



# Monitoring Report

Settlement Agreement

April 2024

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# Monitoring Team



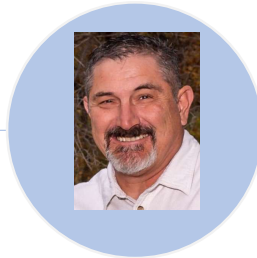
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## INTRODUCTION

On April 13, 2022, the United States Department of Justice (DOJ) and the South Carolina Department of Juvenile Justice (DJJ) entered into a settlement agreement<sup>1</sup> to resolve all issues associated with an investigation at Broad River Road Complex (BRRC or Facility)<sup>2</sup> to assess whether DJJ failed to protect youth from physical abuse by other youth and by staff and whether DJJ subjected youth to prolonged solitary confinement. The agreement aims to “remedy the alleged constitutional violations identified by DOJ” and to ensure that “the conditions in the Facility support the rights of youth confined there, encourage rehabilitation, and improve the likelihood that youth will succeed upon release.”

As part of the settlement agreement, DJJ agreed to hire a subject matter expert (SME)<sup>3</sup> to provide technical assistance to DJJ. Susan Burke,<sup>4</sup> the SME, was hired in July 2022. Joining Ms. Burke on the monitoring team are Valerie Boykin<sup>5</sup> and Mike Butkovich.<sup>6</sup> The SME is required to submit a biannual report assessing the department’s compliance with the agreement and offer recommendations, if any, to facilitate compliance. This report utilizes “monitoring team” to refer to the three individuals listed herein.

The settlement agreement terms are listed verbatim in the report. The numbering corresponds to the agreement’s paragraph numbers. When a target completion timeframe is described in the agreement, the month and year are shown in brackets for the reader’s ease.

This monitoring report evaluates compliance as of April 1, 2024. The subsequent monitoring report will make note of any progress or activities from this date. For this report, the team examined data in 12 categories covering 60 different items, conducted two site visits, held virtual and in-person interviews, had regular meetings with DJJ leadership and BRRC administration, reviewed and responded to emails, and analyzed DJJ-provided documents. DJJ has been responsive to requests and proactive in providing regular updates on progress made or challenges faced throughout this process.

THIS MONITORING REPORT  
ASSESSES COMPLIANCE AS  
OF APRIL 1, 2024

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<sup>1</sup> The agreement can be found at <https://www.justice.gov/opa/press-release/file/1494671/download>.

<sup>2</sup> BRRC is a 270-bed youth correctional facility located in Columbia, South Carolina. The facility is currently operating 136 beds.

<sup>3</sup> Defined in the agreement as “an individual with expertise in juvenile corrections.”

<sup>4</sup> Ms. Burke was the director of the Utah Division of Juvenile Justice Services from 2011 to 2018. She retired from the state of Utah after having served in various positions, including Asst. Juvenile Court Administrator and Juvenile Justice Specialist.

<sup>5</sup> Ms. Boykin was the director of the Virginia Department of Juvenile Justice from 2019 to 2022. She retired in February 2022 from the state of Virginia after having served in various positions including DJJ Deputy Director of Community Programs and Norfolk Court Services Unit Director. She also served as Deputy Administrator for the Washington, DC, Youth Services Administration.

<sup>6</sup> Mr. Butkovich retired in May 2022 from the Utah Division of Juvenile Justice Services. He spent 32 years with the division in various positions, including youth corrections counselor, case manager, supervisor, and program director for the Office of Secure Care.

## COMPLIANCE RATINGS

### Ratings

**Substantial Compliance** means that the department has achieved compliance with the material components of the provision. Substantial compliance also means that the department has met the goals of the provision. Substantial Compliance indicates that there are approved relevant policies and procedures which, when implemented, are sufficient to achieve compliance; trained staff responsible for implementation; staff and resources to implement the required reform; and consistent implementation during most of the monitoring period. Non-compliance with mere technicalities or temporary failure to comply during a period of otherwise sustained compliance will not constitute failure to maintain substantial compliance. At the same time, temporary compliance during a period of sustained non-compliance will not constitute substantial compliance.

The substantial compliance rating is given only when the required reforms address all the issues discussed in the provision and when solid implementation of the reforms has been consistently demonstrated through reliable data, observations, and reports from staff and youth for most of the monitoring period.

**Partial Compliance** indicates that compliance has been achieved on some of the components of a provision but not on all components. It indicates that there are approved relevant policies and procedures which, when implemented, are sufficient to achieve compliance; trained staff responsible for implementation; and staff and resources to implement the requirements of the provision. Partial compliance indicates that while progress has been made toward implementing the procedures described by policy, performance has been inconsistent throughout the monitoring period and additional work is needed to ensure that procedures are sufficiently comprehensive to translate policy into practice and accomplish the outcome envisioned by the provision. Partial compliance is appropriate if policies may need minor revisions for compliance with the Settlement Agreement provided other requirements of this section are applicable.

**Non-Compliance** indicates that most or all the components of the provision have not yet been met. Examples include provisions where policies still need to be overhauled, most staff may need to be trained, procedures may not have been developed, documentation may not be in place or consistently provided, and there has been no determination that the procedures accomplish the outcome envisioned by the provision.

**Terminated** means the Department has achieved substantial compliance with all of the provisions within a substantive section under Roman numeral III in the settlement agreement for at least one year. It also means that DJJ has filed a motion to terminate a particular substantive section with the Court, which the Court has granted.

**Not Rated** means the monitoring team did not have sufficient information to rate the item. The deadline has not passed yet. If any progress was made on a requirement, it is noted.

## COMPLIANCE RATING SUMMARY

Parag. No.	Compliance Provision	Compliance Status
<b>PROTECTION FROM HARM</b>		
<b>General Provisions</b>		
28	General Provisions	Non-Compliance
<b>Staffing</b>		
29	Staffing Study Consultant	Substantial Compliance
30	Staffing Study Consultant Selection	Substantial Compliance
31	Staffing Study Factors	Substantial Compliance
32	Staffing Changes	Partial-Compliance
<b>Physical Plant</b>		
33	Physical Plant	Substantial Compliance
34	Surveillance Tools Timeline	Substantial Compliance
35	Surveillance Tools Timeline Review	Substantial Compliance
36	Surveillance Installation	Substantial Compliance
37	Video Retention	Substantial Compliance
<b>Rehabilitative Programming</b>		
38	Rehabilitative Programming	Partial Compliance
39	Rehabilitative Programming Mix	Partial Compliance
<b>Approach to Behavior Management</b>		
40	Approach to Behavior Management	Substantial Compliance
41	Positive Behavior Management Tools	Partial Compliance
42	Consistently Implement Behavior Management Tools	Partial Compliance
43	De-escalation Strategies and Graduated Responses	Partial Compliance
44	On-Site Coaches	Non-Compliance
<b>Use of Force</b>		
45	Use of Force	Substantial Compliance
46	Implement Revised Policies and Procedures	Partial Compliance
47	Limit Use of Force	Non-Compliance
48	Reasonable Efforts	Non-Compliance
49	Use of Force for the Minimum Amount of Time	Non-Compliance
50	Prohibition on Use of Force	Non-Compliance
51	Only Trained Staff May Use Approved Techniques	Partial-Compliance
52	Use of Force Documentation	Non-Compliance
53	Medical Evaluation Following Use of Force	Non-Compliance
54	Medical Evaluation Procedures	Partial Compliance
55	Medical Evaluation Refusal Procedures	Partial Compliance
<b>Investigations of Physical Harm to Youth from Other Youth, Excessive or Unnecessary Use of Physical Force, or Improper Use of Isolation</b>		
56	Draft New Investigation Policies, Procedures, and Practices	Substantial Compliance
57	Implement Revised Investigation Policies and Procedures	Substantial Compliance
58	Initial Review of Uses of Force	Non-Compliance
59	Investigation Procedures	Partial Compliance
60	Staff Review of Incidents	Non-Compliance
61	Permissible Contact Following an Allegation	Non-Compliance
62	Video Request Following an Incident	Substantial Compliance
63	Retention Schedule	Substantial Compliance



64	Investigations Without Video	Substantial Compliance
65	Action Following a Finding of Staff Misconduct	Non-Compliance
66	Investigations When a Youth Withdraws an Allegation	Substantial Compliance
<b>ISOLATION</b>		
<b>Use of Isolation</b>		
67	Use of Isolation	Substantial Compliance
68	Revised Isolation Policies and Procedures	Non-Compliance
69	Reasons for Isolation	Non-Compliance
70	Prohibitions on Isolation	Non-Compliance
71	Less Restrictive Techniques Requirement	Non-Compliance
72	Notification of Isolation	Non-Compliance
<b>Documentation of Isolation</b>		
73	Documentation Requirements	Non-Compliance
<b>Duration of Isolation</b>		
74	Duration of Isolation	Non-Compliance
75	Intervention While in Isolation	Non-Compliance
76	Isolation Time Limit	Non-Compliance
77	Role of Qualified Mental Health Professional	Non-Compliance
78	Extension Requirements	Non-Compliance
79	Reporting Requirements	Non-Compliance
80	Removal from Isolation	Non-Compliance
<b>Multidisciplinary Team to Review Isolation Placement</b>		
81	Multidisciplinary Team	Non-Compliance
82	Multidisciplinary Team Procedures	Non-Compliance
83	Multidisciplinary Team Reviews	Non-Compliance
84	Review of Youth Isolated Two or More Times	Non-Compliance
<b>Development of Appropriate Space for Isolation</b>		
85	Plans for Using Alternative Safe Spaces for Isolating Youth	Substantial Compliance
86	Alternative Safe Spaces for Isolating Youth Timeline Approval	Substantial Compliance
<b>Conditions and Services While in Isolation</b>		
87	Isolation Conditions	Non-Compliance
88	Educational Services While in Isolation	Partial Compliance
<b>Housing Vulnerable Youth</b>		
89	Revised Housing Classification Policies	Substantial Compliance
90	Admission Screening Protocols	Substantial Compliance
91	Specialized Housing for Vulnerable Youth	Partial Compliance
92	Access to Services	Substantial Compliance
<b>Youth on Suicide Watch</b>		
93	Prohibition on Isolation	Non-Compliance
94	DMH Amended Agreement	Substantial Compliance
<b>TRAINING</b>		
<b>General Provisions</b>		
95	Training Curriculum Review	Substantial Compliance
<b>Behavior Management</b>		
96	Competency-Based Staff Training	Substantial Compliance
97	Staff Retraining Procedures	Non-Compliance
<b>Use of Physical Force</b>		
98	Staff Training on Updated Use of Physical Force Policy	Non-Compliance
99	Retraining Within 90 Days	Non-Compliance
<b>Investigation</b>		
100	Investigations Staff Training	Partial Compliance

<b>QUALITY ASSURANCE</b>		
<b>General Provisions</b>		
101	Quality Assurance System	Partial Compliance
102	Monthly Data Review	Non-Compliance
103	Data Element Requirements	Non-Compliance
104	Sample Data Review	Non-Compliance
105	Other Data Review Recommendations	Not Rated
106	Quality Improvement Committee	Partial Compliance

# PROTECTION FROM HARM

## General Provisions

The general provisions requirements of the settlement agreement ensure that youth have safe living conditions. This provision covers multiple areas—staffing, surveillance, structured programming, a positive behavior management system, and limiting use of force and restraints. If the department were to meet all the provisions identified here, most of the other specific conditions would also be met.

## 28. GENERAL PROVISIONS

DJJ shall, at all times, provide youth at BRRRC with safe living conditions by: ensuring that there is sufficient staffing to implement the provisions of this agreement; using surveillance tools to prevent violence and promote accountability; providing structured programming designed to engage youth in rehabilitative activities; implementing positive behavior supports to encourage appropriate behavior; instituting clear, consistent, appropriate consequences for negative behaviors; and limiting uses of force and restraints to incidents where the youth poses a serious and immediate danger and after other efforts to de-escalate the youth’s behavior have failed.

Compliance Rating    Non-Compliance

Description of the Monitoring Process	Compliance Rating
Findings and Analysis	Non-Compliance

Description of the Monitoring Process



The monitoring team reviewed department policies and procedures, completed two BRRRC facility site visits, conducted in-person and virtual interviews with DJJ staff and BRRRC youth, and reviewed emails, documents, and data provided to demonstrate compliance with the settlement agreement's provisions.

Findings and Analysis



The South Carolina Department of Juvenile Justice (DJJ) remains in non-compliance with the general provisions of the settlement agreement. Although some progress has been made in certain areas, such as introducing new policies, implementing quality control measures, and closing Laurel, which was previously used for isolation, there are still several critical areas where DJJ is falling short. Central to this issue is the department’s lack of a plan for implementing the many components of the agreement. While an initial plan was created for the first year, it was not followed. One reason for its failure is that no one at DJJ was responsible for overseeing its implementation and being held accountable for its outcome.

During the second year, the monitoring team provided technical assistance to DJJ to help them develop specific actions for implementing needed changes. DJJ worked collaboratively with the monitoring team for three sessions, one virtual and two in-person, to develop action plans. Unfortunately, none of these plans were finalized due to staffing changes and other demands of their work. The department needs a solid plan to

stay on track with meeting requirements and to ensure that new staff understand BRRC priorities and their role in meeting them. The lack of a plan caused disruptions and confusion, resulting in no clear direction for how the department will meet the requirements.

DJJ has been acknowledged throughout this monitoring process for its efforts toward achieving compliance. The action-planning sessions are one example of their willingness to address their shortcomings. However, despite their best efforts, DJJ has faced several consistent factors that have hindered their progress toward compliance. Since signing the settlement agreement, BRRC has experienced at least four leadership changes at the facility. The current administrator serves in an interim capacity and has also assumed the Deputy Director of Security and Operations role for the entire department. The changes in staffing for other important positions, such as programming, have caused interruptions in the facility's progress.

Turnover has been on the rise at the line staff level. DJJ, along with other correctional agencies across the country, is facing difficulties filling crucial positions, and the quality of the candidate pool has declined compared to previous years. Although prior recruitment and retention strategies such as pay hikes and bonuses have helped, the number of vacancies has increased compared to the previous monitoring period.

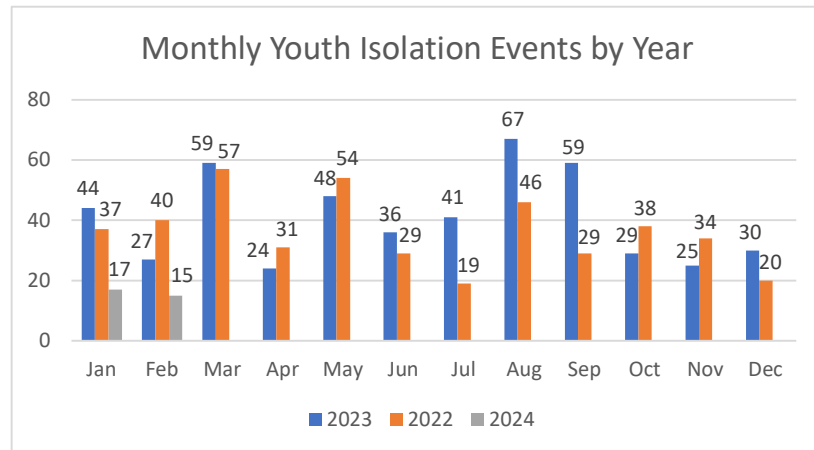
The frequency of staffing changes has made it challenging to maintain momentum in establishing a new culture that focuses on positive youth development and rehabilitation. When staff see leadership changing so often, they are less likely to move forward with change processes, especially if the changes are difficult or not viewed as important and there is no accountability. The constant turnover of line staff also makes it difficult for youths to develop trusting relationships with the adults responsible for their care, resulting in a less safe environment for youths and staff.

There is significant concern about the facility administration's lack of oversight in implementing the new policies that are central to the agreement. The two policies in question are Policy 310, which deals with the Use of Mechanical Force, and Policy 315, which deals with the Use of Physical Force. These policies came into effect on October 15, 2023, and the staff at BRRC has not received any formal training on them.

DJJ emails new policies to all staff and requires them to review them and mark their acknowledgment via their online system. Although they can easily report on agency-wide compliance, which was 57%, they must manually count compliance by the facility. As of now, the percentage of staff who have completed the review is unknown at BRRC. Training could improve the quality of use of force reports. To further improve the documentation of incidents, DJJ is updating its event reporting system to prompt staff to capture the required policy elements when force is used. This change will help staff follow proper procedures while reporting such incidents. During this monitoring period, only four cases of excessive use of force were substantiated, and some investigations are still underway, with their outcomes pending.

Another new policy during this monitoring period was Policy 323, Isolation of Youth, which became effective November 15, 2023. The revised policy fundamentally changed how DJJ can use isolation and established new procedures to eliminate and significantly reduce the use of isolation. Isolation should be considered as a last resort when it comes to managing behavior. It should be used only for the time necessary for the youth to regain self-control and no longer pose a danger to themselves or others. Since the new policy went into effect, there has been a problem with documenting practices and following the policy. In many cases, no documentation was provided to demonstrate compliance. The updated new forms do not appear to capture the necessary data elements to document that the policy is followed. DJJ has identified this concern and is working on revisions.

According to the data, isolation events at BRRC have decreased overall as the facility has started implementing new practices. In 2023, there were 434 isolation events, which is a decline from 489 in 2022. January and February 2024 experienced the lowest number of isolation events, with 17 and 15, respectively. Although this is a positive trend, viewing these figures with the youth population numbers in mind is important. Towards the end of 2023 and the beginning of 2024, the youth population dropped from 42 to 23. However, it has since increased again.



For the isolation policy to be effective, it needs to be supported by a comprehensive behavior management system that includes incentives to encourage positive behavior, teaches youths new skills to promote law-abiding behavior, provides opportunities to practice those skills, and has appropriate responses to negative behaviors. DJJ’s Legacy behavior management system is now implemented throughout BRRC. However, the system is still being refined to ensure it has the desired impact. DJJ acknowledges that more work is needed to establish Legacy fully.

There are still issues with some staff not properly rating youths and feeling intimidated to give them higher ratings. This fear is evident when visiting the Cypress living units. The youth have vandalized the walls with graffiti, and some have put up poster boards displaying their gang affiliations in their sleeping rooms. In one living unit, the youth have replaced the unit rules with handwritten ones that essentially state they, not the staff, are in charge of the unit. Staff said these rules have been

posted for some time, yet no efforts have been made to remove them. This lack of response indicates a culture where youth feel there are few consequences for their misbehavior.

The Legacy behavior management system offers incentives to the youths, but they have complained about a lack of meaningful incentives beyond canteen snack items. Even increased phone time was not viewed as an incentive for youth who did not have someone to call. Some youth also voiced their concerns over others receiving privileges that were not earned or deserved. For instance, when youths were moved from the Willow Home due to an investigation into contraband, they were transferred to the Poplar honors dorm with their privileges intact. Unfortunately, other youths viewed this as special treatment and felt it was unfair.

Staff do not view the Legacy system as effective in addressing serious behaviors, and it was not designed to do so. In cases of serious misconduct, a disciplinary hearing process takes place. However, the hearings were stopped for some time as the policy and process were revised to better align with the Legacy program. Unfortunately, no temporary substitute for these hearings was put in place. When the hearings resumed, there was no new policy but a better alignment with Legacy. However, staff and youth still consider this process ineffective in addressing serious and violent behavior. As an example, a staff member was assaulted by three youths while another staff person attempted to shield them from further assault by lying on top of the injured staff. The youth were placed in isolation and allowed to stay in violation of the new policy. Only one youth was eligible to be considered for transfer to the adult system for this attack, and the other two, even if charged, would remain at BRRC. The disciplinary hearing process for these youth included sanctions such as being unable to petition to the next behavior level and writing a letter of apology.

DJJ must consider how to prevent situations where staff and potentially other youth may be at risk of harm. When they occur, they need to consider their options for addressing the behavior without violating policy. These options could include separate housing (which was in place when the staff person was attacked), one-on-one staffing for the most challenging youth, individualized and intensive services and programming that cater to the youth's identified needs, and a structured behavioral plan with built-in incentives and identified consequences. While it is impossible to prevent all such situations, DJJ can certainly do more to ensure that youth are involved in rehabilitative programming and engaged in productive activities that reduce idle time. One youth expressed that being in the unit was no better than being in isolation because there was nothing to do.

A comprehensive schedule of activities is difficult to maintain at BRRC for various reasons. High staff turnover and vacancies make maintaining consistency and following through with planned activities challenging. DJJ's organizational structure also hinders collaboration, which inhibits the ability of facility leadership to manage services on the campus effectively. For instance, programming staff are supervised by an Associate Deputy Director who does not report to the facility

administrator. Consequently, activities that may conflict with other activities are scheduled without considering these conflicts. Additionally, the Willow Home, located on the BRRC campus to house BRRC youth, is managed by a staff person who does not report to the facility administrator. To address these issues and improve communication and collaboration, BRRC began holding weekly meetings. However, there continue to be decisions made to the schedule that do not consider the impact on other areas. For example, when the school schedule was modified, it disrupted the newly implemented cognitive behavioral New Phoenix program.

BRRC also engages in inefficient practices pertaining to youth movements, transportation, and medication management. A lot of time is spent moving youths around the campus, for instance, returning them to their unit for lunch instead of using the on-site cafeteria. Youth are also transported to receive their daily medications, although recent changes have allowed them to be delivered to the unit when feasible. It is sometimes difficult to ensure youth stay with their group due to the vast campus. DJJ has devised plans to fence off sections of the campus to improve security, but these plans depend on funding and are part of a larger multi-year facility improvement plan.

DJJ has taken steps towards addressing the mental health needs of young people. An amended agreement signed with the South Carolina Department of Mental Health has allowed BRRC to temporarily place some youth with serious mental illnesses off campus for treatment. However, these placements are not permanent, and one individual was returned to the campus shortly after the placement due to behavioral issues.

DJJ is working with an expert in suicide prevention for youth in correctional facilities to obtain an assessment and recommendations regarding its suicide prevention practices. DJJ retained this expert following an unfortunate tragedy at the Willow Lane Infirmary on the BRRC campus. On December 4, a youth from the Juvenile Detention Center receiving medical care at the infirmary attempted suicide. Less than 48 hours later, the youth died as a result of that attempt at a local hospital. The youth had been alone in the room and had a history of suicidal ideation, although DJJ records indicate that the youth was not on suicide watch and had not reported suicidal ideation/plan to staff in the days immediately prior to the incident.

An investigation into this incident is currently underway by the state police. At this time, it is unclear whether this incident violated provisions related to this settlement agreement. DJJ and the DOJ disagree on the relevance, and the investigation is not complete. DJJ administration has expressed its intention to assess the recommendations of the expert and any outcomes from the investigation to determine if changes are needed.

Unfortunately, youths with serious mental illnesses are often placed in correctional facilities despite it being an inappropriate placement for them. This happens due to their unlawful behavior and lack of available placements elsewhere. This practice is not uncommon in other

jurisdictions, creating significant challenges for facility administrators and others responsible for facility operations, youth care, and rehabilitation.

It is well known that isolation can increase the risk of suicidal behaviors in youth, which is why the revised isolation policy prohibits youth on full suicide watch from being placed in isolation. The policy also states that if a youth becomes suicidal as a result of isolation, they must be assessed and removed if determined to be a risk. Youth have interpreted this to mean that they must be immediately released from isolation, leading to instances where they threaten to harm themselves if they are not released. This has caused frustration among staff who feel that the policy has a loophole, which DJJ is attempting to address by seeking the guidance of a national expert in this area. However, because some of these threats are now seen as manipulative tactics, staff may not take them seriously, which could lead to increased risk. During this monitoring period, there were at least two youths on full suicide watch who were in isolation for part of that time, a violation of the policy.

DJJ has made progress in several areas. The upgrades to their surveillance system and physical infrastructure have improved the ability to monitor youth and provide a safer living environment. However, some youth still engage in destructive behavior, such as removing sinks and drinking fountains from the walls and setting off fire sprinklers, causing flooding. DJJ constantly assesses the facility's physical needs and has an impressive camera surveillance system that can view the same scene from multiple angles, aiding investigations.

The revised Policy 328, Investigations, became effective on January 15, 2024. Staff received training on the policy on January 29, and new procedures were implemented. Like other units, the investigations unit has faced a staff shortage and has been working to fill vacancies. As a result, almost all investigations take more than ten business days to complete. Given the complex nature of the types of cases investigated under this agreement, the 10-day requirement may be a challenging deadline to meet even when fully staffed. The resulting investigations are thorough and professionally completed.

In the programming area, there is a noted increase in the array of services being provided and partnerships with volunteers and external groups. While more work is needed in this area, DJJ moved from non-compliance to partial compliance.

Another positive development is the involvement of Quality Management and the formation of a Quality Improvement Committee. The committee held its first meeting on February 27. A quality assurance plan is in place, and steps are being taken to implement processes enabling BRRC to monitor and evaluate policy implementation and practices supporting the settlement agreement.

While these efforts demonstrate a continued effort to achieve compliance, there is still much work to be done to achieve partial and substantial compliance. DJJ is partially compliant in certain areas but non-compliant in several areas, such as implementing the revised isolation policy. Proper documentation can correct some of the non-compliance areas, while others will require more training and a commitment to



ensuring that staff follow policies and procedures. Having a clear plan and direction for how DJJ will achieve compliance is crucial. Without a solid plan and consistent monitoring, DJJ will likely still be in non-compliance in many areas after the next monitoring period.

Recommendations to Achieve Compliance



It is recommended that DJJ take the following steps to move toward substantial compliance.

- Finalize implementation plans to ensure compliance with the provisions of the settlement agreement and hold staff accountable for implementation.
- Continue efforts to improve staffing levels, striving for a 1:4 staff ratio in the living units and, eventually, an overlapping schedule in dorms with doors per the staffing study recommendations. To achieve this staffing structure, DJJ should maintain its active recruitment and retention strategies while continually evaluating its effectiveness and making changes as necessary.
- Continuously evaluate the need for additional surveillance tools, using data on where incidents frequently occur and incidents that identify blind spots.
- Post and follow a facility schedule in all living units that accounts for all daily time blocks. The schedule can be daily, weekly, or monthly and should list all activities by day and time block. Follow the schedule consistently, with exceptions for exigent circumstances.
- Include all special events on the schedule unless such events were unanticipated.
- Provide structured and rehabilitative activities when youth are not attending school and at the end of the school day until they go to bed, coordinated with the youth’s individual behavioral and treatment plans.
- Include rehabilitative programming on the schedule that is an appropriate mix of physical, recreational, and leisure activities. Programming should support positive behavior, engage youth in constructive physical activity, and address general health and mental health needs.
- Offer rehabilitative programming in a setting appropriate for delivering the programming and by staff trained in the program or activity.
- Develop an alternate schedule for youth not in school to ensure they are engaged in structured activities that contribute to attaining prosocial skills and/or the youth’s individual behavioral and treatment goals.
- Provide structured, developmental activities that contribute to the youth’s attainment of prosocial skills and/or behavioral and treatment goals when school is not in session and during the weekends and holidays.
- Offer rehabilitative programming in a setting appropriate for delivering the programming and by staff trained in the program or activity.
- Establish consistent responses to youth behaviors by implementing the Legacy BMS consistently and with fidelity to

provide staff with an array of responses and sanctions they can employ other than physical force or isolation.

- Monitor the effectiveness of the Legacy BMS in reducing youth-on-youth violence and increasing positive behaviors and adjust as needed.
- Continue to ensure all staff are scheduled for and complete Safe Crisis Management (SCM) training before working directly with youths and require staff to be trained annually thereafter.
  - In instances where untrained staff are scheduled to work, they should be paired with SCM-trained staff.
  - Only SCM-trained staff should be allowed to use restraint and physical force on youths consistent with policies.
- Fully implement revised policies related to the required elements of the settlement agreement. Ensure all staff read and acknowledge the policies and have received training. Revise training to reflect the new policies and procedures and monitor policy compliance. Take appropriate disciplinary action when policies are not followed.
- Whenever physical force is used, determine whether its use complies with policies and procedures. Take the appropriate disciplinary action when staff use physical force inappropriately.
  - The use of physical force or restraint should be documented with sufficient detail, including:
    - A description of the youth action that created a serious and immediate danger to self or others necessitating the use of force or restraint.
    - A description of verbal directives and graduated interventions that were attempted to avoid or minimize the use of force or restraints; and
    - The type of force or restraint used, including naming the specific techniques on which officers are trained, and for how long it was used.
- Whenever isolation is used, determine whether its use complies with policies and procedures. Take the appropriate disciplinary action when isolation is used inappropriately.
  - Document with sufficient detail the use of isolation, including:
    - The youth action that created a serious and immediate danger to self or others necessitating isolation.
    - The less restrictive techniques an officer used prior to using isolation.
- Finalize the action plan for implementing a quality assurance system. The system should include a mechanism for how DJJ will collect, review, and analyze data and information monthly to assess and identify trends in youth-on-youth physical harm, inappropriate use of force, and inappropriate use of isolation. The plan should identify who is responsible for identified tasks and include target deadlines for completing tasks.

- Collect, review, and analyze data and information monthly to assess and identify trends in youth-on-youth physical harm, inappropriate use of force, and inappropriate use of isolation.
  - Document the monthly data review meetings to verify it is occurring.
  - Ensure DJJ’s data collection system includes the data elements required in provision 103 of the settlement agreement.
  - Include a mechanism for how DJJ will review a sample of incident reports, isolation justification and continuation documents, and investigations. The process should include how the review and subsequent recommendations will be documented.

DJJ should also consider these recommended steps.

- Complete the facility incident dashboard that will document incident location and map trends.
- Train all campus staff, stakeholders, and family members on positive youth development and methods for reinforcing the Legacy BMS, even if they do not directly apply rewards and consequences. Changing culture from a punitive system to one invested in supporting youth in their social, emotional, physical, and intellectual development requires everyone to be invested.
- Be vigilant in maintaining the condition of the dorms.
  - Special attention should be paid to keeping them orderly and clean. A clean environment alerts youth to the expectation that property is to be respected and maintained. Litter and graffiti contribute to a sense of disorder. Dorms and living areas should be cleaned daily and deep cleaned at least weekly.
- Increase family engagement during a youth’s entire stay at BRRC, including involving the family in the youth’s treatment plans, participating in regular updates, and developing the youth’s reentry plan.
- Explore and select software that can assist with collecting and analyzing data related to the settlement agreement's provisions.

