inappropriate behavior by staff.
  - (2) The facility administrator or his/her designee compiles and analyzes monthly statistics of violence, use of restraints, use of isolation, and use of physical force.
  - (3) Any and all sexual misconduct between staff and youth is prohibited. Written policies, procedures and actual practices ensure that employees observe professional boundaries between themselves and youth. The facility:
    - (a) Prohibits any inappropriate contact or correspondence with current or formerly detained youth or their family members.
    - (b) Requires that staff notify the facility administrator or his/her designee whenever one of their relatives or friends is admitted to the facility.
  - (4) The facility has a plan for prevention, detection, reporting, and investigation of sexual misconduct. Staff understand the plan and have the skills necessary to implement the plan (e.g., staff who conduct investigations have skills to properly investigate sexual misconduct).
  - (5) Youth feel safe from victimization by staff, including abuse, threats of violence, theft, sexual misconduct, and assault.
  - (6) Youth can report incidents of threats or harm by staff without fear of reprisal. Staff not involved in the incident promptly investigate such reports to take effective action to protect youth from threats or harm.
  - (7) Staff provide appropriate support to youth during the investigation stage following allegations of abuse.

- K. Youth are safe from physical assault, sexual misconduct and intimidation by other youth.
  - (1) Written policies, procedures, and actual practices ensure that the facility administrator or his/her designee regularly reviews, and appropriately responds to, incident reports, grievances, child abuse reports, and other indicia of intimidation or physical or sexual assault/harassment (including medical reports), by youth of other youth.
  - (2) Staff conduct room checks when youth are in their rooms at intervals not to exceed 15 minutes.
  - (3) Youth feel safe from victimization by other youth, including abuse, threats of violence, theft, sexual misconduct, and assault.
  - (4) Youth can report incidents of threats or harm by other youth without fear of reprisal.
  - (5) Staff address the behavior of youth who threaten or victimize others through appropriate means including the youth's individual behavior management plan.
  - (6) There are regular opportunities for youth to provide input on how the facility can be made safer.
- L. Staff in the facility are safe from physical or sexual assaults by youth.
  - (1) Written policies, procedures, and actual practices ensure that the facility administrator or his/her designee regularly reviews, and appropriately responds to, incident reports, grievances, child abuse reports, and other indicia of physical or sexual assaults (including medical reports), by youth on staff.
  - (2) Unit staff are trained to handle assaultive behavior by youth, and backup support is available if necessary.
- M. Weapons are prohibited in the facility.
  - (1) The facility has adequate security measures to ensure that neither youth nor staff bring weapons into the facility.
  - (2) The facility properly stores and secures objects that can be used as weapons (e.g., kitchen utensils, chemicals, maintenance equipment).
- N. Implementation of the Prison Rape Elimination Act
  - (1) The facility fully implements the regulations promulgated by the U. S. Department of Justice pursuant to the Prison Rape Elimination Act (PREA), 28 C.F.R. Part 115.