## *SOURCES*

- Staff and youth interviews and onsite observations during November 13-14, 2023, and March 5-6, 2024, monitoring site visits
- Verbal reports from DJJ administration during meetings in 2023 on October 18, November 15, and December 20, and in 2024 on January 17, February 21, and March 20
- Vacancy, turnover, and retention data for October 2023 to February 2024
- Master Schedules for Cypress and Poplar, February and March 2024
- YES Groups, Group Summary Form, October to December 2023, February 2024
- Credible Messenger Summary Report, October and November 2023, January 2024
- Recreation/Leisure Schedule, October and November 2023, January and February 2024




- Chaplaincy Reports, October 2023 and January 2024
- Programming Events Reports, October and November 2023, January and February 2024
- Therapeutic Service Log, February 2024
- Action Planning Session with BRRC staff December 4, 2023
- Sampling of Initial and Updated Supervision and Service Plans, October to December 2023
- Updated Supervision and Service Plans, October to December 2023
- Revised *Legacy Behavior Management Program Trauma-Informed Effective Reinforcement “T.I.E.R” Program Guide*, dated January 9, 2024
- Forms: Community Groups Questionnaire Petition; Legacy Petition Feedback Form; Petition Form
- Youth-on-youth violence data from May 2022 to May 2023 and October 2023 to February 2024
- Daily Progress Review Sheets for the weeks of October 19-25, November 16-22, December 28-January 3, January 25-31, and February 8-14
- Disciplinary Hearing Data for November 2023, January 2024, and February 2024
- Monthly training records for October 2023 to February 2024 for security staff and rapid response team members
- Monthly training records for January and February 2024 for education staff
- Draft and finalized Policy 310, Mechanical Restraints
- Draft and finalized Policy 315, Use of Physical Force
- Agency-wide policy review and acknowledgment records, dated February 9 and March 8, 2024
- October 2023 to February 2024 Use of Force BRRC Summary data
- October 2023 to February 2024 Youth Population reports
- October 2023 to February 2024 investigations summaries on use of force incidents
- Use of Force BRRC Summary data, October 2023 to February 2024
- Investigations summaries on use of force incidents, October 2023 to February 2024
- Use of Force event reports, October 2023 to February 2024
- Finalized policy 328, Investigations
- Training Attendance Roster for the January 29, 2024, 5-hour Investigations Training
- Event Reporting System summary report, October 2023 to February 2024
- Draft and finalized Policy 323, Isolation of Youth
- October 2023 to February 2024 Youth Isolation Details data
- February 2024, Youth Isolation Commencement and Release Forms and Youth Isolation Check Logs
- Education isolation records for October 2023 to February 2024
- October 2023 to February 2024 youth suicide logs
- Staff training and retraining records for October 2023 to February 2024
- *Quality Management - DOJ Implementation Plan* draft, received on March 4, 2024
- Monthly investigations review tool for March 2024
- BRRC Monthly Review Meeting Agenda, dated March 14, 2024, and supporting documents

## Staffing

### 29. STAFFING STUDY CONSULTANT

DJJ will hire a consultant to conduct a staffing study within nine months [January 2023] of the effective date. The staffing study will determine the appropriate staffing levels and patterns to implement the terms of this agreement, including adequately supervising youth in the male living units.

Compliance Rating    Substantial Compliance<sup>7</sup>

<p>Description of the Monitoring Process</p> 	<p>The SME reviewed email communications between the SME, DJJ Compliance Monitor, and DOJ, as well as meeting notes from the November 8, 2022, quarterly meeting regarding selecting a consultant to conduct a new staffing study.</p>
<p>Findings and Analysis</p> 	<p>DJJ is in substantial compliance.</p> <p>DJJ hired The Moss Group, Inc., a Washington, D.C.-based consulting firm that specializes in strategic solutions to issues facing correctional administrators, to conduct a staffing study. The study was completed on December 30, 2022, and all parties accepted its methodology and conclusions for implementation.</p>
<p>Recommendations to Sustain Compliance</p> 	<p>Nothing further is required.</p>

#### SOURCES

- October 3 and 11, 2022, emails from DOJ to SME stating DJJ would like to select The Moss Group, Inc., to conduct a new staffing study, with the proposed consultant’s resumes attached
- November 8, 2022, quarterly meeting with DJJ confirming the joint selection of the consultant

<sup>7</sup> Substantial compliance was achieved during a previous monitoring period, and nothing further is required. The information provided here is from the April 2023 Monitoring Report.

### 30. STAFFING STUDY CONSULTANT SELECTION

The DJJ and the DOJ will jointly select the consultant who conducts the staffing study.

Compliance Rating    Substantial Compliance<sup>8</sup>

Description of the Monitoring Process



The SME reviewed email communications between the SME, DJJ Director of Settlement Compliance, and DOJ, and meeting notes from the November 8, 2022, quarterly meeting regarding selecting a consultant to conduct a new staffing study.

Findings and Analysis



DJJ is in substantial compliance.

DJJ hired The Moss Group, Inc., a Washington, D.C.-based consulting firm that specializes in strategic solutions to issues facing correctional administrators, to conduct the staffing study. DJJ and DOJ jointly agreed upon the consultant selected. The study was completed on December 30, 2022, and all parties accepted its methodology and conclusions for implementation.

Recommendations to Sustain Compliance



Nothing further is required.

#### SOURCES

- October 3 and 11, 2022, emails from DOJ to SME stating DJJ would like to select The Moss Group, Inc., to conduct a new staffing study, with the proposed consultant’s resumes attached
- November 8, 2022, quarterly meeting with DJJ confirming the joint selection of the consultant

<sup>8</sup> Substantial compliance was achieved during a previous monitoring period, and nothing further is required. The information provided here is from the April 2023 Monitoring Report.

### 31. STAFFING STUDY FACTORS

The staffing study will consider factors including:

- i. The classification and risk profiles of youth at BRRC;
- ii. The physical configuration and function of spaces;
- iii. When and where incidents reported in BRRC’s incident management system most frequently occur at BRRC; and
- iv. The routine availability of staff, including supervising officers, and DJJ public safety officers to respond to incidents.


Compliance Rating    Substantial Compliance<sup>9</sup>

Description of the Monitoring Process



The monitoring team reviewed the *Staffing Study Findings and Recommendations Report* submitted to DJJ on December 30, 2022.

Findings and Analysis



The staffing study recommended a 1:4 staff-to-youth ratio for boy’s dorms without doors with an additional sergeant as a rover. For dorms with doors, the study recommended that the staffing ratio remain a 1:4 staff-to-youth ratio until there is a measurable and significant drop in incidents over a one-year period. BRRC should then consider an “overlapping staffing deployment with one direct care staff in the dorm from 6 am to 6 pm, and one other overlapping direct care staff reporting between 11 am and 11 pm, covering the most active time for youth in the unit.” The recommended staffing level for the Willow Home was 1:8 with a rover.

In making these recommendations, the study considered youth risk profiles, the living units’ physical configuration, and staff availability. Incident reporting data were reviewed from 4/15/22 to 10/15/22, but it was deemed incomplete and not useful for identifying trends. DJJ is working to improve their data collection process. The consultant also conducted a site visit on December 2, 2022.

The study offered 12 recommendations, including adding supervisory positions to function as rovers and be available for emergency response, staff training and coaching on positive behavior

<sup>9</sup> Substantial compliance was achieved during a previous monitoring period, and nothing further is required. The information provided here is from the April 2023 Monitoring Report.



management and being proactive, an incident and emergency response plan, and replacing contracted security staff with state employees in the future.

The study met the required factors.

Recommendations to Sustain Compliance



Nothing further is required. However, once data collection is improved, DJJ should adjust its staffing structure, and levels should trend data indicate a need.

### *SOURCES*

- *Staffing Study Findings and Recommendations Report* submitted to DJJ on December 30, 2022



## 32. STAFFING CHANGES

Within 18 months [October 2023] of receiving the staffing study, DJJ will make reasonable efforts to implement changes to existing staffing to conform to the staffing patterns recommended by the staffing study.

Compliance Rating Partial Compliance

### Description of the Monitoring Process



The monitoring team reviewed records provided by the Office of Human Resources on vacancies, turnover, and retention from October 2023 to February 2024. In addition, staff and consultant interviews, emails, and meetings were conducted with DJJ and BRRC administration. Duty rosters were also reviewed for various weeks of the monitoring period.

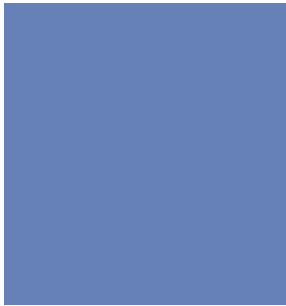
### Findings and Analysis



DJJ administration and staff confirmed they follow a mandatory 1:8 ratio of staff-to-youth, but they try to lower it whenever feasible and are trying to implement unit-based scheduling. Upon reviewing selected duty rosters from October to December 2023 and February 2024, it was found that the 1:8 ratios were scheduled 100% of the time. Rosters for January and March 2024 were not provided. Below is a table of sample duty rosters that displays the percentage of times the 1:4 staffing ratio was achieved, the percentage of time two staff were scheduled to work on a unit, and the percentage of time unit supervisors were scheduled. Willow Home had the highest occurrence of double staffing, with 45% of the time in October, November, and December.


Date	Youth	1:4 units	2 staff units	Unit Supervisor
Oct 8	35	29%	29%	0%
Oct 29	32	57%	14%	100%
Nov 5	34	43%	29%	50%
Nov 12	31	100%	71%	100%
Feb 15	22	80%	0%	50%
Feb 19	22	80%	20%	50%
Feb 23	23	80%	20%	100%

While double staffing is not a requirement, it is recommended considering that staff have expressed fear of working in a unit alone. While the numbers show some progress, more work still needs to be done to achieve the recommended staffing levels. Unfortunately, staff turnover and vacancies are a threat to this goal. Data reviewed for this monitoring period indicates that DJJ was unable to sustain the progress it had made in the previous monitoring period in filling and



retaining juvenile correctional officer positions (JCO). JCO vacancies increased from 15% in October 2023 to 39% in February 2024. The vacancy rates were calculated based on the number of funded positions, which decreased from 107 in October 2023 to 97 in February 2024. The reduction in funded positions was likely due to fewer youth on campus, which decreased from a high of 48 in November to 23 in January.

Recommendations to Achieve Compliance



It is recommended that DJJ take the following steps to move toward substantial compliance.

- Continue efforts to improve staffing levels, striving for a 1:4 staff-to-youth ratio in the living units and a 1:8 ratio in the Willow Home with a rover, and eventually an overlapping schedule in dorms with doors per the staffing study recommendations.
- Maintain and strive to meet supervisory positions as outlined in the staffing study. Each shift should operate with 1 Captain as the Shift Commander, with 2 Lieutenants (outside unit rovers) and 2 Sergeants (outside rovers and escort).
- Document and evaluate the outcomes of each recruitment and retention strategy and adjust as needed.
- Maintain records to monitor staffing ratios and adjust as needed.

DJJ should also consider the following recommended steps to improve workplace conditions, which could improve retention rates.

- Schedule a minimum of two staff per living unit during waking hours.
- Develop post orders for each post, including orders for units with and without doors.
- Ensure staff have regular breaks and relief opportunities during their shift.
- Identify opportunities for growth and a pathway for advancement in the department during annual staff performance reviews.
- Annually train security staff to consistently exercise positive behavioral approaches when working with youth.
- Provide security staff with support, coaching, and backup to de-escalate a situation and intervene safely with the least amount of force.
- Implement unit-based scheduling so staff can develop rapport with youth and maintain a consistent environment.

### SOURCES

- *Staffing Study Findings and Recommendations Report* submitted to DJJ on December 30, 2022
- Vacancy, turnover, and retention data for October 2023 to February 2024




- Verbal reports from DJJ administration during meetings in 2023 on October 18, November 15, and December 20, and in 2024 on January 17, February 21, and March 20
- Staff interviews during November 13-14, 2023, and March 5-6, 2024, monitoring site visits
- BRRRC Duty Rosters for October 8, October 29, November 5, November 12, December 3, December 17, and the weeks of February 11, and February 18
- Daily Population Reports, October 10 and 30, 2023, November 7 and 12, 2023, and February 12-16 and 19-23, 2024

## Physical Plant

### 33. PHYSICAL PLANT

Within three months [July 2022] of the effective date of this Agreement, DJJ will identify areas within BRRC where there is currently no video surveillance, and where incidents have occurred in the last year, or are likely to occur.

Compliance Rating Substantial Compliance<sup>10</sup>

<p>Description of the Monitoring Process</p> 	<p>The monitoring team reviewed DJJ's Camera Surveillance Project: Camera Coverage Report submitted to the DOJ and the SME on July 13, 2022, and DJJ's <i>Initial Implementation Plan</i>. The team also conducted two facility site visits on January 12-13 and March 6-8, 2023.</p>
<p>Findings and Analysis</p> 	<p>Per DJJ's <i>Camera Surveillance Project</i>, the department reviewed internal and external areas to determine whether video surveillance was necessary and created a camera installation plan based on that review. While reliable data were unavailable to identify areas where incidents have occurred or are likely to occur, DJJ's review was informed by staff knowledgeable about where and when incidents occur. This anecdotal information was the best source of information at the time of the review. DJJ also considered feedback from the monitoring team about other locations where surveillance tools may be necessary and adopted some recommendations. There are areas where additional surveillance tools may be necessary, such as vehicles used to transport youth and in the Willow gymnasium upstairs workout room.</p> <p>The department is also working toward adding location information to its Event Reporting System to help identify areas where incidents occur. A data dashboard is under development to allow the administration to view incident summary data and identify trends more easily. More robust and accurate information will help DJJ more accurately strategize solutions.</p>
<p>Recommendations to Sustain Compliance</p> 	<p>Nothing further is required. However, DJJ should continue to evaluate areas without video surveillance to determine whether additional cameras are needed, including, but not limited to, buses and vehicles used to transport youth and the upstairs workout room of the Willow gymnasium.</p>

<sup>10</sup> Substantial compliance was achieved during a previous monitoring period, and nothing further is required. The information provided here is from the April 2023 Monitoring Report.




### *SOURCES*

- *Camera Surveillance Project: Camera Coverage Report*, submitted by DJJ to DOJ and SME on July 13, 2022
- *Initial Implementation Plan: South Carolina Department of Juvenile Justice, Broad River Road Complex*, August 12, 2022
- January 12-13 and March 6-8, 2023, monitoring site visits
- March 1, 2023, email from the Director of Settlement Compliance containing an updated status report

### 34. SURVEILLANCE TOOLS TIMELINE PROPOSAL

Within five months [September 2022] of the effective date of this Agreement, DJJ will propose to the United States and the Subject Matter Expert a timeline for adding surveillance tools to enable: (1) effective supervision of areas without video surveillance; and (2) effective investigations of incidents occurring in areas without video surveillance. When developing this timeline, DJJ will prioritize blind spots where incidents have occurred in the last year.

#### Compliance Rating    Substantial Compliance

<p>Description of the Monitoring Process</p> 	<p>The monitoring team reviewed the <i>Camera Surveillance Project: Camera Coverage Report</i> submitted by DJJ to the DOJ and the SME on July 13, 2022, a September 12, 2022, installation priority chart, and email exchanges between DJJ and the DOJ. IT staff were also interviewed during the March 5-6, 2024, site visit to determine the status of equipment installation.</p>
<p>Findings and Analysis</p> 	<p>During the March 5-6, 2024, site visit, IT staff confirmed that all surveillance equipment identified in their plan had been installed. While their proposed timeline lacked specificity due to supply chain issues, DJJ did demonstrate a willingness to follow through on the installation of equipment when it became available.</p> <p>DJJ plans to improve campus lighting to ensure that cameras can pick up movement during the evening hours. DJJ is also in the process of bringing in a third-party expert to assist with identifying blind spots.</p>
<p>Recommendations to Sustain Compliance</p> 	<p>Nothing further is required.</p>




#### SOURCES

- *Camera Surveillance Project: Camera Coverage Report*, submitted by DJJ to DOJ and SME on July 13, 2022
- September 12, 2022, email from DJJ to DOJ containing a tentative installation prioritization
- March 1, 2023, email from the Director of Settlement Compliance containing an updated status report
- Interviews with IT staff during the November 13-14, 2023, and March 5-6, 2024, monitoring site visits

### 35. SURVEILLANCE TOOLS TIMELINE REVIEW

The United States and the Subject Matter Expert will review the proposed timeline, and proposed placement of surveillance tools, and propose any revisions necessary within one month of receiving the proposal. The final timeline is subject to approval by the United States.

Compliance Rating    Substantial Compliance

<p>Description of the Monitoring Process</p> 	<p>The monitoring team reviewed the <i>Camera Surveillance Project: Camera Coverage Report</i> submitted by DJJ to the DOJ and the SME on July 13, 2022. Emails exchanged between DJJ and the DOJ were also reviewed. IT staff were also interviewed during the March 5-6, 2024, site visit to determine the status of equipment installation.</p>
<p>Findings and Analysis</p> 	<p>Supply chain issues made it difficult for DJJ to provide the desired level of timeline specificity requested by the DOJ and SME. DJJ, however, continued to work toward installing and activating all surveillance equipment identified in their report. During the March 5-6, 2024, site visit, IT staff confirmed that all surveillance equipment identified in their plan had been installed.</p>
<p>Recommendations to Sustain Compliance</p> 	<p>Nothing further is required.</p>

#### SOURCES

- *Camera Surveillance Project: Camera Coverage Report*, submitted by DJJ to DOJ and SME on July 13, 2022
- September 12, 2022, email from DJJ to DOJ containing a tentative installation prioritization
- March 1, 2023, email from the Director of Settlement Compliance containing an updated status report
- Interviews with IT staff during the November 13-14, 2023, and March 5-6, 2024, monitoring site visits

## 36. SURVEILLANCE INSTALLATION

Once approved by the US, DJJ will add surveillance according to the approved timeline.

Compliance Rating    Substantial Compliance

### Description of the Monitoring Process



The monitoring team reviewed the *Camera Surveillance Project: Camera Coverage Report* submitted by DJJ to the DOJ and the SME on July 13, 2022, a September 12, 2022, installation priority chart, conducted two facility site visits, and reviewed emails from the Director of Settlement Compliance. Information was also gathered from staff interviews, emails, and monthly meetings with DJJ and BRRC administration. IT staff were also interviewed during the March 5-6, 2024, site visit to determine the status of equipment installation.

### Findings and Analysis



During the March 5-6, 2024, site visit, IT staff confirmed that all surveillance equipment identified in their plan had been installed. Since April 2022, DJJ has installed more than 800 cameras on campus, significantly improving the ability to monitor youth movement. DJJ plans to improve campus lighting to ensure that cameras can pick up movement during the evening hours. DJJ is also in the process of bringing in a third-party expert to assist with identifying blind spots.

A written curriculum is in the process of being developed for control room staff. This curriculum is based on the two-hour training provided for staff last year on how to properly identify suspicious activity and monitor youth movement.

### Recommendations to Sustain Compliance



Nothing further is required.

DJJ should consider the following recommended steps:

- Develop a standardized curriculum to train and assess the competency of the control room staff on appropriate camera monitoring procedures, including being able to identify suspicious activity and following youth as they move from their dorms to other campus locations.
- Implement descriptive BRRC location information (building name and area) in the Event Reporting System to track where incidents occur.
- Complete the data dashboard to support the continual evaluation of whether additional surveillance equipment is necessary and adjust.
- Implement an annual review of incident data to determine if surveillance tools are sufficient to capture incidents and if additional tools may act as a deterrent or enhance youth and staff safety.





- Consider feedback from the monitoring team to adjust surveillance strategies and equipment needs to address areas of concern.
- Provide regular updates to staff on BRRC locations where incidents are more likely to occur so staffing or other surveillance strategies can be enhanced.




### *SOURCES*

- Camera Surveillance Project: Camera Coverage Report, submitted by DJJ to DOJ and SME on July 13, 2022
- Interviews with IT during the November 13-14, 2023, and March 5-6, 2024, monitoring site visits
- Interview with training staff during the March 5-6, 2024, monitoring site visit

## 37. VIDEO RETENTION

DJJ will retain all video surveillance for a sufficient period to ensure it is available for investigations, regular oversight, and quality assurance reviews.

Compliance Rating    Substantial Compliance

<p>Description of the Monitoring Process</p> 	<p>The monitoring team observed and tested the camera surveillance equipment with the assistance of staff during its November 2023 and March 2024 site visits. Information was also gathered from staff interviews.</p>
<p>Findings and Analysis</p> 	<p>During the site visits in November 2023 and March 2024, the monitoring team tested the surveillance system's ability to retrieve various incidents within the last 30 days or longer. Staff members were able to access video from the control center without any issues. They pulled up all the requested incidents, including ones that were older than 30 days. Additionally, the video bookmarking system worked successfully, and staff with access rights were able to pull up the requested incidents. It was observed that the staff working navigated the surveillance system much quicker than during previous site visits.</p> <p>The IT Team reported they conduct monthly system health checks to ensure that the system operates effectively, and cooling fans are working properly.</p>
<p>Recommendations to Sustain Compliance</p> 	<p>To maintain substantial compliance, it is recommended that DJJ take the following steps.</p> <ul style="list-style-type: none"><li>• Follow its current practices to retain video for a minimum of 30 days to ensure it is available for investigations, regular oversight, and quality assurance reviews.</li><li>• Ensure authorized staff bookmark video upon request to ensure it is available.</li><li>• Monitor retention practices to ensure compliance.</li><li>• Regularly test and maintain equipment to ensure functionality.</li></ul> <p>DJJ should also consider the following recommended steps.</p> <ul style="list-style-type: none"><li>• Finalize, approve, and implement revised policy 314, Camera Surveillance.</li><li>• Require all staff to read and acknowledge policy 328, Investigations, and policy 314, Camera Surveillance once it is approved.</li></ul>



- Train all staff on the policies and their application. The training should include scenarios, a question-and-answer segment, and be competency-based, with staff required to complete and pass a test or quiz about the policies.
- Monitor implementation to ensure the policies are having the desired impact and adjust as needed in consultation with the monitoring team and the DOJ.

#### *SOURCES*

- Staff interviews and observations during November 13-14, 2023, and March 5-6, 2024, monitoring site visits.

## Rehabilitative Programming

### 38. REHABILITATIVE PROGRAMMING

DJJ will provide adequate, structured rehabilitative programming, from the end of the school day until youth go to bed and on weekends, to reduce the likelihood of youth-on-youth violence.

Compliance Rating Partial Compliance

Description of the Monitoring Process

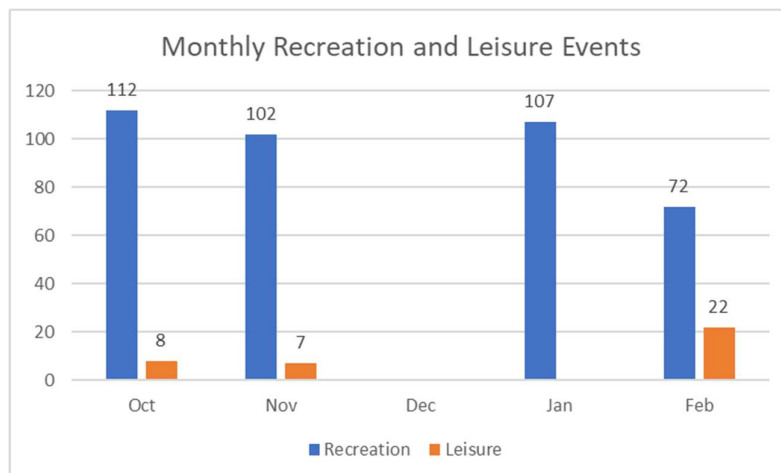
The monitoring team conducted two site visits, reviewed facility activity schedules, youth treatment plans, records documenting programming activity and attendance, and draft action plans. Programming staff and youth were also interviewed.

Findings and Analysis



As previously reported, the facility offers multiple opportunities for youth to participate in rehabilitative programming. These activities include work, clinical groups, behavior interventionists, recreation, special events, and other leisure activities. Although some progress has been made to provide a broader array of recreational and rehabilitative program activities, consistency and fidelity were problematic. Staffing and scheduling continued to contribute to DJJ’s inability to implement a full array of programming for all youth.

During the monitoring period, DJJ reported 430 recreation and leisure activities, 91% of which were recreation only. No data were provided for December 2023. Activities included basketball, dodgeball, walking with staff, fitness boot camp, capture the flag, a two-man basketball shootout, water Olympics, and a spa day.



During the early weeks of the monitoring period, BRRC had several key programming staff positions vacant. Although the Clinical team

remained fully staffed, there were substantial programming vacancies. In November, it was reported that the Associate Deputy for Programs, Program Coordinator, and Assistant Facility Administrator left the agency within a month or so of one another. These positions were all intricately involved in programming. The Program Coordinator, Activity Coordinator / Recreation Specialist, and Youth Engagement Specialist (YES) positions also had additional staff vacancies. As of March 20th, BRRRC reported that they had a newly hired Program Coordinator, only one activity staff, and only two YES counselors. The agency is currently in the process of recruiting/hiring for other positions.

BRRRC implemented a new organizational structure for its programming department in early February. The changes primarily involved the removal of Activity Coordinator positions, which have been replaced with Program Coordinator roles. The Program Coordinators will oversee all activities, special programming, mentoring, events, and other youth opportunities. They will collaborate with external vendors and other parties to provide targeted and healthy programs for the youth they serve. Additionally, the YES team will be responsible for conducting recreational activities with the youth and providing crisis de-escalation, counseling, and group sessions. During the rating period, the Facility Administrator transitioned to Interim Associate Deputy for Programs and then became the permanent Associate Deputy for Programs.

Challenges continue with developing and maintaining a facility calendar or a daily schedule. A master calendar with an August start date and copies of the October master calendars for Cypress and Poplar were provided in November. At least one manager and another staff member reported that it worked for about two weeks and was not followed routinely after that. Partial calendars were provided highlighting holiday and break activities in December. Master calendars for the Cypress and Poplar units were also provided for February, but during the March monitoring visit, it was found that calendars were not posted in all units. When requested, a new staff could not produce a calendar or know where to find one.

Despite the staff shortage, progress was noted, with programming varying slightly more than in the prior rating period. BRRRC, once again, sponsored an intramural basketball team and competed with outside teams, winning the championship for the second year. Chaplaincy staff and volunteers, along with the Credible Messengers, offered support to ensure that youth had a variety of groups and other activities during the monitoring period. The Recreation staff added various basketball games and offered activities such as kickball, dodgeball, and workout time. Staff reported that recreation time sometimes started with another activity and then shifted to basketball before the session ended. It was reported that, to some degree, youth were consulted in selecting the activities. Some staff also reported that the schedules were not often followed, sometimes due to security issues and that supplies (including recreational

equipment and board games) were low, thus limiting the types of programming available. Procurement issues were cited early in the reporting period, hampering the ability to purchase replacement games and equipment.

The Chaplains, Credible Mentors, and YES staff provided individual group sessions. Data was not provided for all months. A sampling of groups offered per the data provided included:

- Chaplaincy Activities: Individual consultation, Crisis / Grief Counseling, Collateral Counseling, Intake and Unit Visitation, Staff / Youth Basketball, Bible Study, Various Worship Services, Holiday celebrations, DBT / CBT.
- Credible Messengers Groups: Fitness 101, Expressive Writing, Three Habits of Success, Changing Your Truth, Diamond Within, Brother-to-Brother Group, Financial Literature, Born For Greatness, Understanding Anger, and Kill the Kid, Kill the King, Emotional Intelligence, Smart Money, and Train-the-trainer.
- YES Groups: Impulsivity, Family Trauma, Sound Therapy (Meditation), Self-Reflection, Thinking For A Change, Alcohol and Drugs (AOD), Music Therapy, Resume Building, Round Table Talks, Mastery, and Organizational Skills.

The clinical staff have faced challenges in offering rehabilitative programming consistently and with fidelity. BRRRC introduced a new life skills treatment program, the Phoenix New Freedom, in partnership with the school on January 22<sup>nd</sup>. This social learning program teaches youth key coping skills. However, problems arose within the first two weeks of its implementation. The program was offered on all school days except Wednesday, during blocks within the school day. Unfortunately, the staff have been unable to deliver the curriculum with fidelity during this period due to different configurations of attendees and disruptions with school attendance. The school continues to be offered in two shifts, with youth scheduled for school in one of two blocks based on which units are experiencing conflicts with others. Youth arrival to school on time has reduced the time available for delivering the modules, making it difficult to maintain consistency in the program delivery.

The clinical team had previously announced that the Thinking For A Change (T4C) program would be the primary treatment program offered on Wednesdays. However, in November, they reported ongoing issues with consistency, structure, and order in getting youth ready to participate in the groups, both on the unit and in the clinical hallway. As a result, it was difficult to deliver this curriculum consistently and with fidelity. Sometimes, they were only able to complete one of three planned groups. They also noted that the youth participating in college courses showed more maturity and interest in participating in groups. Currently, therapeutic groups include T4C, ART, and tenets of DBT, which are provided individually.

The team is also considering implementing Moral Reconation Therapy.

During the rating period, the clinical staff faced difficulties providing group sessions to the youth on the units. The youths were reluctant to return to the units and settle for group sessions. To address this issue, BRRC introduced a new program called ACE in mid-March. This program involves a highly supervised, cross-disciplinary team working with the youth of Poplar A throughout the day to control their behavior. The Phoenix curriculum is delivered to this group of youth daily within the unit.

Additional rehabilitative programming is hard to ascertain. DJJ provided only two reports of Therapeutic Logs during the rating period. These reports included security staff counseling one youth who was removed from isolation within 2.5 hours and multiple security staff attempting to de-escalate another youth who was isolated overnight for about eleven hours.

DJJ had plans to expand the services offered to youth by hiring new staff as part of a new Integrated Services Unit. However, these plans have not yet been fully realized. In June, a new Director of Integrated Services was hired, and a second Reentry Director has been added to the team. Unfortunately, the first hire left the position soon after starting and returned to a prior role. Two substance abuse positions were reported to be pending as of March. However, the plans to hire gender-responsive and sex offender treatment positions have stalled.

DJJ announced the re-opening of the Willow Home for transition-eligible youth in August 2023. However, the home was closed in January 2024 due to a major investigation involving contraband found on the unit and remains closed as of April 1. The youth were relocated to the Honors Unit in Poplar during the investigation. This move has been controversial, as some believe the youth under investigation received special privileges.

During this monitoring period, BRRC's program offerings improved, but performance was inconsistent due to staffing and scheduling issues, which resulted in excessive idle time reported by staff and youth. The youth interviewed said that when they are not at school, they spend most of their time on the unit with little to do. For youth not enrolled in school, the days are particularly vacant of programming. Staff reported that excessive idle time was the biggest contributor to youth misbehavior.

Recommendations to Achieve Compliance



It is recommended that DJJ take the following steps to move toward substantial compliance.

- Complete and implement the Action Plan regarding the facility Master Schedule. Post and follow a facility schedule in all living units that account for all daily time blocks. The schedule can be daily, weekly, or monthly, and should list all activities by day and time block.

- Follow the schedule consistently with exceptions for exigent circumstances.
- Include all special events on the schedule unless such events were unanticipated.
- Provide structured and rehabilitative activities when youth are not attending school and at the end of the school day until they go to bed, coordinated with the youth's individual behavioral and treatment plans.
- Include rehabilitative programming on the schedule that is an appropriate mix of physical, recreational, and leisure activities. Programming should support positive behavior, engage youth in constructive physical activity, and address general health and mental health needs.
- Offer rehabilitative programming in a setting appropriate for delivering the programming and by staff trained in the program or activity.
- Develop an alternate schedule for youth not in school to ensure they are engaged in structured activities that contribute to attaining prosocial skills and/or the youth's individual behavioral and treatment goals.
- Provide structured, developmental activities that contribute to the youth's attainment of prosocial skills and/or behavioral and treatment goals when school is not in session and during the weekends and holidays.
- Offer rehabilitative programming in a setting appropriate for delivering the programming and by staff trained in the program or activity.
- Ensure sufficient staffing levels consistent with the recommendations of the staffing study so youth may realize the full benefits of programming.

DJJ should also consider the following recommended steps to enhance rehabilitative programming.

- Give youth a voice in selecting the mix of rehabilitative programming they would like to have included in the schedule. This mix should be reviewed regularly with youths to maintain their interest.
- Match rehabilitative programming to youths' needs and interests and ensure they are developmentally appropriate.
- Require youth to practice and apply skills learned to increase their likelihood of engaging in law-abiding behavior.
- Involve security staff in observing or participating in programming so they can model the behaviors or skills learned for youth and encourage them to practice the newly acquired skills.
- Implement the *Thinking for a Change* (T4C) curriculum with fidelity to achieve the desired impact.
  - Require facilitators to complete facilitator training.
  - Upon completion of the training, implement quality assurance methods to ensure facilitators follow the



model as intended. These methods could include session observations followed by facilitator coaching with someone with expertise in the curriculum.

- Require all staff to attend an orientation on the T4C model to understand the purpose of the curriculum and how it supports social skills development, cognitive self-change, and problem solving.
- Post the weekly T4C topic so staff can reinforce what the youth learned in the session. This reinforcement could include asking the youth to share what they learned or prompting them to use a skill they were taught.
- Review and possibly revise specialized staff schedules so that employees are available during non-school hours, including weekends. Specialized staff whose schedules may need to be adjusted include social workers, psychologists, clinicians, qualified mental health professionals, and youth engagement specialists.
- Individualize each youth’s treatment and transition plan.
  - Use the results from a validated actuarial risk and needs assessment to determine each youth’s risk, criminogenic needs, strengths, and responsivity factors.
  - Involve the youth and their parent(s)/guardian(s) in developing the youth’s plan. Their involvement should include sharing assessment results with them and eliciting their input on which need areas the youth would like to address in their plan.
  - Provide cognitively based interventions at a sufficient dosage to increase the youth’s likelihood of engaging in law-abiding behaviors.
  - Update treatment and transition plan monthly, involving the youth and their parent(s)/guardian(s). The updates should include documenting dosage in programs and services, acknowledging the youth’s effort and progress, addressing barriers to success, and adjusting goals and activities to motivate the youth’s continued engagement in the plan.

### *SOURCES*

- Master Schedules for Cypress and Poplar, February and March 2024
- YES Groups, Group Summary Form, October to December 2023, February 2024
- Credible Messenger Summary Report, October and November 2023, January 2024
- Recreation/Leisure Schedule, October and November 2023, January and February 2024
- Chaplaincy Reports, October 2023 and January 2024
- Programming Events Reports, October and November 2023, January and February 2024
- Therapeutic Service Log, only two records provided, February 2024

- Staff and youth interviews and observations during November 13-14, 2023, and March 5-6, 2024, monitoring site visits.
- Action Planning Session with BRRRC staff December 4, 2023
- Verbal reports from BRRRC administration during meetings on October 18, November 15, and December 20, 2023; January 17, February 21, and March 20, 2024

### 39. REHABILITATIVE PROGRAMMING MIX

Rehabilitative programming will include an appropriate mix of physical, recreational, and leisure activities. The programming will be designed to support positive behavior, engage youth in constructive physical activity, address general health and mental health needs, and be coordinated with youth’s individual behavioral and treatment plans.


Compliance Rating Partial Compliance

Description of the Monitoring Process



The monitoring team conducted two site visits, reviewed facility activity schedules, youth treatment plans, records documenting programming activity and attendance, and draft action plans. Programming staff and youth were also interviewed.

Findings and Analysis



BRRC continues to make efforts to meet the requirements of this provision; however, they are still unable to fully implement an appropriate mix of rehabilitative programming. Action planning was initiated in the last rating period and continued during this period, but those plans have either not been finished or not fully realized. Staff shortages also continue to inhibit BRRC’s ability to fully provide an appropriate mix of services that are coordinated with youth treatment plans.

Clinical, activity, and program staff are all responsible for filling the calendar after school hours and until bedtime on weekdays and the entire weekend with activities designed to support positive behavior, engage youth in constructive physical activity, and address general health and mental health needs. Periods when school is disrupted increase the times that youth should be constructively involved in other programming. The Birchwood School was closed for several days following an incident on November 30 where several teachers were injured. School resumed with modified movement, which continued in January and February. The modified schedule changes based on which youth experience conflict with others. It was reported in February that the youth housed in the Poplar dorm could attend school all day; however, the Cypress youth were being split, with Cypress A and B pods attending separately from Cypress C.

The array of recreational activities and clinical group offerings has expanded during this rating period, even though challenges exist with consistently delivering them throughout the period. The table below provides information on the number of activities by type. Blank cells indicate that no information was provided.

Activity Type	Oct	Nov	Dec	Jan	Feb
Recreation	112	102	-	107	72
Leisure	8	7	-	-	22
Special Activities	Halloween Special	Thanksgiving	Two Christmas activities	-	CDL Truck Driving Day Animation Camp Black History Month Quiz Bowl BHM Party
YES Groups	53	9	4	10	19*
YES Individual	13	2	1	1	-
YES De-escalation	7	3	1	1	-
Credible Messenger (CM) 1:1 Mentoring	830 hours	700 hours	-	800 hours	135*
CM Group	90 hours	95 hours	-	80 hours	127*
CM Recreation Support	85 hours	45 hours	-	54 hours	85 hours
CM Education Support	180 hours	100 hours	-	160 hours	-
Chaplaincy Consultation	5	20	30	-	-
Chaplaincy Counseling	27	26	33	-	-
Chaplaincy Group Activities	2	10	6	-	-
Chaplaincy Unit Visitation	4	12	4	-	-

\*Indicates a change in documentation. Only the total number of activities was recorded.

BRRC reported that all youth had active treatment plans or updates during the months provided below:

- October 33
- November 34
- December 42
- January No data was provided
- February 25

This provision requires that programming be coordinated with youth’s individual behavioral and treatment plans. A sampling of seven treatment plans completed between October to December 2023 and February 2024 were provided and reviewed. The plans are created

after admission and reviewed quarterly. Out of the seven plans, five youths participated in multi-disciplinary team meetings to create or review their treatment plans. However, it was not clear from the documentation whether the youth were involved in the other two plan reviews, and there was no indication of any parental participation. Involving youth and family members in the development and review of youth's treatment plans can result in increased engagement and commitment toward achieving plan goals and objectives, including programming goals. Family involvement also supports the creation and implementation of a solid reentry plan.

The plans outline the youth's behavioral issues, the goals to address these issues, and the methods to achieve and measure progress with varying degrees of specificity. However, two of the plans lacked details. DJJ does not include risk and needs assessment data in the treatment plan, but it is trying to determine each youth's criminogenic needs by using their history.

There are several clinical groups offered by staff or volunteers, including the Thinking For A Change (T4C) group and Phoenix New Freedom, which could address criminogenic needs. Although it has been reported that youth are participating in T4C groups, delivering this group has been challenging, making it difficult to determine how much has been received. It was also noted that youth were participating in Anger Management, and Alcohol and Other Drug treatment, with a few completions noted. However, there was not enough data to determine the level of involvement in all group offerings. Youths were rated on their overall participation level in treatment, but there was little evidence to show that youths were being placed in groups based on their plans. Instead, groups were open to all youth, regardless of their needs. Providing groups for everyone is not harmful, but this universal approach is not the best practice.

DJJ has expanded its program offerings across different disciplines and with more varied service providers. It includes Super Saturday activities that often involve five to twenty volunteers such as students from the University of South Carolina and the Church of Jesus Christ of Latter-day Saints. This has helped to fill the gaps experienced by staff shortages in the program area. Other new offerings include family night, a spa day, a Super Bowl Party, holiday dinners, and restorative justice activities such as laying straw around the trees on Martin Luther King Jr. Day, removing graffiti with Credible Messengers, and a cleaning activity jointly coordinated by clinical and security staff. Although gym time fills most of the recreation time, attempts have been made to include more activities besides basketball. Youth have reported participating in and enjoying flag football, water balloon fights, movies, and having Credible Messengers on the units. BRRC has also given youth a choice in activities for the first part of a recreation session, but many events still end with basketball. The facility sponsored an intramural basketball team for a second year, and they finished in first place. Additionally, BRRC held an internal Three-on-Three Tournament with eight participants, providing an opportunity to include more youth in a structured event.

BRRRC is applauded for its efforts to expand the programs offered and encouraged to continue with implementation efforts to ensure that youth are continually engaged and involved in pro-social activities and treatment that will directly respond to their individual needs. However, the lack of documentation, inconsistency in delivering programming services, and failure to connect services with the youth’s individual behavioral and treatment plans resulted in a finding of partial compliance.

Recommendations to Achieve Compliance



It is recommended that DJJ take the following steps to move toward substantial compliance.

- Post and follow a facility schedule in all living units that accounts for all daily time blocks. The schedule can be daily, weekly, or monthly, and should list all activities by day and time block.
- Follow the schedule consistently with exceptions for exigent circumstances.
- Include all special events on the schedule unless such events were unanticipated.
- Provide structured and rehabilitative activities when youth are not attending school and at the end of the school day until they go to bed, coordinated with the youth’s individual behavioral and treatment plans.
- Include rehabilitative programming on the schedule that is an appropriate mix of physical, recreational, and leisure activities. Programming should support positive behavior, engage youth in constructive physical activity, and address general health and mental health needs.
- Develop an alternate schedule for youth not in school to ensure they are engaged in structured activities that contribute to attaining prosocial skills and/or the youth’s individual behavioral and treatment goals.
- Provide structured, developmental activities that contribute to the youth’s attainment of prosocial skills and/or behavioral and treatment goals when school is not in session and during the weekends and holidays.
- Offer rehabilitative programming in a setting appropriate for delivering the programming and by staff trained in the program or activity.
- Ensure sufficient staffing levels consistent with the recommendations of the staffing study so youth may realize the full benefits of programming.

DJJ should also consider the following recommended steps to enhance rehabilitative programming.

- Give youth a voice in selecting the mix of rehabilitative programming they would like to have included in the schedule. This mix should be reviewed regularly with youths to maintain their interest.

- Match rehabilitative programming to youths’ needs and interests and ensure they are developmentally appropriate.
- Require youth to practice and apply skills learned to increase their likelihood of engaging in law-abiding behavior.
- Involve security staff in observing or participating in programming so they can model the behaviors or skills learned for youth and encourage them to practice the newly acquired skills.
- Implement the *Thinking for a Change* (T4C) and New Phoenix curriculum with fidelity to achieve the desired impact.
  - Require facilitators to complete facilitator training.
  - Upon completion of the training, implement quality assurance methods to ensure facilitators follow the model as intended. These methods could include session observations followed by facilitator coaching with someone with expertise in the curriculum.
  - Require all staff to attend an orientation on the T4C model to understand the purpose of the curriculum and how it supports social skills development, cognitive self-change, and problem solving.
  - Post the weekly T4C and Phoenix topics so that staff can reinforce what youth learned in the session. This reinforcement could include asking the youth to share what they learned or prompting them to use a skill they were taught.
- Review and possibly revise specialized staff schedules so that employees are available during non-school hours, including weekends. Specialized staff whose schedules may need to be adjusted include social workers, psychologists, clinicians, qualified mental health professionals, and youth engagement specialists.
- Individualize each youth’s treatment and transition plan.
  - Use the results from a validated actuarial risk and needs assessment to determine each youth’s risk, criminogenic needs, strengths, and responsivity factors.
  - Involve the youth and their parent(s)/guardian(s) in developing the youth’s plan. Their involvement should include sharing assessment results with them and eliciting their input on which areas of need the youth would like to address in their plan.
  - Provide cognitively based interventions at a sufficient dosage to increase the youth’s likelihood of engaging in law-abiding behaviors.
  - Update treatment and transition plan monthly, involving the youth and their parent(s)/guardian(s). The updates should include documenting dosage in programs and services, acknowledging the youth's effort and progress, addressing barriers to success, and adjusting goals and activities to motivate the youth’s continued engagement in the plan.

### *SOURCES*

- Sampling of Initial and Updated Supervision and Service Plans, October to December 2023
- Updated Supervision and Service Plans, October to December 2023
- Programming Events Report, October 2023 to February 2024)
- Therapeutic Service Log, February 2024
- YES Groups, Group attendance Sheets, October to December 2023, January 2024
- Credible Messenger Reports, October to November 2023, January 2024
- Chaplaincy Reports, October to December 2024
- BRRC Recreation activity log, October to November 2023, January to February 2024
- Staff and youth interviews and observations during November 13-14, 2023, and March 5-6, 2024, monitoring site visits.
- Verbal reports from BRRC administration during meetings on October 18, November 15, and December 20, 2023; January 17, February 21, and March 20, 2024






## Approach to Behavior Management

### 40. APPROACH TO BEHAVIOR MANAGEMENT

Within six months [October 2022] of the effective date, DJJ will retain consultants to assist in establishing a positive behavior management program and provide BRRC staff with regular on-site coaching for at least two years. In seeking out consultants, DJJ will prioritize individuals who have experience in implementing behavior management systems while reducing uses of force and lessening the unnecessary use of isolation. DJJ and the DOJ will jointly select the consultants.

Compliance Rating    Substantial Compliance<sup>11</sup>

<p>Description of the Monitoring Process</p> 	<p>The monitoring team reviewed the proposed consultant draft proposal and resumes and provided input to the Director of Settlement Compliance and the DOJ.</p>
<p>Findings and Analysis</p> 	<p>Following the review process, DJJ signed a contract on October 25, 2022, with the National Partnership for Juvenile Services (NPJS) to establish a positive behavior management program and to provide on-site coaching for staff for at least two years. NPJS has demonstrated experience in implementing behavior management systems and the consultants identified have direct experience with facility operations, behavior management, and coaching.</p>
<p>Recommendations to Sustain Compliance</p> 	<p>Nothing further is required.</p>

#### SOURCES

- Multiple email communications during September and October 2022 with the Director of Settlement Compliance and the DOJ discussing the NPJS proposal

<sup>11</sup> Substantial compliance was achieved during a previous monitoring period, and nothing further is required. The information provided here is from the April 2023 Monitoring Report.

## 41. POSITIVE BEHAVIOR MANAGEMENT TOOLS

Within twelve months [April 2023] of the effective date, DJJ will establish positive behavior management tools to encourage compliance with facility rules by providing positive incentives, including both short- and long-term incentives. These tools shall be reviewed and approved by the Subject Matter Expert.

Compliance Rating Partial Compliance

### Description of the Monitoring Process



The monitoring team assessed the Legacy Behavior Management System manual and a Program Guide prepared by the consultants. The team also conducted interviews with youth and staff to gather their feedback and opinions about the Legacy program and the tools being used.

### Findings and Analysis



The Legacy Behavior Management manual describes the program as a Trauma-Informed Effective Reinforcement (T.I.E.R.) system that is “an incentive-based program that promotes positive behaviors, modifies inappropriate behaviors, and teaches pro-social behaviors and self-accountability.” Youths earn rewards and privileges by demonstrating positive behavior. Incentives listed in the manual include a later bedtime, free time activities, movie time, access to electronics, additional phone calls, participation in special activities, and no-cost canteen items.

In January, to improve understanding of the program, a Legacy Behavior Management T.I.E.R. Program Guide was released. The 6-page guide offers an abbreviated overview of the program and can potentially be helpful to those new to the program or those needing a refresher. A Community Groups Questionnaire for Petition was newly added. The form requires a youth who is petitioning to move to the new level to document four community groups they attended and describe what they learned from the group and how they have applied those skills. A unit supervisor/designee must verify the accuracy of the youth’s description. This new form reinforces the importance of group attendance and participation. A Legacy Petition Feedback Form was also developed for staff who are unable to attend a youth’s petition meeting but want to offer their opinion about whether the youth should advance a level or not. This form, if completed, ensures that staff who are familiar with youth have a voice in whether they progress to the next level. It also allows them to describe any specific areas in which the youth can improve. None of these tools were submitted to the SME for review and approval prior to use. However, DJJ has been responsive to proposed suggestions and modifications.

Manuals, forms, and other tools are only effective if they are used consistently and properly. BRRC administration acknowledged that

more needs to be done in this area and have instituted several strategies. For example, weekly and monthly audits were started in February to ensure that staff are completing the Daily Progress Review Sheets. Quality Management is in the process of developing fidelity tools to ensure the tools are being properly used and also analyzing the effectiveness of the tools. A new policy related to disciplinary hearings is underway, and the hearing process is now more closely aligned to the Legacy program.

These efforts represent a work in progress and a desire to ensure the tools they are using are effective. However, the success of these efforts largely depends on whether staff feel safe. Unfortunately, many people interviewed, from administration, consultants, and line staff, shared that staff feel unsafe. Staff shared that the youth had removed Legacy posters and information from the walls in the living units. In one unit, the youth replaced the program rules with their own set of rules that included warnings to staff about interference. One person said that staff members are in survival mode and are not having intentional conversations with the youth about their behavior. Another person mentioned that staff members want to hold the youth accountable, but they are too afraid to do so. Adequately addressing staff safety involves multiple factors, such as hiring and training competent staff, sufficient staffing coverage, a consistent approach to managing behavior, meaningful consequences for misbehavior, robust rehabilitative programming to reduce idle time, and interventions that support youth skill development and growth.

Recommendations to Achieve Compliance



It is recommended that DJJ take the following steps to move toward substantial compliance.

- Submit to the SME for review and approval, all tools related to BRRC's behavior management system prior to their use.

DJJ should also consider converting relevant BMS paper forms to electronic forms to assist with evaluating the impact of the BMS on staff and youth behaviors and the rates of incidents, use of force, and isolation. For example, data can help determine how consistently staff follow the BMS, how often youth prosocial behaviors are being acknowledged and rewarded, whether responses to negative behaviors achieve the desired result of extinguishing the behavior, and whether the rate of incidents, use of force and isolation are declining, staying the same, or increasing. Such data can be used to provide additional coaching or training, positive feedback, and accountability.

*SOURCES*

- *Legacy Behavior Management System* manual, June 29, 2023
- Staff and youth interviews and observations during November 13-14, 2023, and March 5-6, 2024, monitoring site visits
- Revised *Legacy Behavior Management Program Trauma-Informed Effective Reinforcement "T.I.E.R" Program Guide*, dated January 9, 2024

- Forms: Community Groups Questionnaire Petition; Legacy Petition Feedback Form; Petition Form

## 42. CONSISTENTLY IMPLEMENT BEHAVIOR MANAGEMENT TOOLS

DJJ will consistently implement the established positive behavior management tools to reduce youth-on-youth violence.

Compliance Rating Partial Compliance

### Description of the Monitoring Process



The monitoring team conducted interviews with BRRC administration, NPJS consultants, staff responsible for implementing the BMS, disciplinary hearing staff, and youth. The team also reviewed data from selected weeks, such as Daily Progress Review Sheets and incentive sheets. Additionally, incident and disciplinary hearing data were reviewed.

### Findings and Analysis



BRRC implemented the Legacy Behavior Management System more than a year ago, but they have faced consistent application challenges. Only recently has the program been more fully integrated into practices. This integration has taken a significant amount of time, and there remains further work that must be done. The program relies on staff observing and rating youth behaviors daily using a Daily Progress Review sheet.

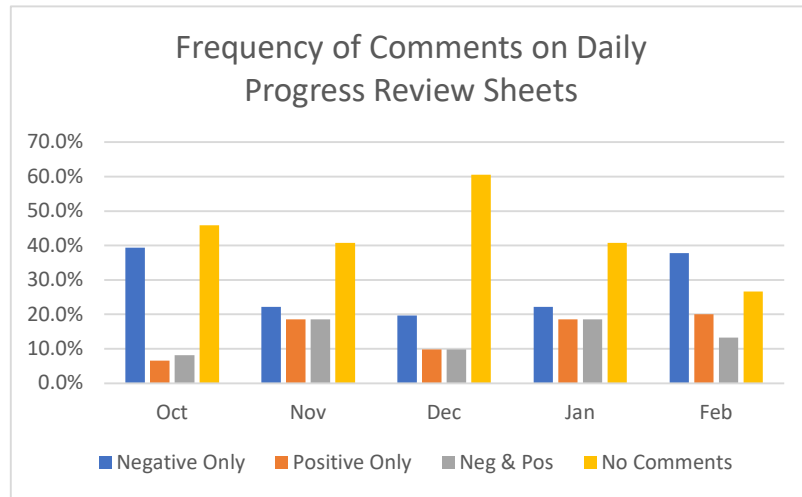
In October, DJJ staff responsible for overseeing the Legacy program reported that the recording of youth's behavior ratings on the Daily Progress Reports was still incorrect. The Director of Facility Programming mentioned that additional training was required, and more fidelity checks would be conducted. In November, random checks were implemented to determine if any information was missing from the reports.

A review of selected weeks from October 2023 to February 2024 found that youth ratings were being completed daily. However, the narrative section of the sheets was often incomplete. The top half of this section provides space for staff to describe why a youth received a "T" (Think) rating for the day and what they can do to correct their behavior. The bottom half is to describe the positives for the week. The NPJS consultants and monitoring team had previously advised BRRC that the narrative portion of the sheets was necessary. These notes, when reviewed with the youth, would help reinforce positive behaviors and identify behaviors that need improvement. At the time, BRRC acknowledged that more training was required in this area. They committed to conducting fidelity checks to ensure that staff were completing forms accurately.

Despite this commitment, a review of the sheets found that the staff either left the note section blank or entered negative notes which mostly described horseplay, disrespect, use of profanity, being out of place, and not following directives. When a positive note was entered, it was

frequently descriptive, such as, "Youth appeared to get upset over actions of other youth but remained composed, expressed how he felt, and went to his room for the night." Notes also acknowledged youth efforts such as, "The youth didn't need as many redirectives today. Good job staying on track." However, notes entered in the positives section were less helpful such as, "The youth had a really good day." Additionally, one staff member entered "none" in the positive section for several youth.

The table below shows the frequency of comments entered on the Daily Progress Review Sheets. Negative comments or no comments were most frequently seen in the weeks reviewed.



It is difficult to determine the accuracy of ratings without more narrative to support them. During interviews with BRRC administration and staff, it was revealed that the note section on rating sheets is often left blank because the sheets are stored in the control room and not accessible to staff until after their shift. As a result, staff may have difficulty recalling the specific behaviors of the youth or be in a hurry to leave at the end of their shift.

When asked why the sheets were not more accessible to staff, the administration explained that they had removed the sheets to avoid conflicts between youth and staff about rating scores. Previously, when the sheets were in the unit, youth would argue with staff about their score. One staff member mentioned that youth would take the sheets and tear them up if they did not agree with their rating. To avoid such conflicts, some staff members entered inflated scores on the sheets. Removing the sheets aimed at ensuring more accurate ratings. However, the honors dorm in the Poplar living unit is an exception, where rating sheets are available on the unit.

BRRC deserves credit for recognizing the significance of adhering to the ratings. They implemented an audit process that involves daily point sheets review by a designated staff member, weekly review by the Facility Program Manager who will collaborate with the security team and the lead Legacy coach to make necessary improvements, and random reviews by the Director of Facilities Programming. These actions

are aimed at ensuring that Legacy ratings are consistently assigned across all units and staff.

The team also reviewed the program’s use of incentives and found that the documented incentives were either canteen items (snacks) or a special activity. From October 2023 to February 2024, youth received a total of 2,617 snack related incentives, ranging from candy, chips, cookies, pastries, sport drinks, and jerky. Types of snacks available varied depending on the youth’s level. Youth select the items on Friday, may not select multiple items of the same type, and must consume them by Sunday of each week. It was observed during site visits, however, that youth often had multiple unconsumed snacks, some of the same type, in their room during a weekday. Per the table below, the number of incentives distributed to youth declined by 56 percent, averaging 9 snacks per youth per month. However, some youth received as many as 24 snacks per month.

# Youth	Month	Total Incentives Received	Avg per youth
30	Oct	608	20.3
34	Nov	704	20.7
35	Dec	634	18.1
31	Jan	409	13.2
29	Feb	262	9.0

There was a total of 89 special activities offered from October 2023 to February 2024. These activities included Legacy parties, a Superbowl Party, and movie nights. Staff shared that some planned special activities were either canceled due to an incident on campus raising safety concerns or were not approved in time by either administration or procurement if the event involved purchasing items.

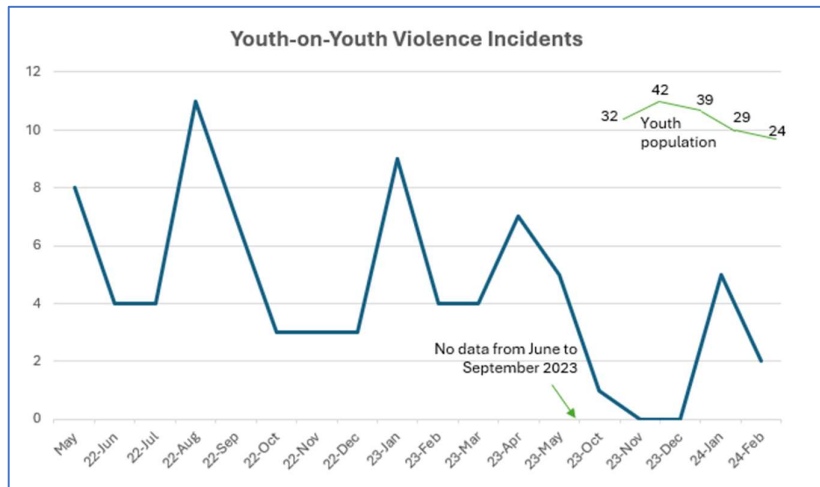
Number of Youth Participating	Month	Number of Special Activities Scheduled
3	Oct	10
5	Nov	11
3	Dec	6
9	Jan	26
18	Feb	36

The data from these two tables reflect BRRC’s efforts to improve the Legacy program. The decrease in the number of snacks is aligned with their efforts to ensure that ratings are accurate and not inflated. An increase in special activities is to provide more incentives to youth outside of the canteen offerings. The administration also set an expectation that special events were limited to youth on the Learning and Contribute/Contribute Honors levels. Youth on the Think level would remain on the unit or be involved in another activity. This change addressed the youths’ desire to have incentives other than snacks.

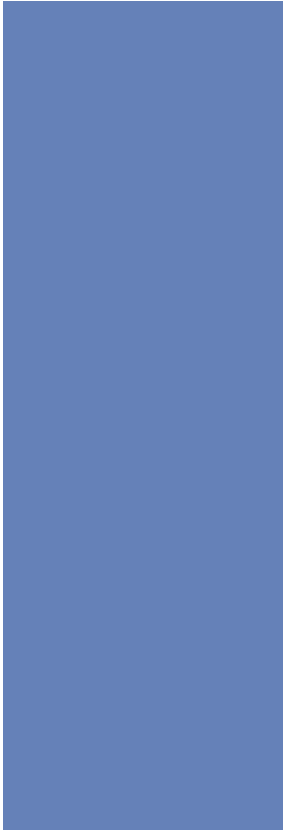
Another positive change was the recent connection between the disciplinary hearing process and Legacy. Hearings are held for all incidents categorized as Extraordinary Circumstance, which includes severe behaviors such as major destruction of property and assault. Before this change, sanctions given following a disciplinary hearing were not aligned with Legacy. BRRC recognized the disconnect and halted hearings to update the policy and practices. Although the policy update is still pending, BRRC reinstated disciplinary hearings in November. It wasn't until January that they updated the sanctions to be more in line with Legacy.

During the month of November, a total of 33 disciplinary hearings were held. The most frequent sanctions given to the youth were "other" (which was not specified), a statement of charges (where the youth was required to pay restitution), and counseling by staff or unit manager. However, in January, BRRC adjusted sanctions options to align more closely with Legacy. The top three responses given were being unable to petition for the next level, no movie night, and a letter of apology. Other options that reflect the Legacy system included loss of canteen items, being dropped to a lower level, and loss of telephone time. In February, the most common sanctions given to the youth were no movie night, extra details (chores), and being unable to petition for the next level.

The effectiveness of Legacy was evaluated by analyzing the number of youth-on-youth violence incidents from May 2022 to February 2024. Unfortunately, data for the months of June-September 2023 were not provided, which limits the accuracy of the analysis. It is important to note that population figures are required to calculate a rate, which would provide a more precise interpretation of the data. For October 2023 to February 2024, population data are available, but data for other periods were not added due to the inconsistent way in which the information was provided by BRRC. The rate of incidents between October 2023 and February 2024 varied, with two months showing no incidents. Overall, the data seems to suggest that the efforts made by BRRC to reduce youth-on-youth violence are having some impact.







When asked to demonstrate Legacy’s effectiveness, BRRC provided a Legacy membership<sup>12</sup> chart for February. The chart lists the number of youths who had increased or decreased membership levels. The information provided makes it difficult to determine whether the program is functioning as intended, but it does represent a method for tracking movement across membership levels.

MEMBERSHIP DOCUMENTATION					
Total # of membership changes	63				
Total # of membership changes due to DH	31				
# of membership changes due to DH (weekly)	3	12	10	6	
Total # of membership changes due to rating	32				
# of increased memberships due to ratings (weekly)	4	1	5	7	
# of decreased memberships due to ratings (weekly)	5	1	6	3	
# of unchanged membership ratings (weekly)	13	9	11	12	

Quality Control is in the process of implementing methods to determine quality assurance and areas for improvement. These methods have the potential to address implementation challenges and ensure more program consistency. Overall, BRRC has demonstrated concerted efforts to fully adopt Legacy across the facility. The department is also implementing a version of Legacy in their detention and evaluation centers, creating continuity for youth as they move from one facility to another. While more work is required to achieve substantial compliance, the department appears to be committed to ensuring the program is successful despite its many implementation challenges.

Recommendations to Achieve Compliance

It is recommended that DJJ take the following steps to move toward substantial compliance.

- Provide Legacy BMS refresher training as needed and annually for BRRC administration and staff to ensure they understand program requirements, the rating system, and how to complete documentation properly.
- Develop and implement quality assurance measures to ensure staff consistently rate youth behaviors similarly.
- Ensure supervisors are appropriately monitoring BMS implementation and staff documentation.
- Avoid adopting behavioral interventions that are separate from the BMS. All responses to behavior should be connected to the Legacy BMS.
- Maintain records to verify the effectiveness of Legacy BMS, tracking the rate of youth-on-youth violence monthly.

**SOURCES**

- Youth-on-youth violence data from May 2022 to May 2023, and October 2023 to February 2024
- Daily Progress Review Sheets for the weeks of October 19-25, November 16-22, December 28-January 3, January 25-31, and February 8-14

<sup>12</sup> In the Legacy program, a youth belongs to one of four membership categories, with levels within each. The four categories are T: Think; L: Learn; C: Contribute; CH: Contribute Honors.

- Disciplinary Hearing Data for November 2023, January 2024, and February 2024
- Staff and youth interviews conducted during monitoring visits, November 13-14, 2023, and March 5-6, 2024
- Verbal reports from monthly meetings with BRRC leadership on October 18, December 20, January 17, February 21, and March 20.

### 43. DE-ESCALATION STRATEGIES AND GRADUATED RESPONSES

DJJ will provide staff with de-escalation strategies and a graduated array of responses and sanctions, other than use of physical force or isolation, to employ when positive behavior management tools are unsuccessful.


Compliance Rating Partial Compliance

Description of the Monitoring Process



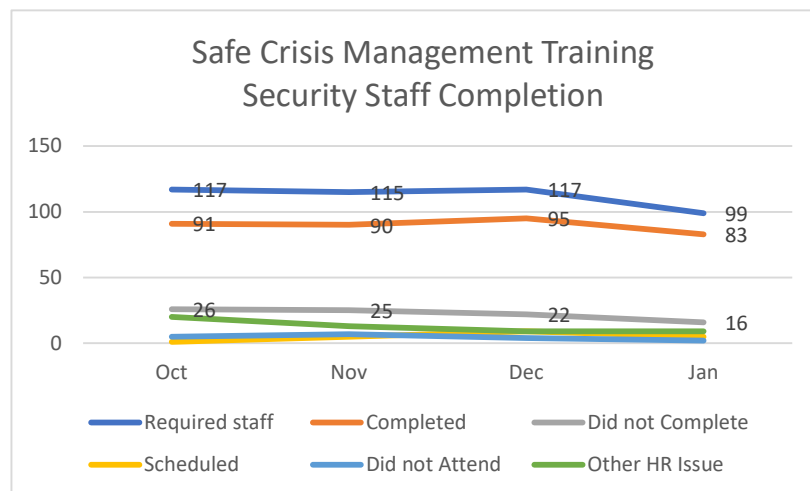
The monitoring team examined Safe Crisis Management training records and use of force and isolation data to determine the extent to which staff used de-escalation strategies and other responses when responding to youth behaviors. Staff were also interviewed.

Findings and Analysis



The department mandates that all security staff and teachers must complete Safe Crisis Management (SCM) de-escalation training, with security staff required to complete both the de-escalation and restraint portions of the training. The percentage of staff who completed the training during the monitoring period increased from 78% in October to 84% in January. These numbers indicate that the department has made sustained efforts to increase compliance with this mandatory training. Completion rates in March and September of 2023 were 68% and 78% respectively.

The following chart displays the monthly figures for security staff required to complete the training, the number of staff who completed it, and the staff who did not, along with the reasons why. BRRC provided February 2024 data in a format different than in the previous months, which prevented the data from being used in this analysis.



The training department sends a monthly email containing the list of staff who completed SCM and those who did not. If the reason for not completing the course was “Did Not Attend” efforts are made to include details. DJJ allows staff to sign up for SCM more than once after they have failed to attend a scheduled class or have failed the course. Staff did not provide an answer when asked by the Director of Settlement Compliance if there was a maximum number of times they could sign up and not show or fail the course. However, in a November email from the Training Administrator, written in bold was the statement, “Please note recommendations for separations will be submitted following delivery of the next SCM for staff who have missed rescheduled training dates on more than one occasion.” This statement was not repeated in the December monthly email.

Training records for Rapid Response Team (RRT) members, whose role is to help diffuse situations, indicate a high rate of SCM training completion, averaging 88% from October 2023 to February 2024. In many cases, the staff who did not complete training in one month completed it the following month. One staff person, however, was hired in October 2023 and did not complete the training until February 2024.

Education staff training records were provided for the months of January and February 2024 only. The records indicate that of the 27 staff, only eight did not complete the training, which is a 70% completion rate. No reasons were listed as to why staff did not complete the training.

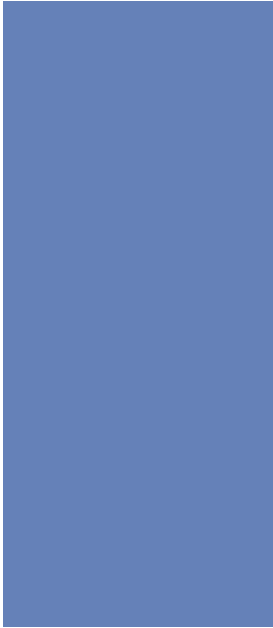
DJJ does not have a written policy prohibiting staff from working directly with youth if they have not completed SCM. However, the facility administrator shared at the November 15, 2023, monthly meeting that non-SCM trained are not allowed to work with youth, and that this had been in effect for about three or four months. Staff interviewed indicated that efforts are made to ensure staff are properly trained, but with high turnover rates and the need to fill shifts, there could be instances in which staff who have not completed SCM are working with youths. A random review of Duty Rosters for February 11-17, 2024, found that two staff listed as not having completed SCM were scheduled to work in a living unit. One staff was hired on December 5, 2023 and was scheduled to work on February 13 and 17 in Cypress. Another staff was hired on January 2, 2024, and was scheduled to work on February 13 in Cypress. The reason listed for why these staff did not complete SCM was “did not attend.” Despite not having completed SCM training, they were on the schedule to work directly with youth.

Recommendations  
to Achieve  
Compliance



It is recommended that DJJ take the following steps to move toward substantial compliance.

- Continue to ensure all staff are scheduled for and complete SCM training before working directly with youths and require staff to be trained annually thereafter.
  - Do not permit any staff who are not SCM-trained to work directly with youth. In instances where untrained



staff are scheduled to work, they should be paired with SCM-trained staff.

- Only SCM-trained staff should be allowed to use restraint and physical force on youths consistent with policies.
- Maintain training records to verify training completion and document actions taken with staff who fail to complete training requirements.
- Continue with BMS implementation to provide staff with an array of responses and sanctions they can employ, other than physical force or isolation.

DJJ should also consider the following recommended steps.

- Monitor the BMS outcomes using incident, use of force, and isolation data to measure its effectiveness and continually improve it.

### *SOURCES*

- Email from Director of Settlement Compliance, FW: BRRC/RRT\_November Training Data for SCM, November 11, 2023
- Email from Director of Settlement Compliance, FW: BRRC/RRT\_December Training Data for SCM, December 12, 2023
- Monthly training records for October 2023 to February 2024 for security staff and rapid response team members
- Notes from the November 15, 2023, monthly meeting with SCDJJ and the DOJ
- Monthly training records for January and February 2024 for education staff
- Duty rosters for the week of February 11-17, 2024
- Staff interviews conducted during monitoring visits, November 13-14, 2023, and March 5-6, 2024

## 44. ON-SITE COACHES

DJJ and the behavior management consultants will identify DJJ staff members who are consistently able to successfully de-escalate youth conflicts and implement appropriate discipline. These staff members will serve as on-site coaches for colleagues and mentors on the use of behavior management.

Compliance Rating    Non-Compliance

Description of the Monitoring Process



Documents listing named coaches were reviewed and interviews were conducted with BRRRC staff and NPJS consultants to determine their role, responsibilities, and deployment. Previous documentation on named coaches was also reviewed.

Findings and Analysis



The monitoring team has received five lists of coaches to date. The initial list was provided in March 2023, but it was later abandoned by BRRRC. Subsequently, a new list of 15 coaches was provided on July 5, 2023, followed by an updated list in October 2023. This list included five coaches from the previous list and ten new coaches. Revised coaching lists were provided in January and February 2024.

The January list identified 11 potential coaches for the Legacy program. All required training, except one. In the following month, the list was updated, and by February 27, 2024, eleven coaches had completed their training while two remained untrained. The Youth Opportunities Manager was appointed as the Lead Coach. During an interview on March 5, 2024, she revealed that the Legacy BMS consultants hold weekly meetings for coaches. The primary aim of the meeting is to ensure that the coaches support the Legacy program and are available on the unit to help staff with the daily youth behavior scoring sheets. During the visit, the monitoring team learned there was nothing in writing about the roles and responsibilities of coaches and how they are to be deployed. The monitoring team once again advised DJJ to develop a written description and plan for deploying coaches.

DJJ later reported that they intend to send an announcement to the entire BRRRC campus introducing the coaches and describing their roles. They also plan to create a coaching checklist that will be placed in the control room by April 1, 2024. The checklist will document coaching activities. DJJ did not confirm that these activities occurred.

Recommendations to  
Achieve Compliance



It is recommended that DJJ take the following steps to move toward substantial compliance.

- Develop criteria for selecting coaches and defining their roles and responsibilities.
- Develop a plan for how coaches are deployed, how often they will engage in coaching staff, and how these coaching interactions will be documented.
- Document the number of coaching hours provided.

DJJ should also consider the following recommended steps.

- Implement a process for coaching the coaches and conducting annual observations of coaches to support their growth and development.
- Develop a process for evaluating the impact of coaching on staff skills and whether incidents are declining, staying the same, or increasing as a result.

### *SOURCES*




- July 5, 2023, memo from NPJS to the Director of Settlement Compliance, subject: List of staff by name and title who are designated as on-site coaches for colleagues and mentors on the use of behavior management
- List of coaches provided by DJJ in response to a September 27, 2023, data request
- BRRC Legacy Coaches list, dated February 23, 2024
- March 5, 2024, on-site meeting with NPJS consultants and lead coach
- DJJ coaches utilization statement, February 2024
- BRRC Legacy Coaches list, updated March 1, 2024

## Use of Force

### 45. USE OF FORCE

Within nine months [January 2023] of the effective date, DJJ, with the help of consultants, will revise its policies and procedures governing use of force and restraints, and provide the revised policies and procedures to the Subject Matter Expert and the United States for approval. The United States and the Subject Matter Expert will review the proposed policies and procedures and propose any revisions necessary within one month [February 2023] of receiving the proposal.

Compliance Rating    Substantial Compliance<sup>13</sup>

<p>Description of the Monitoring Process</p> 	<p>Policies 310, Mechanical Restraints, and 315, Use of Physical Force, were reviewed to determine if the SME and the DOJ input were considered and necessary revisions adopted.</p>
<p>Findings and Analysis</p> 	<p>The finalized policies reflected the input and approved changes the SME and the DOJ recommended. The DJJ Executive Director signed both policies on August 31, 2023, with an effective date of October 15, 2023. Because the complex nature of the policies necessitated additional time to ensure sound policy development and coordination with other proposed policies, finalizing the policies took longer than expected.</p>
<p>Recommendations to Sustain Compliance</p> 	<p>With revised policies now approved and in effect, the department is in substantial compliance. Nothing further is required.</p> <p>DJJ should consider the following recommendation due to the importance of these policies to the settlement agreement.</p> <ul style="list-style-type: none"> <li>• Staff training on the new policies and procedures should include scenarios, a question-and-answer segment, and be competency-based, with staff required to complete and pass a test or quiz.</li> </ul>

#### SOURCES

- Draft and finalized policy 310, Mechanical Restraints
- Draft and finalized policy 315, Use of Physical Force

<sup>13</sup> Substantial compliance was achieved during a previous monitoring period, and nothing further is required. The information provided here is from the October 2023 Monitoring Report.



## 46. IMPLEMENT REVISED POLICIES AND PROCEDURES

Within 18 months [October 2023] of the effective date, DJJ will implement the revised use of force policies and procedures.

Compliance Rating Partial Compliance

### Description of the Monitoring Process



Policies 310, Mechanical Restraints, and 315, Use of Physical Force, were reviewed to determine if the SME and the DOJ input were considered and necessary revisions adopted. The process for developing and finalizing the policy was also examined and involved reviewing email communications, notes taken during monthly meetings with BRRC and the DOJ, and interviews with staff involved in the policy process.

### Findings and Analysis



Revised Policy 310, Mechanical Restraints, and Policy 315, Use of Physical Force, went into effect on October 15, 2023. Whenever a new policy is updated, it is published in the agency's PowerDMS system, which notifies the staff about it and requires them to review it and acknowledge that they have done so. Although the department can track department-wide compliance, a manual count is required to determine BRRC compliance, and the percentage is unknown.

Training staff stated that they had updated their basic training curriculum to include the revised policy, but the updated curriculum was not provided. Although the policy is considered effective, the lack of training resulted in a rating of partial compliance.

### Recommendations to Achieve Compliance



It is recommended that DJJ take the following steps to move toward substantial compliance.

- Ensure all staff read and acknowledge the revised policies.
- Train all staff in the revised updated policies and their application.
- Monitor implementation to ensure the policies have the desired impact.

DJJ should also consider the following recommended steps due to the importance of these policies to the settlement agreement.

- Staff training on the new policies and procedures should include scenarios, a question-and-answer segment, and competency-based, with staff required to complete and pass a test or quiz.
- Adjust policies, practices, training, and implementation as needed in consultation with the monitoring team and the DOJ.



- Require staff to be retrained on the policy should staff experience challenges with implementation.
- Conduct random reviews of incidents to determine whether physical force was accurately documented and, if used, whether it complied with policy or required a referral to investigations.

### *SOURCES*

- Policy 310, Mechanical Restraints
- Policy 315, Use of Physical Force
- Emails from the Director of Settlement Compliance,
  - August 25, 2023, subject: FW: Policy timeframe
  - August 31, 2024, subject: FW: Policy update
  - September 1, 2023, subject: FW: Policy update
- Agency-wide policy review and acknowledgment records, dated February 9 and March 8, 2024
- Staff interviews conducted during monitoring visits, November 13-14, 2023, and March 5-6, 2024

## 47. LIMIT USES OF FORCE

Staff will limit uses of force or restraints to exceptional situations where a youth is currently physically violent and poses an immediate danger to self or others.


Compliance Rating    Non-Compliance

Description of the Monitoring Process

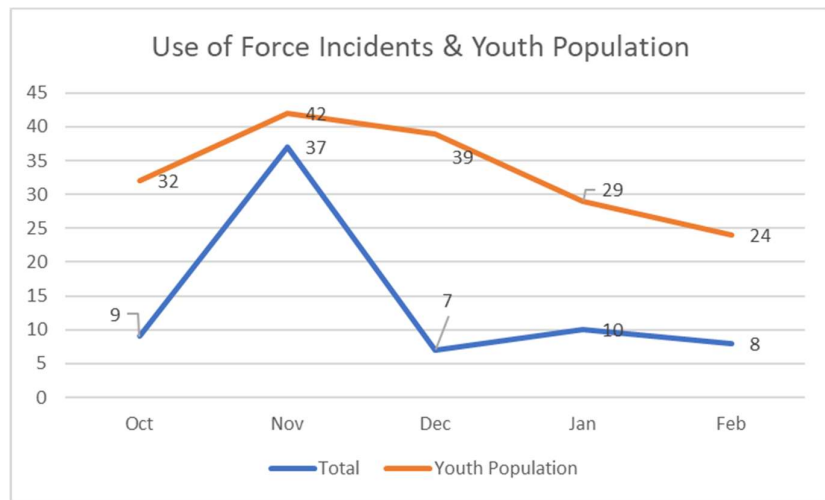


The monitoring team reviewed use of force data, incident reports, and the number of investigations for excessive or unnecessary use of force.

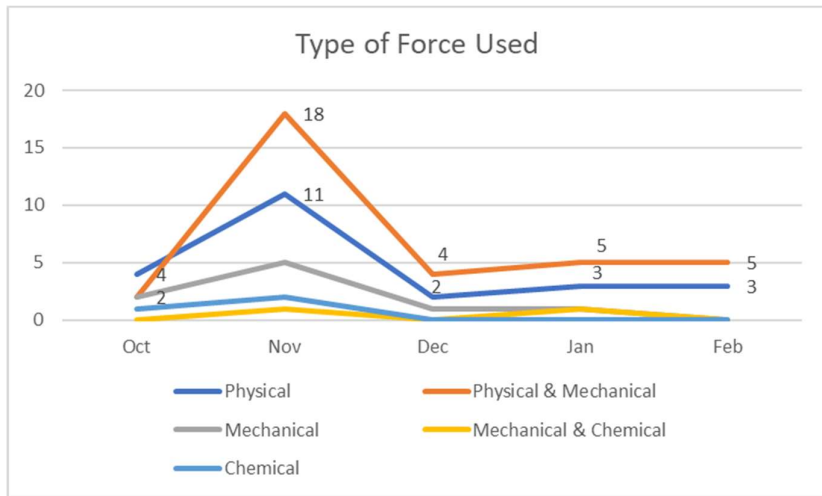
Findings and Analysis



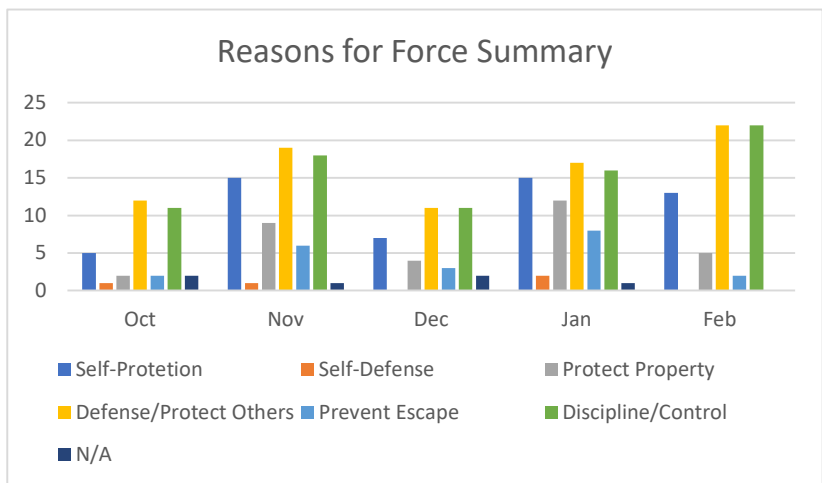
From October 2023 to February 2024, there were a total of 71 use of force incidents involving 91 youths. Monthly figures are displayed in the table below along with the youth population for context.



The type of force used was mostly physical or physical and mechanical. The chart on the following page represents the types of force used during an incident.



When staff complete an event report that involves the use of force, they are required to provide a reason(s) for doing so. Currently, there are seven options available for them to choose from, as outlined in the table below. Staff can select more than one reason. The top two reasons selected is the “defense or protection of others” or to “maintain or regain discipline, control, or order.” The policy clearly states that force shall not be used “as punishment, discipline or in retaliation for disobedience or the youth’s failure to follow a verbal command.” However, there seems to be a discrepancy between the event report form and the policy, which needs to be addressed to ensure that staff are selecting a reason that aligns with the policy.



A review of event reports indicates that staff would benefit from additional training. There were multiple reports in which staff selected, “No, I am not aware of any force/restraint used in this event” and then described OC spray being deployed or a youth being restrained. Marking reports in this manner is not only incorrect but could potentially impact the review process, which would flag an incident for further investigation for excessive use of force.

Between October 2023 and January 2024, there were 47 use of force incidents referred to investigations for a review. Of these, 34 were investigated. As of April 1, four were substantiated, four were either unsubstantiated or unfounded, and the results of 26 were not available. February data was not provided and was not included in this evaluation. Based on these data, the frequency in which the use of force is reported and found to be excessive is low. However, the outcomes for cases investigated or reviewed in December and January are primarily unknown. DJJ needs to be consistent in how data is entered, especially when it comes to entering a reason for closing out an investigation or review.

Month	UOF Incidents	Referred to Investigations	Investigated	Substantiated
Oct	9	11	7	2
Nov	37	15	13	2
Dec	7	5	3	unk
Jan	10	16	11	unk
<b>TOTALS</b>	<b>63</b>	<b>47</b>	<b>34</b>	<b>4</b>

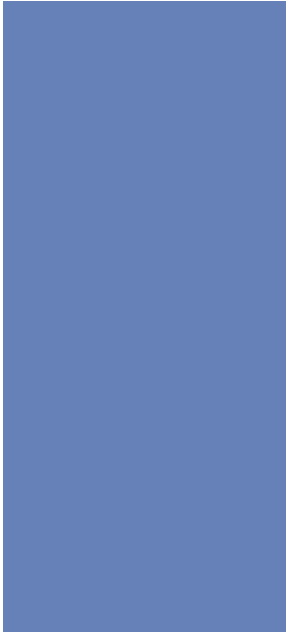
Although substantiated cases of excessive use of force are low, there is still a concern that staff are selecting “discipline/control” as a reason for using force even though it is not allowed in the policy. The fact that this reason is being frequently used suggests that staff believe it is acceptable to use force in these situations. It should be noted this reason is often chosen in combination with other reasons that are allowed in the policy. To avoid confusion and ensure compliance with the policy, DJJ should consider eliminating this reason altogether.

Recommendations to Achieve Compliance



It is recommended that DJJ take the following steps to move toward substantial compliance.

- Ensure all staff read and acknowledge the revised policies.
- Train all staff in the revised updated policies and their application.
- Monitor implementation to ensure the policies have the desired impact.
- Update the Event Reporting System to only include use of force reasons that comply with the policy.
- Whenever physical force is used, determine whether its use complies with policies and procedures.
- Provide additional training through shift briefings about the policy, including defining what constitutes use of force.
- Affirm staff’s appropriate use of force.
- Take the appropriate disciplinary action when staff’s use of physical force is not warranted or when staff’s failure to act and use appropriate force results in youth or staff harm.



- Consistently track and report on which incidents required an investigation for potentially excessive or inappropriate use of force and the outcome of the investigation.

DJJ should also consider the following recommended steps due to the importance of these policies to the settlement agreement.

- Regularly review previous incidents with staff for training purposes to identify missed opportunities in which the use of force could have been avoided or should have been used to prevent or minimize harm to youth or staff.
- Require staff to be retrained on the policy should staff experience challenges with implementation.
- Consistent with the revised investigations policy, conduct initial reviews of incidents involving physical force or restraints to determine whether force or restraints are accurately documented and, if used, whether that use complies with policy or requires a referral for a full investigation.

### *SOURCES*

- Policy 310, Mechanical Restraints
- Policy 315, Use of Physical Force
- October 2023 to February 2024 Use of Force BRRC Summary data
- October 2023 to February 2024 Youth Population reports
- October 2023 to February 2024 investigations summaries on use of force incidents

## 48. REASONABLE EFFORTS

Prior to using force or restraints, staff will make reasonable efforts to attempt and to exhaust a graduated set of interventions that avoid or minimize the use of force.

Compliance Rating    Non-Compliance

<p>Description of the Monitoring Process</p> 	<p>The monitoring team reviewed use of force data, incident reports, and the number of investigations for excessive or unnecessary use of force. Staff interviews were also conducted.</p>
<p>Findings and Analysis</p> 	<p>From October 2023 to February 2024, there were 71 incidents involving the use of force. When staff complete an incident report and indicate that force was used, they must select from a drop-down menu the reason(s) force was necessary. The options include defense or protection of others; maintain or regain discipline and order; prevent an escape; protection of property; and self-protection.</p> <p>Staff are required to provide a yes or no answer when asked if they attempted a verbal directive. If the answer is yes, they must also describe the directive attempted and include a statement about the force used. However, reports indicate that staff often mention attempting verbal intervention without providing any details. The form does not require staff to describe if other graduated interventions were not used before force was applied. While it may not always be feasible to exhaust all the options before using force, staff should be reminded of the importance of attempting graduated interventions when it is possible and documenting their use. DJJ has acknowledged the issue and is working towards improving the reporting system. However, the programming has been delayed, and training on the new system and revised use of force policy has not taken place yet. The training is now scheduled for April. Until the documentation process is improved, this provision is considered non-compliant.</p>
<p>Recommendations to Achieve Compliance</p> 	<p>It is recommended that DJJ take the following steps to move toward substantial compliance.</p> <ul style="list-style-type: none"><li>• Ensure all staff read and acknowledge the revised policies.</li><li>• Train all staff in the revised updated policies and their application.</li><li>• Monitor implementation to ensure the policies have the desired impact.</li></ul>

- Complete the revisions to the event reporting system to have the appropriate prompts for staff to select why force was used.
- Require staff to describe in incident reports the reasonable efforts taken to exhaust a graduated set of interventions beyond giving a verbal directive.
- Whenever force is used, determine whether its use complies with policies and procedures and whether staff made reasonable efforts to attempt and exhaust a graduated set of interventions that avoid or minimize the use of force.
- Affirm staff’s appropriate use of force.
- Take the appropriate disciplinary action when staff’s use of force is not warranted or when staff’s failure to act and use appropriate force results in youth or staff harm.

DJJ should also consider the following recommended steps due to the importance of these policies to the settlement agreement.

- Regularly review previous incidents with staff for training purposes to identify missed opportunities in which the use of force could have been avoided or should have been used to prevent or minimize harm to youth or staff.
- Require staff to be retrained on the policy should staff experience challenges with implementation.

### *SOURCES*

- Policy 310, Mechanical Restraints
- Policy 315, Use of Physical Force
- Use of Force BRRC Summary data, October 2023 to February 2024
- Investigations summaries on use of force incidents, October 2023 to February 2024
- Use of Force event reports, October 2023 to February 2024



## 49. USE FORCE FOR THE MINIMUM AMOUNT OF TIME

In situations where uses of force or restraints are necessary, staff will use force for the minimum amount of time necessary to stabilize the situation. As soon as the youth regains self-control and the immediate situation is safe for the youth and others, staff will temper their use of force and stop using restraints with respect to the youth involved.


Compliance Rating    Non-Compliance

Description of the Monitoring Process



The monitoring team reviewed use of force data, incident reports, and the number of investigations for excessive or unnecessary use of force. Staff interviews were also conducted.

Findings and Analysis




Policy 315, Use of Physical Force, states that staff “will use physical force for the minimum amount of time necessary to stabilize the situation. Incident reports that involve the use of force often mention that staff used force for the minimum amount of time necessary, but this information is inconsistently provided and only represents the staff’s perspective.

Between October 2023 and January 2024, 47 use of force incidents were referred to investigations for a review, and 34 were investigated. Only four were substantiated, four were either unsubstantiated or unfounded, and the results of 26 were not available. Data for February was not provided.

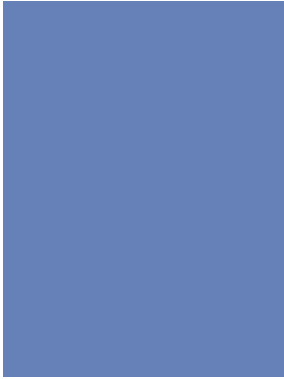
Based on the available data, only a small number of excessive use of force incidents were found, indicating that staff used force appropriately in these instances. However, with so many investigations not completed and limited data available, this provision is found to be in non-compliance.

Recommendations to Achieve Compliance



It is recommended that DJJ take the following steps to move toward substantial compliance.

- Ensure all staff read and acknowledge the revised policies.
- Train all staff in the revised updated policies and their application.
- Monitor implementation to ensure the policies have the desired impact.
- Whenever force is used, determine whether it complies with policies and procedures and whether staff used force for the minimum amount of time necessary to stabilize the situation.
- Affirm staff’s appropriate use of force.



- Take the appropriate disciplinary action when staff's use of force is not warranted or when staff's failure to act and use appropriate force results in youth or staff harm.

DJJ should also consider the following recommended steps

- Regularly review previous incidents with staff for training purposes to identify missed opportunities in which the use of force could have been avoided or should have been used to prevent or minimize harm to youth or staff.
- Require staff to be retrained on the policy should staff experience challenges with implementation.

### *SOURCES*

- Policy 310, Mechanical Restraints
- Policy 315, Use of Physical Force
- Use of Force BRRC Summary data, October 2023 to February 2024
- Investigations summaries on use of force incidents, October 2023 to February 2024
- Use of Force event reports, October 2023 to February 2024

## 50. PROHIBITION ON USE OF FORCE

Staff will not use force or restraints as punishment or in retaliation for disobedience or the youth's failure to follow a verbal command.

Compliance Rating    Non-Compliance

### Description of the Monitoring Process



The monitoring team reviewed use of force data, incident reports, and the number of investigations for excessive or unnecessary use of force, training records, and interviewed staff and youth.

### Findings and Analysis



When staff complete an incident report involving force, they must select from a drop-down menu the reason(s) force was necessary. The options include defense or protection of others; maintain or regain discipline and order; prevent an escape; protection of property; and self-protection. Staff must also provide a statement about the force used and the circumstances.

A review of sample event reports during this monitoring period indicates that staff documented the reason(s) for using force but did not always describe the situation that required its use. Per the policy, the use of force or restraint is limited to exceptional situations where a youth is currently physically violent and poses an immediate danger to self or others. In some reports, it was clear that the youth posed a danger, such as holding an object and attempting to use it as a weapon. In other situations, staff described giving multiple verbal directives to comply before using force but failed to articulate how the youth's behavior was an immediate danger to self or others. The lack of detail in some reports makes it difficult to determine the appropriateness of the staff's use of force and whether it was retaliatory. Some youth interviewed indicated that staff would use force to get youth to comply, but these statements could not be corroborated through event reports. Staff interviewed about the use of force shared that they were often reluctant to use force because of concerns about losing their job.

Between October 2023 and January 2024, 47 use of force incidents were referred to investigations for a review and 34 were investigated. Only four were substantiated, four were either unsubstantiated or unfounded, and the results of 26 were not available. February data were not provided.

One use of force incident investigated during this monitoring period was particularly concerning, and DJJ suspended and later terminated the staff. In this incident, a youth was standing at a table, and multiple staff were attempting to persuade the youth to step down.

When it appears the youth is about to do so, a staff person pushes him from behind. A review of the video of the incident shows other staff surprised by the staff's use of force. Staff interviewed about this incident remarked that force was unnecessary. The incident occurred on November 20, 2023, but the investigation was not completed until February 22, 2024. Part of the delay was obtaining a statement from the staff person, who admitted to forcefully pushing the youth off the table. The investigation's findings stated, "No malicious intent by [staff person]. However, the action of [staff person] constituted Excessive Force."

DJJ is attempting to comply with this provision based on the information available. However, more complete investigation outcome data and consistent documentation would be needed in event reports to be in partial compliance.

Recommendations to Achieve Compliance



It is recommended that DJJ take the following steps to move toward substantial compliance.

- Ensure all staff read and acknowledge the revised policies.
- Train all staff in the revised updated policies and their application.
- Monitor implementation to ensure the policies have the desired impact.
- Whenever force is used, determine whether its use complies with policies and procedures and whether staff use of force or restraint was a punishment or done in retaliation for disobedience or the youth's failure to follow a verbal command.
- Affirm staff's appropriate use of force.
- Take the appropriate disciplinary action when staff's use of force is not warranted or when staff's failure to act and use appropriate force results in youth or staff harm.

DJJ should also consider the following recommended steps due to the importance of these policies to the settlement agreement.

- Regularly review previous incidents with staff for training purposes to identify missed opportunities in which the use of force or restraints could have been avoided or should have been used to prevent or minimize harm to youth or staff.
- Require staff to be retrained on the policy should staff experience challenges with implementation.

*SOURCES*

- Policy 310, Mechanical Restraints
- Policy 315, Use of Physical Force
- Use of Force investigations data from October 2023 to January 2024
- November 20, 2023, video of use of force incident
- February 22, 2024, memo from Internal Integrity Manager to Internal Integrity Investigator, subject: Administrative Inquiry: Physical Abuse

## 51. ONLY TRAINED STAFF MAY USE APPROVED TECHNIQUES

Only staff specifically trained in the application of force are permitted to use such techniques and trained staff may only use techniques approved by policy and consistent with training.

Compliance Rating Partial-Compliance

### Description of the Monitoring Process



The monitoring team reviewed use of force data, incident reports, and the number of investigations for excessive or unnecessary use of force, training records, and interviewed staff.

### Findings and Analysis



Policy 315, Use of Physical Force, states, “Only employees specifically trained in the application of physical force are permitted to use such techniques, and trained employees may only use techniques approved by policy and consistent with training.”

All security staff must complete Safe Crisis Management (SCM) training to learn and demonstrate approved techniques for conducting a physical intervention with a youth. The percentage of staff who completed the training during the monitoring period increased from 78% in October 2023 to 84% in January 2024. The department currently does not have a policy that restricts untrained staff from working directly with youth but advises that they should be paired with another SCM-trained staff person.

Between October 2023 and January 2024, 47 use of force incidents were referred to investigations for a review, and 34 were investigated. Only four were substantiated, four were either unsubstantiated or unfounded, and the results of 26 were not available. February data were not provided. This data does not indicate whether staff involved in the use of force were trained or untrained.

A review of training records indicates that at least one person used force on multiple occasions even though they had not completed SCM training. This person was hired in October 2023 and did not complete the training until February 2024. This person was involved in use of force incidents, including the use of chemical force, which they had been previously certified to use. None of the incidents were referred to investigations for improper or excessive use of force.

Although more staff have received SCM training, DJJ is only partially compliant due to incomplete documentation and the practice of allowing untrained staff to work with youth when they may potentially need to use force.

Recommendations to Achieve Compliance



It is recommended that DJJ take the following steps to move toward substantial compliance.

- Ensure all staff read and acknowledge the revised policies.
- Train all staff in the revised updated policies and their application.
- Monitor implementation to ensure the policies have the desired impact.
- Continue to ensure all staff are scheduled for and complete SCM training before working directly with youths and require staff to be trained annually thereafter.
  - Do not permit any staff who are not SCM-trained to work directly with youth. In instances where untrained staff are scheduled to work, they should be paired with SCM-trained staff.
- Only SCM-trained staff should be allowed to use restraint and physical force on youths consistent with policies.
- Prohibit untrained staff from using physical force or restraint.
- Whenever physical force is used, determine whether its use complies with policies and procedures and whether staff who used force were trained and used the approved techniques.
- Take the appropriate disciplinary action when untrained staff used force or trained staff used unapproved techniques.

DJJ should also consider the following recommended steps due to the importance of these policies to the settlement agreement.

- Regularly review previous incidents with staff for training purposes to identify missed opportunities in which the use of force or restraints could have been avoided or should have been used to prevent or minimize harm to youth or staff.
- Require staff to be retrained on the policy should staff experience challenges with implementation.

*SOURCES*

- Policy 310, Mechanical Restraints
- Policy 315, Use of Physical Force
- Use of Force BRRC Summary data, October 2023 to February 2024
- Investigations summaries on use of force incidents, October 2023 to February 2024
- Use of Force event reports, October 2023 to February 2024
- Monthly training records for October 2023 to February 2024 for security staff and rapid response team members

## 52. USE OF FORCE DOCUMENTATION

DJJ will ensure that staff promptly document and report all uses of force and restraint to include:

- i. A description of the youth action that created a serious and immediate danger to self or others necessitating the use of force or restraint;
- ii. A description of verbal directives and graduated interventions that were attempted to avoid or minimize the use of force or restraints;
- iii. The type of force or restraint used, including naming the specific techniques on which officers are trained, and for how long it was used

### Compliance Rating    Non-Compliance

#### Description of the Monitoring Process



The monitoring team reviewed use of force data, incident reports, and the number of investigations for excessive or unnecessary use of force. Staff interviews were also conducted.

#### Findings and Analysis



Policy 315, Use of Physical Force, states, “Employees must promptly document and report all uses of physical force by the end of their shift, to include:

- a. A description of the youth action/violent behavior and immediate danger to self or others necessitating the use of force.
- b. A description of verbal directives and graduated interventions that were attempted to avoid or minimize the use of force; and
- c. The type of force used, including naming the specific techniques on which officers are trained, and for how long it was used.”

A review of a sample of event reports during this monitoring period indicates that staff documented they used verbal redirection but did not consistently describe it or the type of force used. Some staff named the type of force used, and some stated that they used force for the minimum amount of time necessary. The form does not require staff to describe if other graduated interventions were used before force was applied. While it may not always be feasible to exhaust all the options before using force, staff should be reminded of the importance of attempting graduated interventions when possible and documenting their use.

Many incident reports reviewed indicated that enhanced training may be needed to understand what constitutes force and how to

document it correctly. In one report, the staff indicated, “Yes I witnessed use of force or use of mechanical restraints on a juvenile.” However, the use of force box was checked “No” and the force type was checked “N/A.” Upon reading the full description of the incident, it stated that an investigator deployed OC spray, and the youth was taken to the infirmary.

There were instances in which staff did a good job of thoroughly describing the incident in which force was used. One report provided a detailed description of the incident in which OC spray was used, including what verbal directives were used before deploying the spray, how the spray was deployed, how it impacted other youths in the unit, what was done to minimize the impact, what was done to assist the youth sprayed, and the weight of the OC canister before and after.

DJJ has acknowledged that more staff training is needed to document incidents and is working towards improving the reporting system. However, the programming has been delayed, and training on the new system and revised use of force policy has not occurred yet. The training is now scheduled for April. Until the documentation process is improved, this provision is non-compliant.

Recommendations to Achieve Compliance



It is recommended that DJJ take the following steps to move toward substantial compliance.

- Ensure all staff read and acknowledge the revised policies.
- Train all staff in the revised updated policies and their application.
- Monitor implementation to ensure the policies have the desired impact.
- Add to the incident report forms a place for staff to enter the graduated interventions used, if attempted.
- Train staff on how to complete the form correctly and thoroughly.
- Require supervisors to ensure that staff complete the forms correctly through regular reviews.

DJJ should also consider the following recommended steps.

- If the form is completed electronically, the system should require the staff member to enter the required information before finalizing the report.
- Require staff to be retrained on the policy should staff experience challenges with implementation.
- Implement supervisor review of incident reports prior to submission to ensure that staff are inputting the required level of detail, covering items i, ii, and iii.

*SOURCES*

- Policy 310, Mechanical Restraints
- Policy 315, Use of Physical Force



- Use of Force BRRC Summary data, October 2023 to February 2024
- Investigations summaries on use of force incidents, October 2023 to February 2024
- Use of Force event reports, October 2023 to February 2024

## 53. MEDICAL EVALUATION FOLLOWING USE OF FORCE

After an instance of use of force or restraint, DJJ will ensure that youth are evaluated promptly by a qualified medical professional or transported to a medical emergency facility promptly, unless the youth refuses a medical evaluation. Except in an exceptional circumstance, the youth should be transported to the qualified medical professional by a staff member who was not involved in the use of force or restraint.


Compliance Rating    Non-Compliance

Description of the Monitoring Process



The monitoring team reviewed use of force data, incident reports, and medical records, and interviewed staff, medical professionals, and youth.

Findings and Analysis



Policy 315, Use of Physical Force, states, “Within two (2) hours after an instance of use of physical force, the Shift Supervisor will ensure that youth are evaluated by a qualified medical professional. Youth determined to be in need of off-site medical care will be transported to a medical emergency facility promptly. If a youth indicates he or she is uninjured, the youth must still be seen for a medical assessment within two (2) hours. If the youth refuses medical care, employees must follow the instructions in Policy 604, Youth Refusal of Medical Care.” The policy further states that the youth should be transported to medical care by an employee who was not involved in using force unless there is an exceptional circumstance, such as not having other staff or staff of the same gender available to conduct the transport.

Medical staff reported that they now have access to event reports and can identify which youths should be seen by medical staff. However, the reports are sometimes not entered immediately or correctly, so some youths are not transported within the two hours required by policy. They also indicated that a Teams chat feature has improved notification. However, even with these alerts, medical staff may not always know that a youth needs a medical evaluation.

Data was requested on the number of use of force incidents that require a youth to be seen by medical, and the number of youth who were seen or who refused. The following data were provided and offer an incomplete review of practices. The available data seems to suggest that youth are not promptly evaluated as required by policy but are scheduled for an appointment later.

Month	UOF Medical Evaluations*	UOF Scheduled Appointments (youth not previously evaluated)
Oct	4	14
Nov	12	15
Dec	4	5
Jan	No data provided	No data provided
Feb	No data provided	No data provided

\*Some nurses may not enter the correct diagnosis code, resulting in under-reporting.

One reason given why youth are not seen by medical services in a timely manner is the lack of staff to transport the youth. Security staff have also sometimes claimed that the youth refused a medical evaluation. Medical staff said from their experience that refusals are rare. Interviews with youth support this statement, as several youths indicated they have not refused. Many staff seem unaware that a youth can only refuse medical care in the presence of medical staff and the youth must sign a form documenting their refusal. DJJ has attempted to correct this misconception.

Medical records were also compared to incident reports to determine whether the policy was being followed. In the ten cases reviewed, eight were seen by medical staff as required. One youth was restrained but was not seen until two days later when a Credible Messenger brought him to the infirmary. The youth denied any injury and did not want to take his shirt off to participate in the examination. However, medical staff noted he had a lot of bruising and swelling and could not see out of his eye. The other youth was involved in a restraint and was not seen by medical staff until the following day for back pain.

While the data are incomplete, interviews and records indicate that the policy is not being followed consistently.

Recommendations to Achieve Compliance



It is recommended that DJJ take the following steps to move toward substantial compliance.

- Ensure all staff read and acknowledge the revised policies.
- Train all staff in the revised updated policies and their application.
- Monitor implementation to ensure the policies have the desired impact.
- Whenever physical force or restraint is used, determine whether staff followed the appropriate steps to ensure a medical evaluation was conducted per the policy.
- Verify if the youth was transported by a staff member not involved in the use of force or restraint. If they were transported by a staff member involved, determine whether it was an exceptional circumstance.
- Take appropriate disciplinary action if staff did not follow policies and procedures.

DJJ should also consider the following recommended steps.



- DJJ should incorporate these required elements into its quality assurance system.




### *SOURCES*

- Policy 310, Mechanical Restraints
- Policy 315, Use of Physical Force
- Use of Force BRRC Summary data, October 2023 to February 2024
- Medical evaluation reports and records, October to December 2023
- Staff and youth interviews during the November 12-14, 2023, and March 4-6, 2024, monitoring site visits

## 54. MEDICAL EVALUATION PROCEDURES

The qualified medical professional will examine and question the youth involved in the use of force or restraint outside the hearing of other staff or youth. If, in the course of the youth’s examination, a qualified medical professional suspects the inappropriate use of force or restraints, the qualified medical professional will immediately take all appropriate steps to document the matter in the youth’s medical record and complete an incident report.

Compliance Rating Partial Compliance

<p>Description of the Monitoring Process</p> 	<p>The monitoring team reviewed use of force data, incident reports, and medical records, and interviewed staff, medical professionals, and youth.</p>
<p>Findings and Analysis</p> 	<p>Policy 315, Use of Physical Force, states, “...a qualified medical professional will examine and question the youth outside the hearing of other employees or youth and document their findings.” The policy further states that if they suspect inappropriate use of force, they must report it and the steps for reporting it.</p> <p>Medical staff reported that their practice is to interview the youth outside of hearing from other staff or youth to ensure they feel safe sharing information and to protect their privacy. They do this most of the time. However, this can be more challenging when they are asked to evaluate a youth on the unit, usually through the door. Staff have indicated that they cannot conduct a proper assessment this way, but security staff still insist it be done.</p> <p>Data was requested on the number of instances in which medical staff reported a concern about suspected inappropriate use of force. Data were only provided for January 2024, and the number was zero.</p>
<p>Recommendations to Achieve Compliance</p> 	<p>It is recommended that DJJ take the following steps to move toward substantial compliance.</p> <ul style="list-style-type: none"> <li>• Ensure all staff read and acknowledge the revised policies.</li> <li>• Train all staff in the revised updated policies and their application.</li> <li>• Monitor implementation to ensure the policies have the desired impact.</li> <li>• Implement a process to ensure that staff are adhering to the policy.</li> <li>• Take appropriate disciplinary action if staff did not follow policies and procedures.</li> </ul>



DJJ should also consider the following recommended steps.

- DJJ should incorporate these required elements into its quality assurance system.

### *SOURCES*

- Policy 310, Mechanical Restraints
- Policy 315, Use of Physical Force
- Use of Force BRRC Summary data, October 2023 to February 2024
- Medical evaluation reports and records, October to December 2023
- Staff and youth interviews during the November 12-14, 2023, and March 4-6, 2024, monitoring site visits
- Health Services statement on suspicious use of force, February 2024

## 55. MEDICAL EVALUATION REFUSAL PROCEDURES

If a youth refuses a medical evaluation immediately after the use of force or restraint, staff will document the refusal and report it to the qualified medical professional. Within 12 hours of the use of force or restraint, the qualified medical professional will contact the youth to offer to conduct an evaluation. If the youth consents, or if injuries are visible without conducting an exam, the qualified medical professional will document any injuries. If the youth again refuses and no injuries are visible, the qualified medical professional will document the youth's refusal and any reasons the youth provides for the refusal.


Compliance Rating Partial Compliance

Description of the Monitoring Process



The monitoring team reviewed use of force data, incident reports, and medical records and interviewed staff, medical professionals, and youth.

Findings and Analysis



Following an instance of the use of force or restraint, DJJ staff must have the youth evaluated by a qualified medical professional or transported to a medical emergency facility unless the youth refuses a medical evaluation. Policy 315, Use of Force, requires that if a youth refuses medical care, they must sign a refusal form “in the presence of a medical provider.”

Interviews with staff, youth, and medical professionals indicate that this procedure is followed most of the time, but not always. Medical professionals interviewed stated that some staff still incorrectly believe that if a youth refuses medical evaluation, the youth is not required to be seen by a medical professional. The proper procedure is for the youth to refuse medical evaluation in the presence of the medical professional and sign a statement to that effect. DJJ has attempted to correct this misconception.

Data were requested on the number of youths who refused a medical evaluation and the number seen within 12 hours of refusing. Medical staff reported they did not have any documented face-to-face refusals with youth from October to December 2023. However, they documented that security reported two youths who refused a medical evaluation, but medical staff were never present to complete the paperwork for the refusals. Medical staff also documented three youths who should have been seen by medical but were never scheduled. These youths were identified through event reports. Data were not provided for January to March 2024, resulting in a finding of partial compliance.

Recommendations to  
Achieve Compliance



It is recommended that DJJ take the following steps to move toward substantial compliance.

- Ensure all staff read and acknowledge the revised policies.
- Train all staff in the revised updated policies and their application, including the proper procedure for a youth refusing a medical evaluation.
- Develop a mechanism to document and track refusals and follow within 12 hours of the refusal.
- Monitor implementation to ensure the policies have the desired impact.
- Implement a process to ensure that staff are adhering to the policy.
- Take appropriate disciplinary action if staff did not follow policies and procedures.

DJJ should also consider the following recommended steps.

- DJJ should incorporate these required elements into its quality assurance system.

*SOURCES*

- Policy 310, Mechanical Restraints
- Policy 315, Use of Physical Force
- Use of Force BRRC Summary data, October 2023 to February 2024
- Medical evaluation reports and records, October to December 2023
- Staff and youth interviews during the November 12-14, 2023, and March 4-6, 2024, monitoring site visits






## Investigations of Physical Harm to Youth from Other Youth, Excessive or Unnecessary Use of Physical Force, or Improper Use of Isolation

### 56. DRAFT NEW INVESTIGATION POLICIES, PROCEDURES, & PRACTICES

Within nine months [January 2023] of the effective date, DJJ, with assistance from the Subject Matter Expert, will draft modifications to policies, procedures, and practices concerning investigations of physical harm to youth from other youth, excessive or unnecessary use of physical force, or improper use of isolation. DJJ will provide the revised policies and procedures to the United States and the Subject Matter Expert for approval. The United States and the Subject Matter Expert will review the proposed policies and procedures and propose any revisions necessary within one month [February 2023] of receiving the proposal.

Compliance Rating    Substantial Compliance

<p>Description of the Monitoring Process</p> 	<p>Policy 328, Investigations, was reviewed to determine whether the SME and DOJ input was considered and necessary revisions adopted. The process for developing and finalizing the policy was also examined, which involved reviewing email communications, notes taken during monthly meetings with BRRC and the DOJ, and interviews with staff involved in the policy process.</p>
<p>Findings and Analysis</p> 	<p>The finalized policies reflected the input and approved changes the SME and the DOJ recommended. The DJJ Executive Director signed Policy 328, Investigations, November 29, 2023, and it became effective on January 15, 2024. An email was sent to staff notifying them that the updated policy was published in PowerDMS. The email stated, “Agency staff must review and sign this policy within 30 days of publishing.” Because of the complex nature of the policy, and staff turnover in the investigation unit, the policy approval process took longer than expected.</p>
<p>Recommendations to Sustain Compliance</p> 	<p>With revised policies now approved, the department is in substantial compliance. Nothing further is required.</p> <p>It is recommended that DJJ monitor implementation to ensure the policy is having the desired impact.</p>

#### SOURCES

- Draft and finalized policy 328, Investigations

- December 1, 2023, email from the Director of Settlement Compliance, subject: FW: Update to Policy 328, Investigations

## 57. IMPLEMENT REVISED INVESTIGATION POLICIES AND PROCEDURES

Within 18 months [October 2023] of the effective date, DJJ will implement the revised investigation policies and procedures.


Compliance Rating    Substantial Compliance

Description of the Monitoring Process



The effective date of Policy 328, Investigations, was January 15, 2024. The monitoring team evaluated the implementation process, including reviewing staff training records and investigations protocols to determine whether staff were following the policy. The team also interviewed investigations staff.

Findings and Analysis



Revised Policy 328, Investigations went into effect January 15, 2024. On January 29, 2024, a 5-hour training session was conducted for all investigations staff, including supervisory investigative staff, and all staff members have completed the training. Based on the interviews conducted with the investigations team, it was confirmed they are adhering to the new policy. An evaluation of the investigation process and records further confirms their compliance. The team created spreadsheets to document the required data for each provision in the settlement agreement. Additionally, the team is collaborating with the Quality Management department to establish quality controls that ensure investigations are meeting the policy requirements.

Recommendations to Sustain Compliance



To maintain substantial compliance, the following steps are recommended.

- Ensure all newly hired investigations staff are trained in the policy and its application.
- Monitor implementation to ensure the policies have the desired impact.

DJJ should also consider the following recommended steps.

- Adjust policies, practices, training, and implementation as needed in consultation with the monitoring team and the DOJ.
- Require staff to be retrained on the policy should staff experience challenges with implementation.

### SOURCES

- Policy 328, Investigations
- Investigations Lesson Plan and PPT, January 2024

- Training Attendance Roster for the January 29, 2024, 5-hour Investigations Training
- Investigations Training Completion spreadsheet, February 7, 2024
- Word document statement from DJJ uploaded February 23, 2024, to the shared January 2024 data request folder indicating new investigators will be trained when they are onboard
- Event Reporting System summary report, October 2023 to February 2024
- Staff interviews during the November 12-14, 2023, and March 4-6, 2024, monitoring site visits

## 58. INITIAL REVIEW OF INCIDENTS

DJJ will ensure that all uses of force or restraint, allegations of physical harm to youth from other youth, or the improper use of isolation receive an initial review, including review of the incident report, use of force report, and video, if applicable. DJJ will track every use of force or restraint, allegation of youth-on-youth harm, or the improper use of isolation incident that receives an initial review, the outcome of that review, and the basis for that determination.


### Compliance Rating    Non-Compliance

Description of the Monitoring Process



The monitoring team requested initial review documents for the incident types described in this provision and interviewed investigations staff.

Findings and Analysis



After an incident occurs, staff must file a report in DJJ’s Event Reporting System, which tracks all incidents. To determine if the proper investigative procedures are followed, the monitoring team was provided with an updated Investigations Flow Chart. The team also reviewed various documents, such as sample administrative inquiry reports, case status reports, case management history documents, and investigative reports.

Every Monday through Friday, designated investigation staff review all reports, including video footage, to determine if the incident requires an investigation, management review, or other action. If an incident requires investigation for criminal or internal integrity reasons, it is assigned an investigation number, and all staff event reports are attached to it.

According to the investigations staff, the QA team pulls 10% of their investigations monthly to see which cases receive initial reviews, full investigations or information only and identifies if disciplinary action is needed if staff did not follow policies and procedures. This process started in February.

Based on the initial review documents reviewed during the site visits, this provision appears to be being met. However, data on the number of initial reviews conducted was only provided for February 2024, showing that 10 incidents met the criteria for an initial review. One month’s worth of data for this period is insufficient for a finding of partial compliance.

Recommendations to Achieve Compliance



It is recommended that DJJ take the following steps to move toward substantial compliance.

- Ensure that all uses of force or restraint, allegations of physical harm to youth from other youth, or the improper use of isolation receive an initial review, including a review of the incident report, use of force report, and video, if applicable.
- Track every use of force or restraint, allegation of youth-on-youth harm, or the improper use of isolation incident that receives an initial review, the outcome of that review, and the basis for that determination.
- Take appropriate disciplinary action if staff did not follow policies and procedures.

DJJ should also consider the following recommended steps due to the importance of these policies to the settlement agreement.

- Create an operations manual that outlines the details and roles for all investigations.

*SOURCES*

- Staff interviews during the November 12-14, 2023, and March 4-6, 2024, monitoring site visits
- Investigations Flow Chart, November 2024
- Case Status and Case History Logs observed during the site visits
- February 2024 list of 10 incidents that were initially reviewed

## 59. INVESTIGATION PROCEDURES

All incidents where:

(1) a youth or someone on the youth’s behalf files a grievance or an informal complaint of youth-on-youth physical harm from fights or assaults, uses of force or restraint, or the improper use of isolation; or (2) where the initial review described above indicates conduct may be in violation of criminal law (excluding Assault and Battery 3rd degree involving a youth perpetrator) or agency policy will be fully investigated by trained investigators with no involvement or personal interest in the underlying event. A full investigation conducted by a DJJ investigator will be completed within ten business days of the investigator receiving the allegation for investigation. The policies may permit an extension of no more than ten additional business days to complete an investigation where the investigator documents the need for such an extension to complete the steps below. A full investigation must include, but may not be limited to:

- i. Interviews with the alleged victim, the alleged perpetrator, all officers present during the incident, and any other witnesses;
- ii. Review of any documentation that exists, including the incident report, youth’s grievance, if applicable, use of force report, and witness statements;
- iii. Review of a video of the incident, if one exists; and
- iv. A written report documenting the investigation and the conclusion(s).


Compliance Rating Partial Compliance

Description of the Monitoring Process

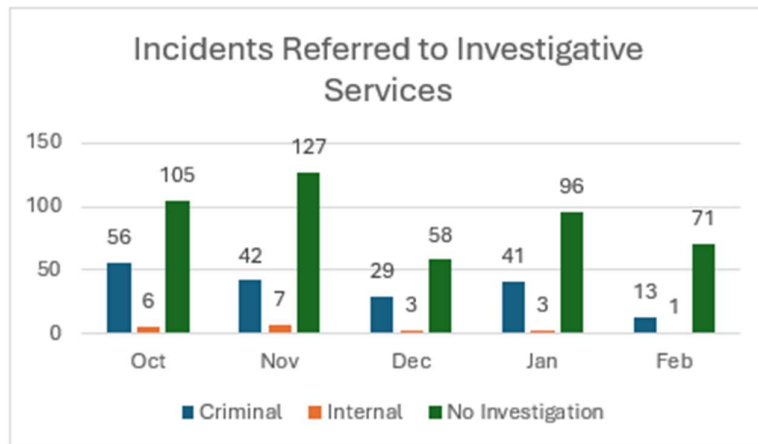


The monitoring team reviewed investigation data and tracking documents and interviewed staff.

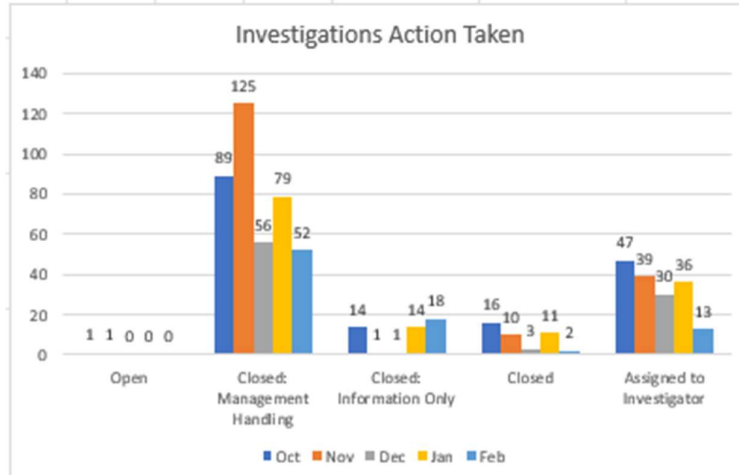
Findings and Analysis



Between October 2023 and February 2024, 658 referrals to investigations were made for youth-on-youth physical harm and the use of force. There were no referrals for the improper use of isolation.



Of the incidents referred, 25% were assigned an investigator and 61% were closed for management handling. The remainder were either closed for another reason or remained open. See the table below for figures.



Between October 2023 and January 2024 (data for February was missing), the unit conducted 30 investigations involving youth-on-youth physical harm and the use of force. There were no investigations into the improper use of isolation. These numbers only represent completed investigations and not open cases.

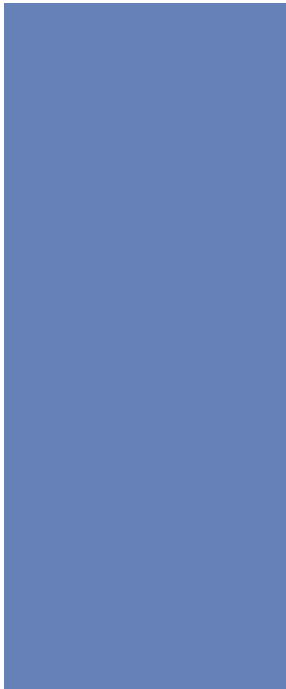
Month	Criminal	Management Review	# completed in 10 days
Oct	5	3	0
Nov	6	2	0
Dec	3	0	0
Jan	8	3	2
<b>TOTAL</b>	<b>22</b>	<b>8</b>	<b>2</b>

Of the 30 investigations, 22 were a criminal investigation, and eight were sent for management review. Only two investigations were completed within the 10-day timeframe, and the remaining were not completed within an additional 10 days.

The investigation staff interviewed indicated that it is not feasible to complete investigations within the 10-day time frame due to the complexity of cases, the inability to schedule interviews, and the high number of cases assigned to each investigator. For most of this monitoring period, the unit was not fully staffed.

The monitoring team reviewed investigation case logs that showed investigators were gathering all the necessary information, such as videos (if available), incident reports, youth grievances (if applicable), and witness statements. Moreover, a case management history report is completed for each investigation that includes all the





interviews, videos, and actions taken, along with a case closure statement.

The monitoring team also examined case status reports that include the date the complaint was received, any decision made, the reason for the decision, any youth withdrawal from the complaint, any pending action, and the date the case was closed.

During the site visit in March, the investigations team reported that the development of the integrated data system, which was intended to improve the tracking of all incidents and replace multiple spreadsheets, has been halted due to other higher-priority projects. They will continue to use multiple spreadsheets.

The department is conducting investigations according to proper investigative procedures, which is commendable. However, during a significant portion of the monitoring period, the unit had insufficient staff and high caseloads, which may have contributed to its inability to meet the required investigation timeframes. Therefore, a finding of partial compliance is warranted. Additionally, the department did not provide the February investigation data, leading to an incomplete analysis.

Recommendations to Achieve Compliance



It is recommended that DJJ take the following steps to move toward substantial compliance.

- Investigate all incidents meeting the above-listed criteria using a trained DJJ investigator within the required time frames. A full investigation should include, but not be limited to, items i-iv.

DJJ should also consider the following recommended steps due to the importance of this policy to the settlement agreement.

- Create an operations manual that outlines the process and roles for all investigations.
- Identify and implement an investigations data tracking system to improve efficiency and the ability to track and analyze investigations data.

*SOURCES*

- Staff interviews during the November 12-14, 2023, and March 4-6, 2024, monitoring site visits
- Investigations Documents and Spreadsheets
  - Case Log
  - Case status and investigative report
  - Case management history report
  - Investigative report
  - Investigative flow chart
  - Investigative inquiry
  - Corrective action log

## 60. STAFF REVIEW OF INCIDENTS

If the initial review of a use of force or restraint does not result in a full investigation, the investigator will send all documentation, including the incident report, use of force report, and video, if available, to the impacted Deputy Director(s). The impacted Deputy Director(s) will ensure that the employee’s Senior Manager reviews the documentation and video, if available, to evaluate proper techniques and de-escalation efforts. Upon this review, the Senior Manager will provide staff feedback as appropriate to reinforce or correct staff.


Compliance Rating    Non-Compliance

Description of the Monitoring Process



The monitoring team requested documentation of all Deputy Director(s) reviews of use of force or restraint incidents that did not result in a full investigation, and the actions taken by the employee’s senior manager. Staff were also interviewed.

Findings and Analysis



According to Policy 328, Investigations, if the initial review of a use of force or restraint does not require a full investigation, the employee’s supervisor must review the report within seven business days. The supervisor must determine whether corrective action is necessary and provide feedback to the employee within seven business days. DJJ could not provide evidence to demonstrate that these reviews took place as required. In February, BRRC leadership stated they were unaware of this change in the process. They committed to following this procedure going forward. However, during the last monitoring period, the former Deputy Director was involved in conducting these types of reviews. Actions taken by management, however, were not recorded.

Recommendations to Achieve Compliance



It is recommended that DJJ take the following steps to move toward substantial compliance.

- Ensure that if the initial review of a use of force or restraint does not result in a full investigation, the investigator will send all documentation, including the incident report, use of force report, and video, if available, to the impacted Deputy Director(s).
- Verify and document that the impacted Deputy Director(s) ensured that the employee’s Senior Manager reviewed the documentation and video, if available, to evaluate proper techniques and de-escalation efforts.
- Verify and document the Senior Manager provided staff feedback as appropriate to reinforce or correct staff.
- Take appropriate disciplinary action if staff did not follow policies and procedures.



DJJ should also consider the following recommended steps due to the importance of this policy to the settlement agreement.

- Implement a mechanism to track each step of the review process and that staff responsible for each step is accountable for reporting when their required actions are completed.

### *SOURCES*

- Policy 328, Investigations
- BRRC leadership statement about the change in process, February 21, 2024
- Staff interviews during the November 12-14, 2023, and March 4-6, 2024, monitoring site visits

## 61. PERMISSIBLE CONTACT FOLLOWING AN ALLEGATION

After an allegation as indicated above is made, DJJ will make a prompt determination about the level of permissible contact between the youth and the alleged perpetrator during the investigation period, in light of the nature of the allegation and the safety of all youth.


Compliance Rating    Non-Compliance

Description of the Monitoring Process



The monitoring team reviewed incident reports and interviewed management level, security, and investigations staff. Youth were also interviewed.

Findings and Analysis



According to management-level staff interviewed, when there is an allegation of improper use of force made against a staff member, or if investigations identify a potential issue, a collective determination is made by the administration to either move the staff member or place them on unpaid administrative leave while the investigation is conducted. Investigations staff interviewed confirmed this process.

The Facility Administrator stated in an email that separating a staff member from a youth is a collective decision involving the facility administrator and assistant facility administrator. While this review is not documented, it is part of the incident review process. If the incident involves a violation of the Prison Rape Elimination Act (PREA), a multi-disciplinary staffing is held, and documentation is sent to the PREA Coordinator.

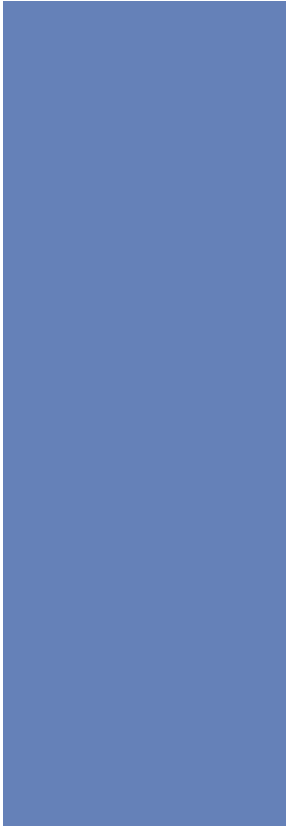
No documents were provided for October to December 2023 to support this process. In January and February, there were two instances in which staff were identified as not being allowed to have contact with a youth. The first involved a staff under investigation for a use of force incident that occurred in November, for which the staff was already suspended. The second involved a staff member who placed a youth in isolation for threatening conduct. The staff member was not under investigation, therefore, the relevancy of this incident to this provision is unclear. The lack of documentation to support this process results in a finding of non-compliance.

Recommendations to Achieve Compliance



It is recommended that DJJ take the following steps to move toward substantial compliance.

- Promptly determine the level of permissible contact between the youth and the alleged perpetrator during the investigation period in light of the nature of the allegation and the safety of all youth.



- Ensure that no-contact orders are communicated to relevant staff and followed.
- Maintain records of no-contact orders, including the date they are effective and when/if the order is lifted.
- Take appropriate disciplinary action if staff did not follow policies and procedures.

DJJ should also consider the following recommended steps due to the importance of this policy to the settlement agreement.

- Develop a procedure for how the decision would be made to determine the level of permissible contact between the youth and the alleged perpetrator, including the requirement that:
  - The decision should be made within one business day of the incident.
  - Pending the outcome of the decision, the alleged perpetrator should be prohibited from having any contact with the youth.
- Establish a process for determining whether the alleged perpetrator should be placed on administrative leave or moved to another work location or unit pending the outcome of the investigation.
- Implement a method for identifying staff and youth who are not permitted to have contact and tracking compliance.




### *SOURCES*

- Staff interviews during the November 12-14, 2023, and March 4-6, 2024, monitoring site visits
- Letter dated January 30, 2024, from Associate Deputy Director to staff member, re: amended notice of suspension pending outcome of investigation
- Email from BRRRC administrative staff, dated March 19, 2024

## 62. VIDEO REQUEST FOLLOWING AN ALLEGATION

DJJ will ensure that a video of the incident, if one exists, is requested within three days of receiving the allegation.

Compliance Rating    Substantial Compliance

<p>Description of the Monitoring Process</p> 	<p>The monitoring team reviewed tracking documents and interviewed investigations staff.</p>
<p>Findings and Analysis</p> 	<p>Policy 328, Investigations, states that the designated investigator must request video footage of the incident within three days of receiving the allegation. However, investigators have reported that they usually request the video footage on the same day they are assigned the case. This is done every morning for all incidents involving youth-on-youth harm, assaults or fights, criminal allegations, the improper use of isolation, and the use of force. The division camera surveillance officer then assigns the task to a staff member who pulls the video footage and sends it to the Internal Integrity Manager. This process is documented on a spreadsheet and is considered standard practice. A review of the Investigations Case Logs from October 2023 through January 2024 shows that video footage is requested as required and the request is properly documented. In almost all cases, the video footage was requested on the same day that the case was assigned to an investigator.</p>
<p>Recommendations to Sustain Compliance</p> 	<p>To maintain substantial compliance, it is recommended that DJJ take the following steps.</p> <ul style="list-style-type: none"><li>• Continue to ensure that a video of the incident, if one exists, is requested within three days of receiving the allegation.</li><li>• Maintain records to verify the process was followed.</li><li>• Take appropriate disciplinary action if staff did not follow policies and procedures.</li></ul> <p>DJJ should also consider the following recommended steps.</p> <ul style="list-style-type: none"><li>• Create an operations manual that outlines the process and roles for all investigations and identifies the process for requesting and obtaining video.</li><li>• Identify and implement an investigations data tracking system to improve efficiency and the ability to track and analyze investigations data.</li></ul>

*SOURCES*

- Staff interviews during the November 12-14, 2023, and March 4-6, 2024, monitoring site visits
- Investigations Documents and Spreadsheets
  - Case Log
  - Investigations flow chart

## 63. RETENTION SCHEDULE

DJJ will retain all investigation documents, including video and interview notes, for at least one year.

Compliance Rating    Substantial Compliance

<p>Description of the Monitoring Process</p> 	<p>The monitoring team reviewed investigation documents and procedures and interviewed staff.</p>
<p>Findings and Analysis</p> 	<p>As previously reported, the department’s surveillance system automatically retains video for at least 30 days. If any video is bookmarked, it is retained indefinitely and copied to another off-campus system for storage for 7+ years. The bookmarked video stays in the system and is regularly exported into a Sharepoint file to free up storage space. Staff can access and retrieve case files and stored video footage if an event reporting system number is provided. DJJ has demonstrated its ability to retain all investigation documents, including videos and interview notes, for at least one year. The monitoring team verified this ability through case reviews with the DJJ IT staff and an off-campus camera surveillance investigative officer. DJJ also maintains investigation documents for more than seven years, following a retention schedule for when they can be destroyed.</p>
<p>Recommendations to Sustain Compliance</p> 	<p>To maintain substantial compliance, DJJ should retain all investigation documents, including video and interview notes, for at least one year, maintain records to verify retention practices, and take appropriate disciplinary action if staff do not follow policies and procedures.</p> <p>DJJ should also consider the following recommended steps.</p> <ul style="list-style-type: none"><li>• Create an operations manual that outlines the process and roles for all investigations and describes the process for retaining and storing investigation documents.</li><li>• Store all investigation documents in a central, secure location with access restricted to authorized staff.</li><li>• Identify and implement an investigations data tracking system to improve efficiency and the ability to track and analyze investigations data.</li></ul>



*SOURCES*

- Staff interviews and testing of video and document retention during the November 12-14, 2023, and March 4-6, 2024, monitoring site visits

## 64. INVESTIGATIONS WITHOUT VIDEO

If the incident requires a full investigation as described in paragraph 59, the investigation must be completed even where no video exists of the incident.


Compliance Rating    Substantial Compliance

Description of the Monitoring Process




The monitoring team requested incident reports in which video was not available. Investigations staff were interviewed, and documentation was viewed on-site during two monitoring visits.

Findings and Analysis



During recent site visits, the investigation unit confirmed that investigations are conducted even if video footage of the incident is not available. This practice has remained unchanged since the last monitoring period. Investigators will review the incident report and try to interview all staff and youth who may have been involved in or witnessed the incident. Based on the information gathered, conclusions will be drawn. The investigation's case log does not indicate if video footage was unavailable, but it does include the date of the video request. Other logs track video reviews, and individual investigation documents note whether video was available or not. This documentation was confirmed through an on-site review of documents. A spreadsheet documenting each instance is not kept separately and would take a significant amount of time for DJJ to compile. Based on the documentation reviewed, DJJ is in compliance.

Recommendations to Sustain Compliance



To maintain substantial compliance, DJJ should ensure that investigations are completed even when no video exists of the incident and maintain records to verify that investigations are conducted as required. DJJ should take appropriate disciplinary action if staff did not follow policies and procedures.

DJJ should also consider the following recommended steps.

- Track each investigation in which video was not available and the outcome of the investigation.
- Create an operations manual that outlines the process and roles for all investigations and describes the process for retaining and storing investigation documents.
- Identify and implement an investigations data tracking system to improve efficiency and the ability to track and analyze investigations data.
- Track the number of investigations where video does not exist to determine whether additional surveillance



equipment may be necessary to assist with future investigations.

*SOURCES*

- Staff interviews and investigations documents reviewed during the November 12-14, 2023, and March 4-6, 2024, monitoring site visits

## 65. ACTION FOLLOWING A FINDING OF STAFF MISCONDUCT

DJJ will take prompt and appropriate corrective and disciplinary measures in response to a finding of staff misconduct arising from the inappropriate use of isolation, the excessive or unnecessary use of physical force, or a failure to protect youth from physical harm by other youth.


Compliance Rating    Non-Compliance

Description of the Monitoring Process



The monitoring team requested documentation of corrective or disciplinary action taken as the result of a use of force or restraint review and information about any violations to the isolation policy, which would include inappropriate use of isolation. The team also examined incident reports, Corrective Action forms, and investigations data.

Findings and Analysis




DJJ states they take staff misconduct seriously and will take disciplinary action, including termination if necessary. From October 2023 to February 2024, there were 658 referrals to investigations for youth-on-youth physical harm and the use of force. There were no referrals for improper use of isolation. Over 60% of these referrals were closed and returned to management for handling. Documentation regarding corrective or disciplinary action was requested, but information for December 2023 and January 2024 was not provided.

The information received indicated that in October, one staff person was terminated for excessive use of force, and in November, another was suspended for inappropriate use of force. In February, DJJ terminated two staff members for excessive use of force, and documentation of their disciplinary action was provided.

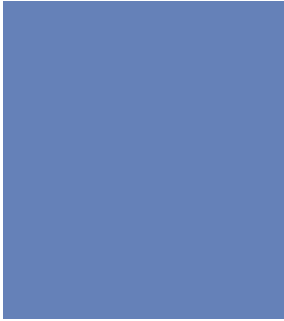
The facility administrator stated they failed to document all actions taken and would correct that oversight. The lack of proper documentation resulted in a finding of non-compliance.

Recommendations to Achieve Compliance



It is recommended that DJJ take the following steps to move toward substantial compliance.

- Take prompt and appropriate corrective and disciplinary measures in response to a finding of staff misconduct arising from the inappropriate use of isolation, excessive or unnecessary use of physical force, or a failure to protect youth from physical harm by other youth.
- Properly document all staff corrective and disciplinary measures taken in response to a finding of misconduct.



- Maintain records to verify that responses are consistently and appropriately applied.

DJJ should also consider the following recommended steps.

- Ensure that policies and procedures related to staff misconduct identify the range of disciplinary responses the department can take, including but not limited to a verbal or written warning, retraining, demotion, suspension, dismissal, and referral to law enforcement.




### *SOURCES*

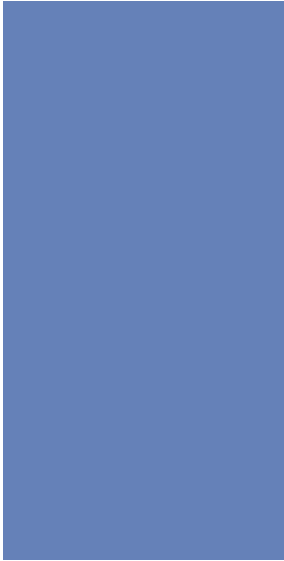
- Staff and youth interviews during the November 12-14, 2023, and March 4-6, 2024, monitoring site visits
- Investigation case logs, October 2023 to January 2024
- Use of Force reports, October 2023 to January 2024
- Letter dated January 30, 2024, from Associate Deputy Director to staff member, re: amended notice of suspension pending outcome of investigation
- Corrective Action Form and termination letter dated February 12, 2024, from the interim Deputy Director of Security and Operations to staff member

## 66. INVESTIGATIONS WHEN A YOUTH WITHDRAWS AN ALLEGATION

In cases where a youth withdraws an allegation, states a desire not to prosecute a criminal matter, declines to be interviewed about an allegation, or refuses to write a statement, this will not be used as the sole reason to terminate an investigation. The investigation will also include an effort to determine the reasons for the withdrawal or refusal.

### Compliance Rating Substantial Compliance

<p>Description of the Monitoring Process</p> 	<p>The monitoring team reviewed investigation data and reports and interviewed staff.</p>
<p>Findings and Analysis</p> 	<p>Investigations staff interviewed indicated they continue to conduct investigations even if a youth withdraws an allegation, states a desire not to prosecute, declines to be interviewed, or refuses to write a statement. In such cases, investigators review incident reports, videos, and medical records and attempt to interview all parties involved. They also attempt to determine the reason for withdrawing the allegation, although that is met with mixed success. Youth have stated they changed their mind or no longer want to pursue the allegation. They often refuse to give a detailed reason. In some instances, allegations have been unfounded.</p> <p>The updated investigations flow chart indicates, “If evidence of physical abuse or other policy violations is observed, the case is assigned to an internal investigator for a full investigation.” According to investigations staff, youth withdrawals are tracked on the investigative case log, case management history report, and the case status investigative report. A review of these logs and investigation documents covering various weeks of the monitoring period confirmed that when a youth withdraws an allegation, the investigation continues.</p>
<p>Recommendations to Sustain Compliance</p> 	<p>To maintain substantial compliance, DJJ should ensure that the following actions continue.</p> <ul style="list-style-type: none"><li>• Ensure that an investigation will not be terminated in cases where a youth withdraws an allegation, states a desire not to prosecute a criminal matter, declines to be interviewed about an allegation, or refuses to write a statement, as the sole reason for termination.</li><li>• Make an effort to determine the reasons for the withdrawal or refusal. If the reason is coercion or threat, the matter</li></ul>



should be referred for a separate investigation and documented.

- Maintain records to verify that efforts were made and the outcomes of those efforts.

DJJ should also consider the following recommended steps.

- Create an operations manual that outlines the process and roles for all investigations, including how to investigate incidents when a youth withdraws an allegation or refuses to cooperate.
- Identify and implement an investigations data tracking system to improve efficiency and the ability to track and analyze investigations data.
- Take appropriate disciplinary action if staff did not follow policies and procedures.

### *SOURCES*

- Staff interviews during the November 12-14, 2023, and March 4-6, 2024, monitoring site visits
- Investigations Documents and Spreadsheets
  - Case Log
  - Case status and investigative report
  - Case management history report
  - Investigative report
  - Investigative flow chart
  - Investigative inquiry
  - Corrective action log

# Isolation

## 67. USE OF ISOLATION

Within nine months [January 2023] of the effective date, DJJ, with assistance of consultants, will revise its isolation policies and procedures to be consistent with the principles set forth in paragraphs 68–94. DJJ will provide the revised policies and procedures to the United States and the Subject Matter Expert for approval. The United States and the Subject Matter Expert will review the proposed policies and procedures and propose any revisions necessary within one month [February 2023] of receiving the proposal.


Compliance Rating    Substantial Compliance

Description of the Monitoring Process



Policy 323, Isolation of Youth, was reviewed to determine if the SME and the DOJ input were considered and necessary revisions adopted. The process for developing and finalizing the policy was also examined and involved reviewing email communications, notes taken during monthly meetings with BRRC and the DOJ, and interviews with staff involved in the policy process.

Findings and Analysis



Policy 323, Isolation of Youth, was signed on October 10, 2023. The policy's effective date was November 15, 2023. The final policy included the approved changes from the DOJ and SME. However, the process of finalizing the policy was prolonged due to multiple revisions by DJJ. Some of the delays could have been avoided if more attention had been paid to moving the policy forward in a timely manner and if staff had been involved earlier in planning for policy implementation. Once the policy was near finalization, staff involved in discussing how to implement it at BRRC identified valid implementation issues that required further policy revisions and additional review time. The policy is now in effect, resulting in substantial compliance. However, as explained below, DJJ struggles to adhere to its new policy

Recommendations to Sustain Compliance



Nothing further is required.

It is recommended that DJJ monitor implementation to ensure the policy is having the desired impact. If problems are identified, DJJ should rectify them through training, enhanced documentation, or policy revision. Any revisions must be reviewed and approved by the DOJ and SME.

### SOURCES

- Draft and final versions of Policy 323, Isolation of Youth



- Verbal reports from BRRC administration during meetings on April 25, May 22, June 28, July 19, and September 7, and September 20, 2023
- July 18, 2023, email from the SME to the Director of Settlement Compliance, Isolation Policy
- August 16, 2023, Planning Meeting with BRRC facility staff
- August 23, 2023, email from the Director of Settlement Compliance, subject: FW: 323, Isolation of Youth – Workgroup Meeting Revisions
- Emails from the Director of Settlement Compliance (with response from the DOJ and SME)
  - September 1, 2023, subject: FW: Policy update
  - September 2-7, 2023, subject: Isolation policy edits attached
  - October 2, 2023, subject: From our call today – Laurel
  - October 7, 2023, subject: Status of policies?
  - October 11-18, 2023, subject: Fwd: Revised SCDJJ Policy 323, Isolation of Youth

## 68. REVISED ISOLATION POLICIES AND PROCEDURES

Within 18 months [October 2023] of the effective date, DJJ will implement its revised isolation policies and procedures.

Compliance Rating    Non-Compliance

Description of the Monitoring Process	
<p>Findings and Analysis</p> 	<p>Policy 323, Isolation of Youth, became effective on November 15, 2023. The monitoring team evaluated the implementation process, including reviewing staff training procedures and isolation data to determine whether staff were following the policy. The team also reviewed notes from monthly meetings with BRRC and the DOJ, email communication, and interviews with administration, staff, and youth.</p> <hr/> <p>Policy 323, Isolation of Youth was signed on October 10, 2023, and effective 45 days later on November 15, 2023, which is 33 days past the deadline of October 13, 2023. The day after the policy was signed, the DJJ Policy Manager emailed all SCDJJ staff informing them the policy was published in the department’s PowerDMS system. The subject of the email was “Revised SCDJJ Policy 323, Isolation of Youth.” In addition to notifying staff that a new policy was published, the email contained additional generic information, including a statement that “Some policies will require staff to read and sign the policy within 30 days of the policy becoming effective. You will receive email notifications and reminders to check your Power DMS inbox.” This statement makes it unclear whether staff are required to review this policy.</p> <p>BRRC staff prepared for the implementation of the new policy by participating in two planning sessions with the monitoring team. The first session was held virtually on August 2, followed by an in-person session on August 16. From these sessions, BRRC staff drafted action plans for the implementation of the new isolation policy. The plans covered multiple areas such as staff training, the isolation notification and approval process, using a multi-disciplinary team, clinical reviews, data collection, and quality assurance. A third planning session was held on December 4 to identify the forms related to documenting isolation events per the new policy and discussing how to overcome any challenges experienced since the policy went into effect.</p> <p>During the December 4 planning session, participating staff worked collaboratively to develop draft plans. However, minimal effort was made afterwards to finalize the plans and ensure their implementation. When asked about the status of the plans, several staff expressed they planned to work on them, but their good intentions were often sidelined by other more pressing matters related to daily facility operations. Another complication was the appointment of a new interim facility administrator (FA) the day after the December 4 planning session, in which this person did not participate. The new interim FA was also</p>

serving as the interim Deputy of Security and Operations. The former FA accepted a new position as interim Associate Deputy for Facility Programming.

Training on the new policy was conducted in November. A total of 183 employees participated in six two-hour sessions, held on November 13, 22, and 27. Out of these participants, 129 completed a training evaluation form (70% response rate). Most respondents agreed that the content delivery was presented in a clear and understandable manner. They also rated the training facilitator highly. While the feedback was positive overall, some respondents suggested that more time was needed, and that role plays or interactions would be helpful.

The monitoring team interviewed staff and youth to determine whether the policy was implemented as intended. During the November 13-15 monitoring site visit, a BRRC staff member stated that many staff do not agree with the new isolation policy because it makes it more difficult to hold youth accountable, and few alternatives exist. Staff assaults were reported to be up, but no figures were provided.

According to several juvenile correctional officers who were interviewed, when a youth is placed in isolation, they claim to be suicidal so that they can be released from isolation as per policy. The policy states that "Youth on suicide watch may not be placed in isolation." Some youth interviewed stated that they were aware of this policy, and that staff had to let them out if they claimed to be suicidal, although sometimes staff did not take them seriously. During a monitoring site visit on March 5-6, 2024, one youth who was in isolation showed a forearm with two band-aids as proof that he had previously engaged in self-harming behavior. This youth had been on full suicide watch earlier and out of isolation but had recently been taken off watch by a clinician and put back in isolation. He also stated that staff do not take threats seriously. This could be due to the fact that some youths have admitted to claiming to be suicidal even when they are not so that they can be released.

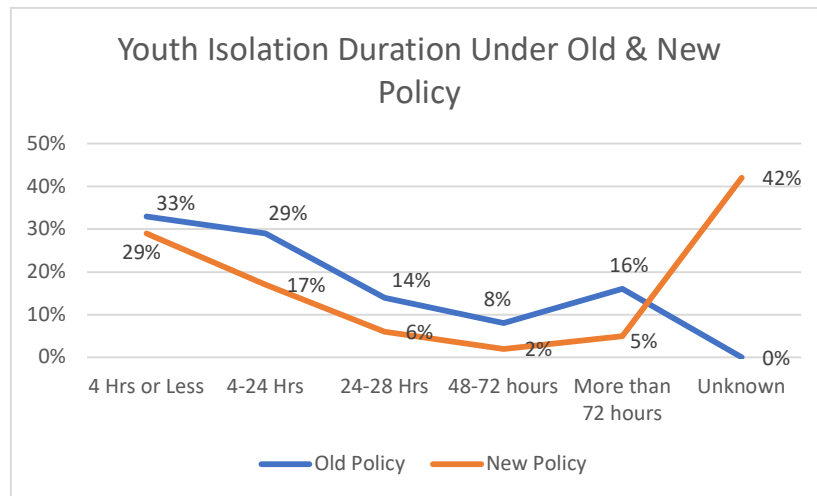
During the January 17, 2024, monthly meeting with BRRC and the DOJ, the department reported that they are working to improve the implementation of the isolation policy and documentation. They also reported that Laurel has been closed "for some time" and that isolation occurs only in the living units. The challenges they are experiencing with implementation were repeated during the February 21, 2024, monthly meeting, and the March 5-6 monitoring site visit.

The interim FA reported that staff are finding it difficult to fully follow the new policy, which is very different from the old policy. The new policy requires youth to be released from isolation once "the youth can demonstrate self-control by displaying behavior that does not threaten safety or security and complies with facility/program rules." This requirement makes sense to staff when the violation is not egregious and isolation duration periods seem to suggest that youth are released when calm.

When a youth commits a serious and violent act, letting them out once they meet these criteria gives the impression that youth can assault staff or other youth and experience very few consequences. Many youths at BRRC already have long commitment times, and youth under 16 cannot be transferred to the adult corrections facility for new crimes. Staff view isolation as the only alternative to keeping staff and other youth safe from more aggressive youth and an appropriate consequence for serious conduct.

As an example, BRRC staff discussed a violent staff assault that occurred a couple of days before the March site visit. Three youths attacked and assaulted a male staff member. A female staff member attempted to stop the assault and ultimately had to place herself on top of the other staff member until help arrived. These youth were placed in isolation with the interim FA’s approval and remained in isolation with services being brought to them despite displaying calm and non-threatening behavior. DJJ acknowledged that this was a policy violation, but the serious nature of the assault required youth isolation while they worked through what happened.

From October 2023 to February 2024, there were 115 isolation instances. An analysis of practices under the old policy compared to the new policy shows a smaller percentage of youth in isolation for the various time frames. However, duration data was missing from 42% of the isolation instances under the new policy, pointing to poor data collection practices.



While DJJ has attempted to implement the isolation policy, the information gathered indicates that staff are experiencing challenges with following the policy and documenting practices, resulting in a finding of non-compliance.

Recommendations  
to Sustain  
Compliance



It is recommended that DJJ take the following steps to move toward substantial compliance.

- Ensure full implementation of policy 323, Isolation of Youth.
- Train all new staff in the policy and its application and provide booster training for previously trained staff during shift briefings and in other settings to ensure that staff understand the policy and its requirements.
- Ensure that staff are properly documenting isolation practices as required by the policy and implement strategies to monitor compliance and areas in need of improvement.
- Report, investigate, and address any violations of these requirements.

DJJ should also consider the following recommended steps due to the importance of this policy to the settlement agreement.

- Update staff training to include more role plays and scenarios and ensure that it is competency-based, with staff required to complete and pass a test or quiz.
- Adjust policies, practices, training, and implementation as needed in consultation with the monitoring team and the DOJ.
- Require staff to be retrained on the policy should staff experience challenges with implementation.

### SOURCES

- Policy 323, Isolation of Youth
- Draft action plans and notes from the August 2, August 16 and December 4, 2023, BRRC planning sessions led by the monitoring team
- Emails for the Director of Settlement Compliance
  - October 11, 17, and 18, 2023, subject: Fwd: Revised SCDJJ Policy, Isolation of Youth
  - October 18, 2023, subject: Isolation training materials
  - October 22, 2023, subject: FW: Policy Review Request – 323 Isolation (DOJ)
  - November 13, 2023, subject: Isolation forms
  - November 15, 2023, subject: FW: Add training here and let me know when added
  - December 5, 2023, subject: Notification of suicide
  - December 5, 2023, subject: FW: \*IMPORTANT NOTICE: Staffing Changes w/in Security & Operations; Programs & Services
- October 2023 to February 2024 Youth Isolation Details data
- Verbal reports given during monthly meetings with SCDJJ and the DOJ, October 18, November 15, and December 20, 2023, and January 17 and February 21, 2024
- Staff and youth interviews during November 13-14, 2023, and March 5-6, 2024, monitoring site visits
- *Isolation of Youth Training, November 2023* report, dated March 25, 2024

## 69. REASONS FOR ISOLATION

Youth will only be isolated when the youth poses a serious and immediate danger to self or others and staff has made reasonable efforts to attempt and exhaust de-escalation strategies.

Compliance Rating    Non-Compliance


Description of the Monitoring Process



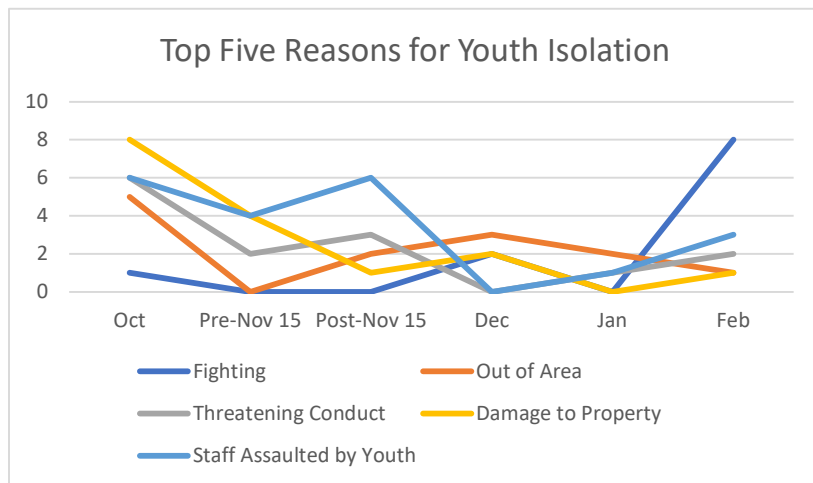
The monitoring team requested data on why youth were isolated and documentation demonstrating the youth was released from isolation when they no longer posed a serious and immediate danger or once the multidisciplinary team designated an alternative living unit/placement for them. Data was also requested about who made the determination that the youth was no longer a serious and immediate danger, when the determination was made, and when the youth was released.

Data on why a youth was isolated was provided, but other data were incomplete or missing.

Findings and Analysis



From October 2023 to February 2024, there were 115 isolation instances. The top five reasons youths were isolated were for fighting (11), being out of the area (13), threatening conduct (14), damage to property (16), and staff assaulted by youth (20). Per the chart below, damage to property was selected as a reason only three times after Policy 323, Isolation of Youth, went into effect on November 15, 2023. Fighting (10) and being out of the area (8) were the primary reasons youth were isolated under the new policy.



Documentation demonstrating that a youth was isolated because they pose a serious and immediate danger to self or others, and that staff had made reasonable efforts to attempt and exhaust de-escalation strategies was not found in the data requested and provided. BRRC administrative staff stated they were aware that documentation needed improvement and were taking steps to address it. However, this issue

was not acted upon until February and was not evident in the data provided. BRRRC provided February 2024 Youth Isolation Commencement and Release Forms and Youth Isolation Check Logs for youth isolated during the month to demonstrate compliance with this provision.

There were fifteen instances of isolation involving 10 youths. Five youths experienced isolation twice during the month. Isolation Commencement and Release Forms were provided for only 12 of these instances. There is a section on the form where staff are to describe “Strategies Used to De-escalate and Calm Youth/Special Instructions/Information Concerning Youth.”

A review of these forms found that at the time of the youth’s release, they were described as calm and were frequently provided with exit supports, which consisted primarily of counseling the youth to improve their behavior, to which the youth agreed. Information was not provided on strategies staff attempted prior to using isolation. The policy lists nine different techniques, such as talking with the youth to de-escalate the situation, removing the youth from other youth with whom the youth is in conflict or who may distract youth from de-escalation, and allowing youth access to another housing unit if it is safe to do so. There was no evidence these or similar techniques were used. It appears that staff are only including information about the youth upon release rather than details about why isolation was used initially.

Without proper documentation, this item is marked as non-compliance.

Recommendations to Achieve Compliance



It is recommended that DJJ take the following steps to move toward substantial compliance.

- Ensure full implementation of policy 323, Isolation of Youth.
- Monitor adherence to this requirement to ensure that youth are only isolated when they pose a serious and immediate danger to self and others.
- Require staff to articulate and document the reasonable efforts and de-escalation strategies attempted and exhausted before isolating a youth.
- Report, investigate, and address any violations of these requirements.

DJJ should also consider the following recommended steps due to the importance of this policy to the settlement agreement.

- Require staff to be retrained on the policy should staff experience challenges with implementation.

*SOURCES*

- Policy 323, Isolation of Youth
- October 2023 to February 2024 Youth Isolation Details data
- February 2024, Youth Isolation Commencement and Release Forms and Youth Isolation Check Logs

- Verbal reports given during monthly meetings with SCDJJ and the DOJ, October 18, November 15, and December 20, 2023, and January 17 and February 21, 2024
- Staff interviews during November 13-14, 2023, and March 5-6, 2024, monitoring site visits



## 70. PROHIBITIONS ON ISOLATION

Once DJJ revises its policies and procedures in accord with the schedule set out in this section, staff will not use isolation for discipline, punishment, retaliation, protective custody, suicide intervention, as a temporary living unit for youth who are awaiting transfer to other facilities, or any reason other than as a response to behavior that poses a serious and immediate danger to self or others.


Compliance Rating    Non-Compliance

Description of the Monitoring Process



The monitoring team reviewed isolation and investigation data and reports and interviewed staff and youth regarding isolation practices.

Findings and Analysis



Policy 323, Isolation of Youth, specifically states that, “Employees will not use isolation for discipline, punishment, retaliation, protective custody, suicide intervention, as a temporary living unit for youth who are awaiting transfer to other facilities, or for any reason other than as a response to behavior that poses a serious and immediate danger to self or others.”

A review of isolation instances from November 15, 2023 (the effective date of the new policy) to February 2024 found three instances where protective custody was identified as the reason for isolation, once in December and twice in January. One youth was isolated twice for protective custody. One instance was 23.70 hours. Data on the duration of the other two instances was missing. In December a youth was isolated for protective mental health observation and another for timeout. None of these reasons are allowable under the new policy.

The interim FA reported that staff are finding it difficult to fully follow the new policy, which is very different from the old policy. The new policy requires youth to be released from isolation once “the youth can demonstrate self-control by displaying behavior that does not threaten safety or security and complies with facility/program rules.” This requirement makes sense to staff when the violation is not egregious and isolation duration periods seem to suggest that youth are released when calm.

However, when a youth commits a serious and violent act, letting them out once they meet these criteria gives the impression that youth can assault staff or other youth and experience very little consequences. Many youths at BRR already have long commitment times, and youth under 16 cannot be transferred to the adult corrections facility for new crimes. Staff view isolation as the only

alternative to keeping staff and other youth safe from more aggressive youth and an appropriate consequence for serious conduct.

As an example, BRRC staff discussed a violent staff assault that occurred a couple of days before the March site visit. Three youths attacked and assaulted a male staff member. A female staff member attempted to stop the assault and ultimately had to place herself on top of the other staff member until help arrived. These youth were placed in isolation with the interim FA's approval and remained in isolation with services being brought to them despite displaying calm and non-threatening behavior. DJJ acknowledged that this was a policy violation, but the serious nature of the assault required youth isolation while they worked through what happened.

One youth interviewed in isolation acknowledged his role in the attack. Before the interview, he was observed as calm and talking through the door flap with staff. He stated that he was previously out of isolation and under full suicide watch but that he was recently taken off the watch and returned to isolation. He complained that staff did not take his attempts seriously and displayed a forearm with two band-aids as evidence of his self-harming. He had been in isolation for more than 24 hours despite appearing to meet the criteria for release.

A security supervisor shared that the new policy "sends the wrong message to the kids." The officer said it puts the kids in control, and they don't comply. The supervisor recommended that the department make youth accountability easier, let them use but not abuse isolation, and let them transfer youth to the adult system if warranted.

Based on the data provided and interviews conducted, BRRC is continuing to use isolation for discipline and other reasons not allowed under the new policy.

#### Recommendations to Sustain Compliance



It is recommended that DJJ take the following steps to move toward substantial compliance.

- Ensure full implementation of policy 323, Isolation of Youth.
- Monitor adherence to the policy to ensure that youth are only isolated when they pose a serious and immediate danger to self and others and not for any other reasons, including the reasons listed in this item.
- Require staff to articulate and document the reasonable efforts and de-escalation strategies attempted and exhausted before isolating a youth.
- Report, investigate, and address any policy violations.

DJJ should also consider the following recommended steps due to the importance of this policy to the settlement agreement.



- Require staff to be retrained on the policy should staff experience challenges with implementation.

*SOURCES*

- Policy 323, Isolation of Youth
- October 2023 to February 2024 Youth Isolation Details data
- Staff interviews during November 13-14, 2023, and March 5-6, 2024, monitoring site visits
- March 4, 2024, memo from the Investigations Captain, subject: February 2024 DOJ Monitoring Data: G5 – Improper Use of Isolation

## 71. LESS RESTRICTIVE TECHNIQUES REQUIREMENT

Prior to using isolation, staff will utilize less restrictive techniques, such as talking with the youth to de-escalate the situation, removing the youth from other youths with whom he is in conflict, and placing the youth in another housing unit if safe to do so. Only after less restrictive techniques have failed may the facility use isolation.


Compliance Rating    Non-Compliance

Description of the Monitoring Process



The monitoring team requested documentation of less restrictive techniques and de-escalation strategies used prior to using isolation. Data on why a youth was isolated was provided, but other data were incomplete or missing. Staff interviews were conducted to attempt to fill in gaps.

Findings and Analysis



From October 2023 to February 2024, there were 115 isolation instances. Documentation demonstrating that staff attempted less restrictive techniques before using isolation was not provided. BRRC administrative staff stated they were aware that documentation needed improvement and were taking steps to address it. However, this issue was not acted upon until February and was not evident in the February 2024 Youth Isolation Commencement and Release Forms and Youth Isolation Check Logs. A review of these forms found that staff documented the youth’s behavior at the time of release from isolation but did not document what techniques were attempted and exhausted prior to using isolation.

Without proper documentation, this item is marked as non-compliance.

Recommendations to Achieve Compliance



It is recommended that DJJ take the following steps to move toward substantial compliance.

- Ensure full implementation of policy 323, Isolation of Youth.
- Monitor adherence to this requirement to ensure that youth are only isolated when they pose a serious and immediate danger to self and others.
- Require staff to articulate and document the reasonable efforts and de-escalation strategies attempted and exhausted before isolating a youth.
- Report, investigate, and address any violations of these requirements.

DJJ should also consider the following recommended steps due to the importance of this policy to the settlement agreement.



- Require staff to be retrained on the policy should staff experience challenges with implementation.

*SOURCES*

- Policy 323, Isolation of Youth
- October 2023 to February 2024 Youth Isolation Details data
- February 2024, Youth Isolation Commencement and Release Forms and Youth Isolation Check Logs
- Verbal reports given during monthly meetings with SCDJJ and the DOJ, October 18, November 15, and December 20, 2023, and January 17 and February 21, 2024
- Staff interviews during November 13-14, 2023, and March 5-6, 2024, monitoring site visits

## 72. NOTIFICATION OF ISOLATION

Whenever a youth is isolated, the staff will immediately notify the Facility Administrator or the Assistant Facility Administrator.


Compliance Rating    Non-Compliance

Description of the Monitoring Process



The monitoring team interviewed the facility administrator, interim facility administrator, and BRRC staff about isolation notification processes and examined the provided isolation data.

Findings and Analysis



Facility administrators and staff reported that youth isolation notifications occur to the facility administrator (FA) or assistant facility administrator (AFA) via the facility’s Hourly Security Teams chat channel. The FA or AFA then calls to find out why the youth was isolated. The facility also keeps a monthly isolation log that lists the name of the person who authorized isolation. Names listed are either the FA, AFA, or a captain. Log data was only available for October, November, and February. The logs show improvement in documenting authorization.

Month	Isolation Events	Authorization Documented	Authorization Not Documented	% Authorized
Oct	38	21	17	55%
Nov	34	27	7	79%
Dec	20	Data not provided		
Jan	17	Data not provided		
Feb	13	13	0	100%


The logs, however, do not indicate whether the notification occurred within the required timeframe. Policy 323, Isolation of Youth states requires the Juvenile Correctional Officer (JCO) to obtain authorization from a shift supervisor before placing a youth in isolation. If prior authorization is not reasonably possible, “the JCO must notify the shift supervisor as soon as possible but no later than 10 minutes of a youth being placed in isolation.” The shift supervisor will “immediately notify” the FA or AFA and seek approval and authorization via phone and/or email to place or keep the youth in isolation.

The administration stated that notification is supposed to happen every time via the Teams chat channel, but admitted they might miss the notification if their phone is not nearby or if they are not monitoring the chat. The chat also contains hourly security update notices, so a notification may go unnoticed.



BRRC developed an action plan regarding isolation notifications, which included notification via Teams. However, the plan lacked sufficient detail about how this process would occur. As a result, notification is not always taking place as required, and it is unknown if it is being done within the required timeframe.

Recommendations to Achieve Compliance



It is recommended that DJJ take the following steps to move toward substantial compliance.

- Ensure full implementation of policy 323, Isolation of Youth.
- Monitor adherence to this requirement and document that whenever a youth is isolated that staff immediately notify the Facility Administrator or the Assistant Facility Administrator.
- Report, investigate, and address any violations of this requirement.

DJJ should also consider the following recommended steps due to the importance of this policy to the settlement agreement.

- Require staff to be retrained on the policy should staff experience challenges with implementation.

### *SOURCES*



- Policy 323, Isolation of Youth
- October 2023 to February 2024 Youth Isolation Details data
- October, November, and February isolation logs
- BRRC Action Plan - Notifications
- Staff interviews during November 13-14, 2023, and March 5-6, 2024, monitoring site visits

## Documentation of Isolation

### 73. DOCUMENTATION REQUIREMENTS

DJJ will ensure that documentation of isolation identifies with specificity what youth action created a serious and immediate danger to self or others necessitating the use of isolation, and what less restrictive techniques an officer used prior to using isolation.

Compliance Rating    Non-Compliance

Description of the Monitoring Process	
<p>Findings and Analysis</p> 	<p>The monitoring team requested youth isolation data, the reason for placement, specific regarding serious and immediate danger to self and others, and documentation of less restrictive techniques and de-escalation strategies. Much of the data provided was incomplete or missing. Interviews with staff were conducted to fill in gaps.</p> <hr/> <p>From October 2023 to February 2024, there were 115 isolation instances. Documentation demonstrating that a youth was isolated because they pose a serious and immediate danger to self or others, and that staff had made reasonable efforts to attempt and exhaust de-escalation strategies was not found in the data requested and provided. BRRC administrative staff stated they were aware that documentation needed improvement and were taking steps to address it. However, this issue was not acted upon until February and was not evident in February 2024 Youth Isolation Commencement and Release Forms and Youth Isolation Check Logs.</p> <p>A review of these forms found that staff documented the youth’s behavior at the time of release from isolation but did not document the youth’s actions that created a serious and immediate danger to self or others, necessitating the use of isolation. Information about what less restrictive techniques were attempted was also missing.</p> <p>Without proper documentation, this item is marked as non-compliance.</p>
<p>Recommendations to Achieve Compliance</p> 	<p>It is recommended that DJJ take the following steps to move toward substantial compliance.</p> <ul style="list-style-type: none"> <li>• Ensure full implementation of policy 323, Isolation of Youth.</li> <li>• Monitor adherence to this requirement to ensure that youth are only isolated when they pose a serious and immediate danger to self and others.</li> <li>• Require staff to articulate and document the reasonable efforts and de-escalation strategies attempted and exhausted before isolating a youth.</li> </ul>





- Report, investigate, and address any violations of these requirements.

DJJ should also consider the following recommended steps due to the importance of this policy to the settlement agreement.

- Require staff to be retrained on the policy should staff experience challenges with implementation.

### *SOURCES*

- Policy 323, Isolation of Youth
- October 2023 to February 2024 Youth Isolation Details data
- February 2024, Youth Isolation Commencement and Release Forms and Youth Isolation Check Logs
- Verbal reports given during monthly meetings with SCDJJ and the DOJ, October 18, November 15, and December 20, 2023, and January 17 and February 21, 2024
- Staff interviews during November 13-14, 2023, and March 5-6, 2024, monitoring site visits

## Duration of Isolation

### 74. DURATION OF ISOLATION

Youth will be in isolation only for the time necessary for the youth to regain self-control such that they no longer pose a serious and immediate danger. As soon as the youth’s behavior ceases to pose a serious and immediate danger to self or others, or once the multidisciplinary team designates an alternative living unit/placement for the youth, whichever is sooner, staff will promptly return the youth to the general population or other appropriate living unit/placement.


Compliance Rating    Non-Compliance

Description of the Monitoring Process

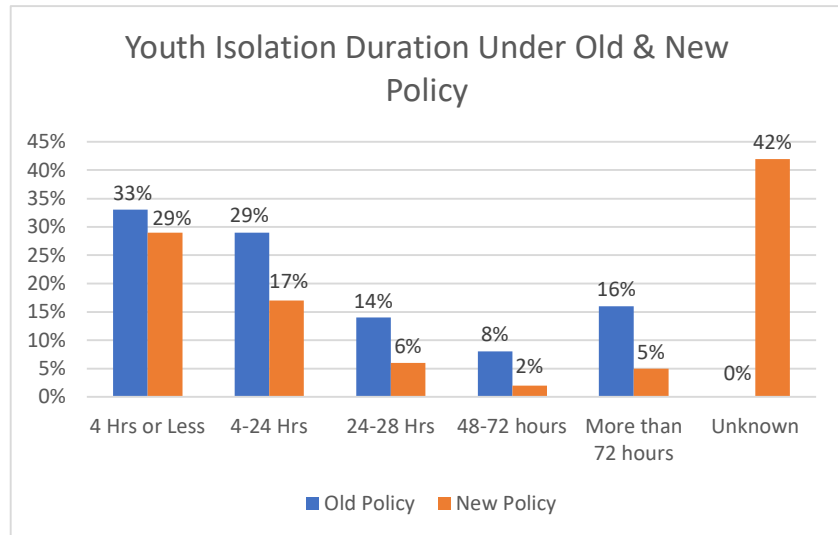


The monitoring team reviewed isolation data and requested documentation demonstrating compliance with this provision. The request also included identifying who made the determination that the youth no longer poses a serious and immediate danger, when the determination was made, and when the youth was released. Youth isolation commencement and release forms and youth isolation check logs were included in the review. Staff and youth were also interviewed.

Findings and Analysis



From October 2023 to February 2024, there were 115 isolation instances. Isolation duration was analyzed based on whether the isolation occurred before or after policy 323, Isolation of Youth, went into effect on November 15, 2023. The table below shows that youths spent less time in isolation under the new policy in cases where there is data. However, 42% of all isolation events had duration data missing.



Documentation was limited to demonstrate that a youth was in isolation only for the time necessary for the youth to regain self-control such that they no longer pose a serious and immediate. BRRC administrative staff

stated they were aware that documentation needed improvement and were taking steps to address it. However, this issue was not acted upon until February and was not evident in the data provided. BRRC provided February 2024 Youth Isolation Commencement and Release Forms and Youth Isolation Check Logs for youth isolated during the month to demonstrate compliance with this provision.

There were fifteen instances of isolation involving 10 youths. Five youths experienced isolation twice during the month. Isolation Commencement and Release Forms were provided for only 12 of these instances. There is a section on the form where staff are to describe “Strategies Used to De-escalate and Calm Youth/Special Instructions/Information Concerning Youth.”

A review of these forms found that at the time of the youth’s release, staff frequently described the youth as “calm.” For example, a report stated, “Youth counseled and calmed himself down.” The youth was released after spending 20 minutes in isolation. In another report, staff wrote, “YSS/security counseled youth concerning his behavior. [Youth] was calm.” This youth was released after spending about three hours in isolation. The youth isolation check log indicates the youth was talking to staff the majority of the time in isolation. Another report included information about exit supports provided to the youth who was in isolation for about two hours. These supports included discussing a plan for how the youth would manage their behavior and who a youth could talk to if they were having a problem. These reports and logs indicated that staff appear to be following the policy to release youth when they have gained self-control.

The monitoring team was also aware of instances in which youth remained in isolation even after they were calm. These instances took place before and after the new policy was effective. A youth who spent several days in isolation in Laurel said he was isolated as part of the intake process, having left the evaluation center. Another youth interviewed said he spent five hours in isolation even though he quickly calmed down. The interim facility administrator admitted to authorizing three youth be isolated for their involvement in a staff assault. This assault took place on March 3, two days before the March 5-6 monitoring site visit. One youth involved in the assault was observed by the monitoring team as calm and talking to staff through the door flap. When asked how long he had been in isolation, he stated it was for more than a day. When asked what he needed to do to be released, he said he did not know.

While it appears that DJJ is attempting to remove youth from isolation when they regain self-control, there is insufficient documentation to support that it is a routine practice. Evidence to the contrary suggests that this practice is selective, resulting in a rating of non-compliance.

Recommendations to Achieve Compliance



It is recommended that DJJ take the following steps to move toward substantial compliance.

- Ensure full implementation of policy 323, Isolation of Youth.
- Monitor adherence to this requirement to ensure that youth are in isolation only for the time necessary for the youth to regain self-control such that they no longer pose a serious and immediate danger.
- Once a youth is no longer a danger to self or others, return the youth to the general population or other appropriate living unit/placement.
- Require staff to actively assess youth’s readiness for release from isolation.
- Maintain records to verify staff are following policy.
- Report, investigate, and address any violations of these requirements.

DJJ should also consider the following recommended steps due to the importance of this policy to the settlement agreement.

- Require staff to be retrained on the policy should staff experience challenges with implementation.

*SOURCES*

- Policy 323, Isolation of Youth
- October 2023 to February 2024 Youth Isolation Details data
- February 2024, Youth Isolation Commencement and Release Forms and Youth Isolation Check Logs
- Staff and youth interviews during November 13-14, 2023, and March 5-6, 2024, monitoring site visits

## 75. INTERVENTION WHILE IN ISOLATION

During the time that a youth is in isolation, staff will provide intervention and observation. The goal of the intervention is to de-escalate the youth's behavior so that they can rejoin the general population as soon as possible.

Compliance Rating    Non-Compliance

### Description of the Monitoring Process



The monitoring team interviewed youth and staff and reviewed isolation data and forms.

### Findings and Analysis



DJJ's Isolation policy requires that employees provide intervention and observation while a youth is in isolation. The goal of the intervention is to de-escalate the youth's behavior so that the youth can rejoin the general population as soon as possible. Documentation of these efforts should be recorded on form 323 B, Youth Isolation Check Log or the electronic Youth Activity Management System (YAMS).

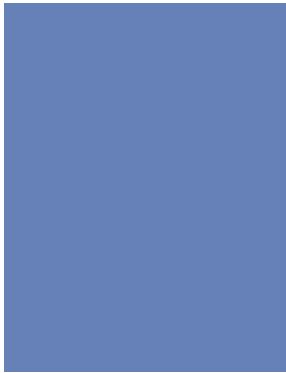
Implementation of the new policy seems to have fallen short in documenting efforts to meet this requirement. It was reported that the YAMS was not functional, and no paper data was reported for the months of October 2023 through January 2024. DJJ provided data on twelve (12) isolation incidents for the month of February.

A review of the twelve incidents indicates BRRC's attempt to document the intervention activities. Data reported involves forms 323 A Commencement and Release Form, 323 B Check Log, and 323 C Exits Supports Form. Documentation includes the following:

- Recorded checks every 15 minutes
- Attempts to counsel youth provided by a JCO, Credible Messenger, YES staff, Social Worker, Sergeant, or Captain
- Release decisions made mostly by the AFA and a Captain in three instances
- Notification made to clinical staff upon indication of suicidal behaviors
- Exit support summaries in most incidents (limited information)

Documentation does not include:

- A clear indication of whether the youth demonstrated self-control by displaying behavior that does not threaten safety or security or complies with facility/program rules. There were a few indications of youth arguing or kicking the door



- Any documentation of specific strategies by the shift supervisor to help youth prepare for release
- Specific follow-up in the Exit Supports by particular staff or programs or a reference to a personal de-escalation plan
- Any visitation by an FA yet most releases were approved by the AFA

BRRRC began work on an implementation plan for the isolation policy; however, it lacks detail and full implementation. No documentation was provided prior to February. The provisions have not been met for this monitoring period.

Recommendations to Achieve Compliance



It is recommended that DJJ take the following steps to move toward substantial compliance.

- Ensure full implementation of policy 323, Isolation of Youth.
- Monitor adherence to this requirement to ensure that staff are providing intervention and observation to de-escalate the youth's behavior so they can rejoin the general population as soon as possible.
- Maintain records to verify staff activities.
- Report, investigate, and address any violations of these requirements.

DJJ should also consider the following recommended steps due to the importance of these policies to the settlement agreement.

- Implement different approaches to facilitate youth's readiness for release from isolation should evidence suggest that youth are failing to respond to current practices.
- Require staff to be retrained on the policy should staff experience challenges with implementation.




*SOURCES*

- Policy 323, Isolation of Youth
- October 2023 to February 2024 Youth Isolation Details data
- February 2024, Youth Isolation Commencement and Release Forms and Youth Isolation Check Logs
- Staff and youth interviews during November 13-14, 2023, and March 5-6, 2024, monitoring site visits

## 76. ISOLATION TIME LIMIT

Youth will not remain in isolation for longer than four hours, except when approved by security leadership in the chain of command from Assistant Facility Administrator to Deputy Director.

Compliance Rating    Non-Compliance

<p>Description of the Monitoring Process</p> 	<p>The monitoring team interviewed youth and staff and reviewed isolation data. Documentation was requested to demonstrate that appropriate authorization was given to allow a youth to remain in isolation longer than four hours.</p>
<p>Findings and Analysis</p> 	<p>Between October 2023 and February 2024, there were a total of 115 cases where youth were isolated. Out of these, at least 52 cases involved youth who were in isolation for more than four hours. However, in 28 instances, data regarding the duration of isolation was missing. The documentation provided did not demonstrate that youth were not kept in isolation for more than four hours, except in cases where it was approved by security leadership in the chain of command from Assistant Facility Administrator to Deputy Director.</p> <p>The clinical staff reported that some forms were being modified, but it is unclear which forms were being edited. The new forms included in Policy 323A, B, and C do not capture all the information previously recorded in Forms 323A, Daily Confinement Checks Forms, and Form 323C, Recommendation for Extended Use of Isolation. DJJ was aware that isolation documentation needs to be improved and reported in February they are taking steps to address the issue.</p>
<p>Recommendations to Achieve Compliance</p> 	<p>It is recommended that DJJ take the following steps to move toward substantial compliance.</p> <ul style="list-style-type: none"><li>• Ensure the proper implementation of policy 323, Isolation of Youth.</li><li>• Monitor adherence to this requirement to ensure that youth will not remain in isolation for longer than four hours.</li><li>• If staff determine a youth still poses an immediate danger to self or others and must remain in isolation beyond four hours, the request to extend isolation should be approved by security leadership in the chain of command from the Assistant Facility Administrator to the Deputy Director.</li><li>• Require staff to document in writing the reasons why a youth must remain in isolation for longer than four hours, the efforts attempted to de-escalate the youth and prepare them</li></ul>

for release, and why alternatives to isolation are inappropriate.

- When considering whether to approve an extension of isolation, security leadership should
  - visit the youth in person
  - review any completed findings of the qualified mental health professional
  - talk to relevant staff
  - document that staff used less restrictive measures prior to using isolation and the effectiveness of those measures
  - verify the youth poses a serious and immediate danger to self and others
- Document steps taken by security leadership.
- Report, investigate, and address any violations to these requirements.

DJJ should also consider the following recommended steps.

- Implement different approaches to facilitate youth’s readiness for release from isolation should evidence suggest that youth are failing to respond to current practices.
- Require staff to be retrained on the policy should staff experience challenges with implementation.

### *SOURCES*

- Policy 323, Isolation of Youth
- October 2023 to February 2024 Youth Isolation Details data
- February 2024, Youth Isolation Commencement and Release Forms and Youth Isolation Check Logs
- Staff and youth interviews during November 13-14, 2023, and March 5-6, 2024, monitoring site visits



## 77. ROLE OF QUALIFIED MENTAL HEALTH PROFESSIONAL

Within the first 24 hours of isolation, and every day thereafter, a qualified mental health professional must examine the youth in-person and document whether:

- i. The youth poses a serious and immediate danger to self or others;
- ii. The continued use of isolation will be detrimental to the youth’s current mental health; and
- iii. Less restrictive measures may help to eliminate the serious and immediate danger to the youth or others.


Compliance Rating    Non-Compliance

Description of the Monitoring Process



The monitoring team interviewed staff, reviewed Policy 323, Isolation of Youth, youth isolation data, and multi-disciplinary team reports.

Findings and Analysis



The new isolation policy requires clinical staff to visit the youth within 24 hours of placement in isolation to assess their wellbeing and document in the juvenile justice management system (JJMS) whether:

- The youth poses a serious and immediate danger to self or others;
- The continued use of isolation will be detrimental to the youth’s current mental health; and
- Less restrictive measures may help to eliminate the serious and immediate danger to the youth and others.

From October 2023 to February 2024, there were 115 isolation instances. Most of these youths should have been seen by a qualified mental health professional. However, no documentation was provided to demonstrate compliance with this provision for October to December 2023. Clinical staff reported that some forms were being modified. It is unclear which forms are being edited. The new forms included in Policy 323, (A, B, and C) do not capture all of the detail previously captured for youth in isolation in prior Forms 323A, Daily Confinement Checks Forms and Form 323C, Recommendation for Extended Use of Isolation.

**Number of Youth Isolated by Hours**

Month	4 or less	4-24	24-48	48-72	> 72	Longest	No data
Oct	16	9	4	4	4	168 hours	
Nov	2	10	4	1	7	575 hours	2
Dec		1					19
Jan	7	4	3			47 mins	3
Feb	10	1				13 hours	4

In January 2024, BRRC reported two youths required an assessment during the month and acknowledged that there is no data supporting engagement by a Qualified Mental Health Professional within 24 hours as required by policy. They stated that a “corrective action plan had been put in place and discussed with the Director of Treatment Services of BRRC.” Despite this plan, there was no documentation in February. BRRC blamed the lack of documentation on a confluence of two factors: not being consistently informed by security when youth are in isolation and mental health staff’s confusion regarding which form to use.

While no records were provided for any of these isolated youth, the requirement has certainly not been met for any youth.

Recommendations to Achieve Compliance



It is recommended that DJJ take the following steps to move toward substantial compliance.

- Ensure full implementation of policy 323, Isolation of Youth.
- Develop and ensure notification of isolation of youth to all relevant parties.
- Monitor adherence to this requirement to ensure that youth are seen by a qualified mental health professional within the required time frame.
- Require the qualified mental health professional to evaluate the youth for items i-iii.
- Consider the recommendations of the qualified mental health professional when determining if the youth should remain in isolation.
- Maintain records to verify staff followed the required steps.
- Report, investigate, and address any violations of these requirements.

DJJ should also consider the following recommended steps due to the importance of these policies to the settlement agreement.

- Require staff to be retrained on the policy should staff experience challenges with implementation.




*SOURCES*

- Policy 323, Isolation of Youth
- October 2023 to February 2024 Youth Isolation Details data
- February 2024, Youth Isolation Commencement and Release Forms and Youth Isolation Check Logs
- Staff and youth interviews during November 13-14, 2023, and March 5-6, 2024, monitoring site visits
- Statement from BRRRC uploaded to the January 2024 Monthly Data Request folder on February 23, 2024.
- Statement from BRRRC uploaded to the January 2024 Monthly Data Request folder on March 12, 2024.

## 78. EXTENSION REQUIREMENTS

Prior to extending isolation beyond four hours, and every day thereafter, the Assistant Facility Administrator, Facility Administrator, or other security leadership in the chain of command up to Deputy Director must visit the youth in-person, review any completed findings of the Qualified Mental Health Professional, talk to relevant staff, and document whether:

- i. Staff used less restrictive measures prior to using isolation and the effectiveness of those measures; and
- ii. The youth poses a serious and immediate danger to self or others.

	Compliance Rating	Non-Compliance
<p>Description of the Monitoring Process</p> 		<p>The monitoring team requested documentation to demonstrate compliance with this provision. Staff were also interviewed.</p>
<p>Findings and Analysis</p> 		<p>Documentation was not provided to demonstrate compliance with this provision. Clinical staff reported that some forms were being modified. It is unclear which forms are being edited. The new forms included in Policy 323, (A, B, and C) do not capture all of the details previously captured for youth in isolation in prior Forms 323A, Daily Confinement Checks Forms and Form 323C, Recommendation for Extended Use of Isolation.</p>
<p>Recommendations to Achieve Compliance</p> 		<p>It is recommended that DJJ take the following steps to move toward substantial compliance.</p> <ul style="list-style-type: none"> <li>• Ensure full implementation of policy 323, Isolation of Youth.</li> <li>• Develop and ensure notification of isolation of youth to all relevant parties.</li> <li>• When considering whether to approve an extension of isolation, security leadership should                             <ul style="list-style-type: none"> <li>○ visit the youth in person</li> <li>○ review any completed findings of the qualified mental health professional</li> <li>○ talk to relevant staff</li> <li>○ document that staff used less restrictive measures prior to using isolation and the effectiveness of those measures</li> <li>○ verify the youth poses a serious and immediate danger to self and others</li> </ul> </li> <li>• Steps taken by security leadership should be documented.</li> </ul>



Report, investigate, and address any violations to these requirements.

DJJ should also consider the following recommended steps due to the importance of these policies to the settlement agreement.

Require staff to be retrained on the policy should staff experience challenges with implementation.

### *SOURCES*

- Policy 323, Isolation of Youth
- October 2023 to February 2024 Youth Isolation Details data
- February 2024, Youth Isolation Commencement and Release Forms and Youth Isolation Check Logs
- Staff and youth interviews during November 13-14, 2023, and March 5-6, 2024, monitoring site visits

## 79. REPORTING REQUIREMENTS

The conclusions from paragraphs 77–78 must be reported to the Deputy Director or Assistant Deputy Director (or equivalent title within the security leadership chain of command) within the first four hours, and every day thereafter, and approval must be granted to continue isolating the youth.


Compliance Rating    Non-Compliance

Description of the Monitoring Process



The monitoring team requested documentation to demonstrate compliance with this provision. Staff were also interviewed.


Findings and Analysis



No data demonstrating notifications to the Deputy Director or Assistant Deputy Director were provided. There is no documentation provided that the conclusions from paragraphs 77–78 were reported to the Deputy Director or Assistant Deputy Director (or equivalent title within the security leadership chain of command) within the first four hours, and every day thereafter, and that approval was granted to continue isolating the youth.

The new forms included in Policy 323, (A, B, and C) do not capture all of the detail previously captured for youth in isolation in prior Forms 323A, Daily Confinement Checks Forms and Form 323C, Recommendation for Extended Use of Isolation.

Recommendations to Achieve Compliance



It is recommended that DJJ take the following steps to move toward substantial compliance.

- Ensure full implementation of policy 323, Isolation of Youth.
- Develop and ensure notification of isolation of youth to all relevant parties.
- Ensure that proper forms or processes are in place to capture the necessary information needed by the Deputy Director or Assistant Deputy Director.
- Document the steps taken by security leadership when approving an extension of isolation beyond four hours.
- Require security leadership to repeat the steps and document the results when requesting approval to continue isolating a youth every day thereafter.
- Report, investigate, and address any violations to these requirements.

DJJ should also consider the following recommended steps.



- Require staff to be retrained on the policy should staff experience challenges with implementation.

### *SOURCES*

- Policy 323, Isolation of Youth
- October 2023 to February 2024 Youth Isolation Details data
- February 2024, Youth Isolation Commencement and Release Forms and Youth Isolation Check Logs
- Staff and youth interviews during November 13-14, 2023, and March 5-6, 2024, monitoring site visits
- Verbal reports from BRRC administration during meetings on October 18, November 15, and December 20, 2023; January 17, February 21, and March 20, 2024

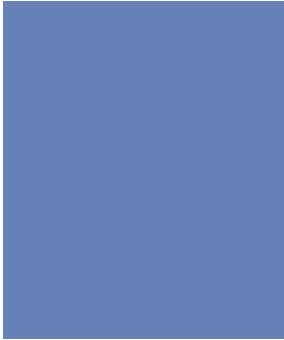
## 80. REMOVAL FROM ISOLATION

If, after reviewing the documentation, anyone in security leadership in the chain of command from Assistant Facility Administrator to Deputy Director determines that the youth is no longer a serious and immediate danger to self or others, the youth will be immediately removed from isolation and returned to the general population or other appropriate living unit/placement.

Compliance Rating    Non-Compliance

<p>Description of the Monitoring Process</p> 	<p>The monitoring team reviewed isolation data, unit logs, isolation commencement and release forms and interviewed youth and staff.</p>
<p>Findings and Analysis</p> 	<p>There was limited data provided to demonstrate that security leadership in the chain of command from Assistant Facility Administrator to Deputy Director determines that the youth is no longer a serious and immediate danger to self or others and has the youth immediately removed from isolation and returned to the general population or other appropriate living unit/placement. In February, 12 Commencement and Release records appear to have been reviewed by the Assistant Facility Administrator, who approved all but three releases.</p> <p>DJJ staff use a Teams chat channel to communicate isolation information, but it is unclear how much information is shared through that format. It seems that the data that would be informative for decision-makers is no longer captured on the new isolation forms. The new forms included in Policy 323 (A, B, and C) do not capture all of the details previously captured for youth in isolation in Forms 323A, Daily Confinement Checks Forms, and Form 323C, Recommendation for Extended Use of Isolation.</p>
<p>Recommendations to Achieve Compliance</p> 	<p>It is recommended that DJJ take the following steps to move toward substantial compliance.</p> <ul style="list-style-type: none"> <li>• Ensure full and proper implementation of revised policy 323, Isolation of Youth.</li> <li>• Ensure that security leadership receives the proper documentation to make the necessary decisions.</li> <li>• Document the date and time when security leadership determines that a youth is no longer a serious and immediate danger to self or others and must be released from isolation.</li> </ul>





- Document the date and time the youth is released from isolation and returns to the general population or other appropriate living unit/placement.
- Report, investigate, and address any violations to these requirements.

DJJ should also consider the following recommended steps due to the importance of these policies to the settlement agreement.

- Require staff to be retrained on the policy should staff experience challenges with implementation.

### *SOURCES*

- Policy 323, Isolation of Youth
- October 2023 to February 2024 Youth Isolation Details data
- February 2024, Youth Isolation Commencement and Release Forms and Youth Isolation Check Logs
- Staff and youth interviews during November 13-14, 2023, and March 5-6, 2024, monitoring site visits
- Verbal reports from BRRC administration during meetings on October 18, November 15, and December 20, 2023; January 17, February 21, and March 20, 2024

## Multidisciplinary Team to Review Isolation Placement

### 81. MULTIDISCIPLINARY TEAM

Within eighteen months [October 2023] of the effective date, BRRC will develop a multidisciplinary team to review placements of youth in isolation.


Compliance Rating    Non-Compliance

Description of the Monitoring Process



The monitoring team reviewed isolation data and requested multidisciplinary team records to determine whether staff are following new policy 323, Isolation of Youth.

Findings and Analysis



Policy 323, Youth Isolation, defines an MDT as follows: “Multi-Disciplinary Team (MDT): A group of representatives from the facility’s mental health, medical, and security departments who review the placement of youth in isolation, ensure that the placement complies with policy, that youth receive access to appropriate services, and the facility has a plan to return youth to the general population or to an appropriate placement.”

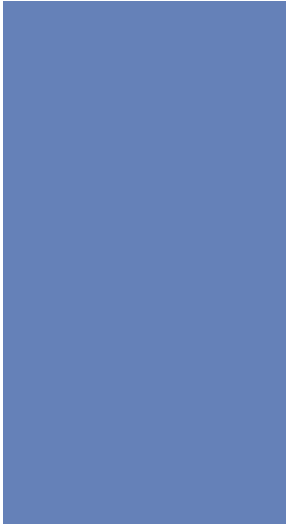
DJJ provided youth isolation data indicating 26 instances in which youth were isolated for periods of 24 hours or longer. DJJ only provided information regarding one MDT meeting which occurred in February 2024.

Recommendations to Achieve Compliance



It is recommended that DJJ take the following steps to move toward substantial compliance.

- Ensure full and proper implementation of revised policy 323, Isolation of Youth.
- Expedite the approval of any proposed edits to forms.
- Train all staff in the policies and their application.
- Develop a multidisciplinary team to review placements of youth in isolation.
- The team should meet within 48 hours of the youth’s placement to determine whether the youth remains a serious and immediate danger to self or others, what services the youth requires, whether an individualized plan is necessary to facilitate the youth’s release, and whether the youth should be transferred to a mental health treatment facility.
- Report, investigate, and address any violations to these requirements. Monitor implementation to ensure the policies have the desired impact.



DJJ should also consider the following recommended steps due to the importance of this policy to the settlement agreement.

- Staff training should include scenarios, a question-and-answer segment, and be competency-based, with staff required to complete and pass a test or quiz about the policies.
- Develop a procedures manual on the role and function of the multi-disciplinary team, how they will convene and conduct reviews, and how they will document their work.
- Adjust policies, practices, training, and implementation as needed in consultation with the monitoring team and the DOJ.

Require staff to be retrained on the policy should staff experience challenges with implementation.

### *SOURCES*

- Policy 323, Isolation of Youth
- Youth Isolation Data (October 2023 - February 2024)
- Staff interviews during the November 13-14, 2023, and March 5-6, 2024, monitoring site visits
- Verbal reports from BRRC administration during meetings on January 17, February 21, and March 20, 2024

## 82. MULTIDISCIPLINARY TEAM PROCEDURES

The multidisciplinary team will meet within 48 hours of a youth’s placement in isolation to discuss and document:

- i. Whether the youth remains a serious and immediate danger to self or others. If not, the youth will be immediately returned to the general population or other appropriate living unit/placement;
- ii. What services the youth received in the general population, including education and mental health treatment;
- iii. How the youth will continue to receive needed services while in isolation;
- iv. An individualized plan designed to facilitate the youth’s return to the general population or to an alternative location (such as alternative housing units or mental health treatment facilities);
  - a. The individualized plan will be created in consultation with the youth’s family members, when possible; and
  - b. The plan will include an anticipated timeline for implementation and the youth’s return to the general population.
- v. If the multidisciplinary team believes that a youth may be appropriate to be transferred to a mental health treatment facility, the team will immediately refer the youth to the SMI Special Needs Coordinator for further assessment.


Compliance Rating    Non-Compliance

Description of the Monitoring Process



The monitoring team interviewed staff, reviewed the isolation policy, and reviewed multidisciplinary reports.

Findings and Analysis



Policy 323, Isolation of Youth, requires the following:

“1. The isolation multidisciplinary team (IMDT), led by the assigned social worker or psychology staff, will meet for all youth whose placement in isolation has or likely will exceed 24 hours. All Isolation MDT meetings for these youth must occur within 48 hours of their placement in isolation. The Isolation MDT’s goal will be to determine whether the youth still meet the standard in Section 6.a. (below) for continued isolation and, if so, to create individualized plans for their return to the general population as soon as possible.

2. In order to ensure all such youth are discussed and plans made by the Isolation MDT members within the 48-hour deadline, there shall be a standing Isolation MDT meeting every 24 hours (calendar days) on the calendars of all MDT members and their designees. For youth who remain in isolation for 24 hours, the youth must be staffed at the next

daily scheduled Isolation MDT meeting. This is regardless of whether that meeting falls on a holiday or weekend.”

DJJ clinical staff reported that they have a standing MDT meeting scheduled for 9:30 every morning to review any youth placed in isolation and meeting the criteria for review. Concerns were noted with notification. According to current policy, “The on-shift Captain must notify the FA and AFA whenever a youth in isolation reaches (or soon will reach) the 24-hour mark. Once notified, the AFA shall notify the Isolation MDT to meet at the next day’s scheduled Isolation MDT meeting. Isolation MDT members must ensure they or a designee attend.”

Clinical staff reported they had recently had their first meeting due to the lack of notifications. They have assigned a staff member to go through a list to determine which case reviews had been missed and to address the notification issue. A review of DJJ Youth Isolation data suggests that 26 were held in isolation for a period of 24 hours or longer between October and February. Twelve youths were released between 12 and 24 hours and thus could have been removed from the MDT schedule if released prior to the meeting. Therefore, a minimum of fourteen youth should have had an initial MDT meeting.

DJJ has created an “Initial Isolation Multidisciplinary Team” form to capture responses to questions required in the provision. It addresses three of the required elements. This form, however, does not address an individualized plan to return the youth to the general population or any statement of whether the youth may be appropriate for transfer to a mental health facility. It is noted that Clinical staff reported during the March monitoring site visit that there are proposed modifications to the form that were under review. DJJ introduced an Exit Supports form as part of the policy which might address aspects of an individualized plan. Only a few Exit Support forms were provided with youth records during this monitoring period.

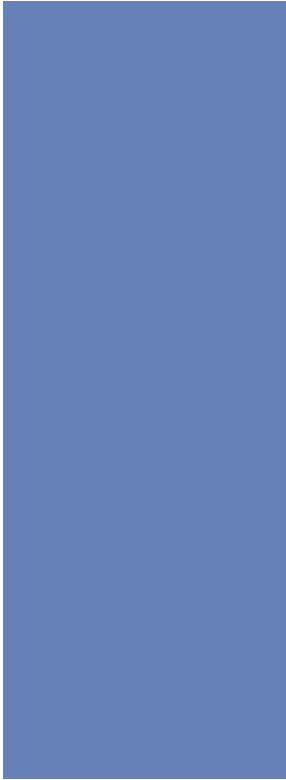
DJJ data provided information on one MDT initial review that occurred in January 2024. The three questions on the form were addressed; however, the response to question one does not clearly address danger to self or others. It reads “Per security, [youth] will remain in isolation based on the seriousness of the incident. He will remain until he is interviewed by the investigator.” This statement implies that he is a danger to others but does not include such details. No individualized plan to assist with the youth’s return to the unit was provided and there was no reference regarding consideration of a mental health placement.

Recommendations to Achieve Compliance



It is recommended that DJJ take the following steps to move toward substantial compliance.

- Ensure full and proper implementation of revised policy 323, Isolation of Youth.
- Expedite the approval of any proposed edits to forms.



- Train all staff in the policies and their application.
- The multidisciplinary team should meet within 48 hours of the youth's placement to determine whether the youth remains a serious and immediate danger to self or others, what services the youth requires, whether an individualized plan is necessary to facilitate the youth's release and whether the youth should be transferred to a mental health treatment facility.
- When possible, create an individualized plan in consultation with the youth's family members and include an anticipated timeline for implementation and the youth's return to the general population.
- Report, investigate, and address any violations to these requirements.

DJJ should also consider the following recommended steps due to the importance of these policies to the settlement agreement.

- Develop a procedures manual on the role and function of the multi-disciplinary team, how they will convene and conduct reviews, and how they will document their work.
- Require staff to be retrained on the policy should staff experience challenges with implementation.

#### *SOURCES*

- DJJ Policy 323, Isolation of Youth
- Staff interviews during the November 13-14, 2023, and March 5-6, 2024, monitoring site visits
- Revised Multidisciplinary Team Review Process, provided May 2023

### 83. MULTIDISCIPLINARY TEAM REVIEWS

The multidisciplinary team will continue to meet every three days while any youth is in isolation to discuss and document:

- i. Whether the youth remains a serious and immediate danger to self or others. If not, the youth will be immediately returned to the general population or other appropriate living unit/placement;
- ii. Implementation of the individualized plan; and
- iii. Any necessary modifications to the individualized plan the multidisciplinary team developed at its previous meeting.


Compliance Rating    Non-Compliance

Description of the Monitoring Process



The monitoring team interviewed staff and reviewed Policy 323, Isolation of Youth, Youth Isolation data, and multi-disciplinary reports.

Findings and Analysis



To comply with this provision of the agreement, DJJ modified Policy 323, Youth Isolation. The policy requires: “The Isolation MDT must meet every three (3) days for any youth who remains in isolation after the initial Isolation MDT meeting to discuss and document: a. Whether the youth remains a serious and immediate danger to self or others. If not, the youth will be immediately returned to the general population or other appropriate living unit/placement; b. Implementation of the individualized plan; and c. Any necessary modifications to the individualized plan the Isolation MDT developed at its previous meeting.”

DJJ clinical staff reported that they have a standing MDT meeting scheduled for 9:30 every morning to review any youth placed in isolation and meeting the criteria for review. No data was provided regarding any youth in isolation receiving a three-day MDT review. Clinical staff expressed concerns that they had not received notification of all youth who were placed in isolation. A review of DJJ youth isolation data suggests that 115 youth were held in isolation between October and February. Twenty-six youths remained in isolation for 24 hours or longer and 5 were confined for 72 hours or more.

Recommendations to  
Achieve Compliance



It is recommended that DJJ take the following steps to move toward substantial compliance.

- Ensure full and proper implementation of revised policy 323, Isolation of Youth.
- Expedite the approval of any proposed edits to forms.
- Train all staff in the policies and their application.
- The multidisciplinary team should meet every three days to document and discuss items i-iii.
- Report, investigate, and address any violations to these requirements.

DJJ should also consider the following recommended steps due to the importance of these policies to the settlement agreement.

- Develop a procedures manual on the role and function of the multi-disciplinary team, how they will convene and conduct reviews, and how they will document their work.
- Require staff to be retrained on the policy should staff experience challenges with implementation.

*SOURCES*

- DJJ Policy 323, Isolation of Youth
- Staff interviews during the November 13-14, 2023, and March 5-6, 2024, monitoring site visits
- Revised Multidisciplinary Team Review Process, provided May 2023



## 84. REVIEW OF YOUTH ISOLATED TWO OR MORE TIMES

The youth’s unit team, which includes representatives from the security and mental health departments, will meet monthly to review youth who have been isolated two or more times in the past month or for one stay of more than four hours in the past month. The team will discuss and document:

- i. Whether the youth’s mental health and behavioral needs can be met in the facility and, if not, whether a recommendation to the SMI Special Needs Coordinator is appropriate; and
- ii. Interventions that have been attempted to improve the youth’s behavior, the success of those measures, and any additional or alternative interventions available to address the youth’s needs.


Compliance Rating    Non-Compliance

Description of the Monitoring Process



The monitoring team reviewed the draft isolation policy and interviewed staff.

Findings and Analysis

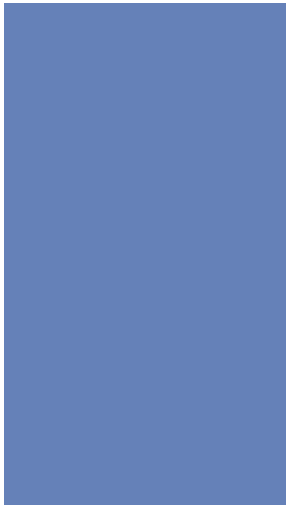


To ensure appropriate oversight and meet the requirements of this provision, DJJ incorporated the following in Policy 323, Isolation of Youth:

“The youth’s unit team, which are representatives from the security and mental health departments, will meet monthly to review youth who have been isolated two or more times in the past month or for one stay of more than four hours in the past month. The team will discuss and document:

- a. Whether the youth’s mental health and behavioral needs can be met in the facility and, if not, whether a recommendation to the SMI Special Needs Coordinator is appropriate; and
- b. Interventions that have been attempted to improve the youth’s behavior, the success of those measures, and any additional or alternative interventions available to address the youth’s needs.”

According to the data provided by DJJ, only one summary review was available for a youth in February. This was the only review conducted during the monitoring period for youth who had been isolated two or more times. The summary review contained a narrative paragraph that mentions the dates and times of commencement and release from isolation. Additionally, copies of the event report, commencement of isolation, isolation checks, and release forms were attached to this packet.



The summary does not specifically address item “a” of this requirement regarding whether the youth’s mental health and behavioral needs can be met at BRCC. Item “b” is addressed to some degree. The behavioral issues that led to the isolation incidents were identified, as were attempts to counsel him. The youth acknowledged an anger management problem and committed to working on it. Specific interventions are not mentioned.

The provision's requirements are not met. It was not clear that this summary was the result of a Unit meeting, and there was no indication as to who prepared it or where the information would be documented. A review of data from the month of February indicated that four additional youths had two isolations. Data also indicates that at least 51 youth were detained for 4 or more hours during the rating period and thus met the criteria for a unit review.

Recommendations to Achieve Compliance



It is recommended that DJJ take the following steps to move toward substantial compliance.

- Ensure full and proper implementation of revised policy 323, Isolation of Youth.
- Monitor and track youth who have been isolated two or more times in the past month or for one stay of more than four hours.
- Each month, the youth’s unit team should meet to review youth who have been isolated two or more times in the past month or for one stay of more than four hours in the past month.
- The team should discuss and document items i and ii.
- Maintain records to verify monthly reviews are occurring for all youth who meet the criteria for a review. Develop a format that is inclusive of all requirements and determine where the records will be maintained.
- Report, investigate, and address any violations to these requirements.

DJJ should also consider the following recommended steps.

- Develop a procedures manual on how the unit team will conduct their monthly reviews and document their work, the steps for determining whether a youth’s need can be met in the facility, and interventions that exist to address a youth’s behavior.
- Continually monitor the services provided and employ new strategies and interventions as needed to address specific behaviors contributing to youth isolation.
- Require staff to be retrained on the policy should staff experience challenges with implementation.

*SOURCES*

- DJJ Policy 323, Isolation of Youth




- Staff interviews during the November 13-14, 2023, and March 5-6, 2024, monitoring site visits
- Youth Isolation Data

## Development Of Appropriate Space for Isolation

### 85. PLAN FOR USING ALTERNATIVE SAFE SPACES FOR ISOLATING YOUTH

Within 6 months [October 2022] of the effective date, DJJ will propose to the United States and the Subject Matter Expert a timeline to cease using the Laurel Building for youth in isolation and a plan to utilize alternative, safe spaces for isolating youth whose behavior poses a serious and immediate danger to self or others.

Compliance Rating    Substantial Compliance

<p>Description of the Monitoring Process</p> 	<p>The monitoring team conducted two site visits, held regular meetings with DJJ and BRRC administration, interviewed staff, and reviewed DJJ’s initial and second-year draft implementation plans.</p>
<p>Findings and Analysis</p> 	<p>DJJ’s initial implementation plan, dated August 2022, outlined a plan for ceasing the use of the Laurel Building for isolation by February 2024. During the January 17, 2024, monthly meeting with BRRC and the DOJ, the department reported that Laurel has been closed “for some time” and that isolation occurs only in the living units. The closure of Laurel is due in part to youths destroying the unit and making it inoperable and unsafe.</p>
<p>Recommendations to Sustain Compliance</p> 	<p>To maintain substantial compliance, the Laurel unit must not be reopened to isolate youth. Should Laurel become operational again, DJJ is strongly advised against using this outdated facility to house youth.</p>




#### SOURCES

- *Initial Implementation Plan: South Carolina Department of Juvenile Justice, Broad River Road Complex, August 12, 2022*
- Verbal reports from DJJ administration during meetings on April 25, May 22, June 28, July 19, and September 7 and 20, 2023
- August 16, 2023, Planning Meeting with BRRC facility staff
- August 23, 2023, email from the Director of Settlement Compliance, FW: 323, Isolation of Youth – Workgroup Meeting Revisions
- Verbal reports given during the January 17, 2024, monthly meeting with SCDJJ and the DOJ

## 86. ALTERNATIVE SAFE SPACES FOR ISOLATING YOUTH TIMELINE APPROVAL

The United States and the Subject Matter Expert will review the proposed timeline and plan and propose any revisions necessary within one month of receiving the proposal. The final timeline is subject to approval by the United States.

Compliance Rating    Substantial Compliance<sup>14</sup>

<p>Description of the Monitoring Process</p> 	<p>The monitoring team conducted two site visits, interviewed staff, and reviewed DJJ's <i>Initial Implementation Plan</i>.</p>
<p>Findings and Analysis</p> 	<p>The department has made substantial progress in this area. The implementation plan, which includes the final timeline, was approved by the DOJ on January 30, 2023.</p>
<p>Recommendations to Sustain Compliance</p> 	<p>To maintain substantial compliance, the Laurel unit must not be re-opened to isolate youth. Should Laurel become operational again, DJJ is strongly advised against using this outdated facility to house youth.</p>

### SOURCES

- *Initial Implementation Plan: South Carolina Department of Juvenile Justice, Broad River Road Complex, August 12, 2022*
- Emails from November 3, 2022, to January 3, 2023, from the DOJ, SME, and Director of Settlement Compliance, subject: SCDJJ Implementation Plan Remaining DOJ and SME Feedback
- January 12-13 and March 6-8, 2023, monitoring site visits

<sup>14</sup> Substantial compliance was achieved during a previous monitoring report. The information provided here is from the April 2023 Monitoring Report. The recommendation stands.

## Conditions And Services While in Isolation

### 87. ISOLATION CONDITIONS

Youth in isolation will receive access to sunlight, working showers and bathrooms, mattresses, and food that is the same quality and quantity as offered to the general population.


Compliance Rating    Non-Compliance

Description of the Monitoring Process



The monitoring team conducted two site visits, interviewed staff, interviewed youth in isolation, and reviewed isolation records.

Findings and Analysis

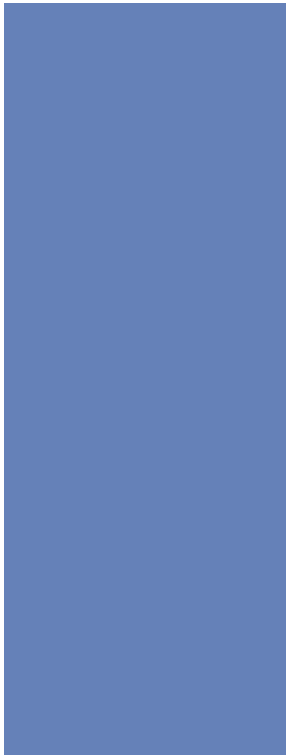


The department has made efforts to comply with this requirement. However, the monitoring team was not provided with documentation to demonstrate consistent compliance. Instead, the team relied on on-site visit activities such as observations, youth and staff interviews, and review of available documents.

The monitoring team visited the Laurel facility in November and found the conditions to continue to be less than satisfactory. The wing used for isolation remained dismal. It was dark, with the only natural sunlight coming in from a narrow window slat in each room. The wing had extensive damage to some of the cells. There was a distinct odor, and it was reported that the youth had been throwing food and bodily excrement. Many sinks and toilets are inoperable, although staff indicated that youth are not housed in those units.

Interviews with youths and staff and a review of the youth’s daily isolation logs during this visit found that youth were not regularly taken out of their isolation cells for daily showers or outdoor recreation. This infrequency was because staff described the youth as aggressive and throwing food and liquids at them. The youth interviewed admitted to this behavior and described it as a way to express anger over their living environment.

Around December 2023, DJJ ceased using Laurel for isolation. DJJ had previously shared concerns about meeting the February deadline to close Laurel. It is believed that damage to the facility precipitated the early exit. Even before Laurel closed, DJJ began using the twelve wet cells in Cypress and Poplar after they opened in the fall of 2023. These rooms are located at the far end of each unit. The cells in Poplar are clean, operable, and receive natural sunlight. The rooms in Cypress have not been as well maintained. During the March monitoring visit, it was observed that most of the Cypress units had



graffiti and damaged furniture. It was further noted that one of the wet cells had damaged plumbing, which was believed to have been created by a youth clogging the toilet. In one of the Cypress unit the toilets off the day room had been removed, and the common sinks in this unit were also not working. Some youth seem to prefer the wet cell, and there were reports of youth being allowed to sleep in these cells to access the toilet at night.

One isolated youth interviewed during the March visit indicated that he was receiving the services listed in this provision but was only recently given a mattress, which was removed due to him having previously expressed suicidal thoughts. The youth shared he was removed from isolation and placed on full suicide watch but then was returned to isolation once removed from the watch. Staff interviewed indicated that services are provided to isolated youths but that there would be times when it was unsafe to have the youth released from isolation for a shower or recreation due to lack of staffing or the youth's behavior.

While conditions are improving, the lack of documentation to demonstrate consistent compliance with this provision and the information gained from interviews results in a finding of non-compliance.

Recommendations to Achieve Compliance



It is recommended that DJJ take the following steps to move toward substantial compliance.

- Maintain records to verify that youth have access to sunlight, daily showers, working bathrooms, clean mattresses, and food that is the same quality and quantity as offered to the general population.
- Routinely record and monitor youth's refusal of services.
- Maintain clean and orderly living units.
- Report, investigate, and address any violations of these requirements.

### SOURCES

- DJJ Policy 323, Isolation of Youth
- Staff and youth interviews during the November 13-14, 2023, and March 5-6, 2024, monitoring site visits
- Youth Isolation Data

## 88. EDUCATIONAL SERVICES WHILE IN ISOLATION

Within the first school day after a youth is placed in isolation, DJJ will provide meaningful education services delivered by a teacher certified by the State or an associate teacher working under the supervision of a teacher certified by the State. If the youth has not regained enough self-control to receive in-person educational services, representatives from the multidisciplinary team should meet to discuss temporary alternatives to in-person education.

Compliance Rating Partial Compliance

### Description of the Monitoring Process



The monitoring team reviewed isolation data and documents, education logs, and conducted interviews with teachers, youth, and staff.

### Findings and Analysis



DJJ Policy 323, Isolation of Youth, was implemented on November 15, 2023. The Education Department continued to attempt to provide services to youth in isolation. Cells in Laurel and Cypress were used for isolation during this monitoring period, with no reports of youth receiving education services in Laurel since November. It is noted that the number of youths in isolation for extended periods decreased over the period.

The department routinely recorded contact with youth in isolation and the services provided. Various certified teachers, a teacher assistant, and guidance counselors were recorded as visiting with youth in isolation, usually twice daily. Data provided of youth isolated over 72 hours matched the number of youth where education attempted to provide services suggesting access to education within one day:

- October 3 youth
- November 6 youth
- December 0 youth
- January 0 youth
- February 0 youth

The amount of time spent providing educational services remained minimal as in other rating periods. Most sessions ranged from 0-30 minutes, with one session recorded as lasting two hours. The conditions in Laurel continued to make service delivery challenging as youth were confined to their rooms with access allowed only through the door flap. There were 11 reported visits with youth who refused services. This provision allows for the development of alternative education plans when youth have not regained enough self-control to receive educational services. It is unclear if that is the reason for the refusals; however, there were no reports of alternative plans being



developed. On a more positive note, one youth worked diligently most days to keep up with his college coursework while in Laurel. There were minimal days when youth in Laurel accepted their packets and reviewed them with educators.

Youth isolated in Cypress appeared to cooperate more readily. Instruction in Cypress did prove problematic on a couple of occasions. One incident occurred with a youth starting a fire in his cell, which distracted other youths from participating. On another day, all youth in Cypress were on “no movement,” thus preventing education staff from accessing students. Errors were noted on two occasions, with the youth being in school but reported to be in isolation and staff entering the unit to discover that the youth was not isolated.

While progress continues, the overall data shared still does not demonstrate that youth in isolation receive meaningful education with sessions lasting 0-30 minutes and the number of youths refusing services.

Recommendations to Achieve Compliance



It is recommended that DJJ take the following steps to move toward substantial compliance.

- Ensure full implementation of DJJ Policy 323, Isolation of Youth.
- Require all BRRC education staff and administration to read and acknowledge the new policy.
- Ensure that the notification process is accurate and updated when changes occur to ensure that education staff are aware when a youth is isolated so they can make plans to deliver meaningful education services within the first school day after a youth is placed in isolation.
- Continue to routinely record and monitor youth’s participation in education by date and time, the type of services and instruction provided, whether the service was provided by a certified teacher or an associate teacher working under the supervision of a certified teacher, and the duration of the service.
- Document when a youth refuses services, and reason(s) .
- Develop an alternative plan for delivering educational services to youth who refuse.
- Convene the multi-disciplinary team to discuss temporary alternatives to in-person education if a youth refuses services or cannot participate in education services.
- Maintain notes from the multidisciplinary team meeting, including attendees, and the temporary individual alternative plan and make them available for review by the monitoring team and the DOJ.

DJJ should also consider the following recommended steps.



- Develop a procedures manual on how the multidisciplinary team will be convened and how temporary individual alternative plans will be developed and implemented.
- Require staff to be retrained on the policy should staff experience challenges with implementation.

### *SOURCES*


- DJJ Policy 323, Isolation of Youth
- Education isolation records for October 2023 to February 2024
- Youth Isolation Data, October 2023 to February 2024
- Teacher, staff, and youth interviews during the November 13-14, 2023, and March 5-6, 2024, monitoring site visits

## Housing Vulnerable Youth

### 89. REVISED HOUSING CLASSIFICATION POLICIES

Within nine months [January 2023] of the effective date, DJJ will review and revise its housing classification policies for youth who are identified as vulnerable to victimization to ensure youths' reasonable safety.

Compliance Rating    Substantial Compliance

<p>Description of the Monitoring Process</p> 	<p>The monitoring reviewed the policy and confirmed the effective date. Staff were also interviewed.</p>
<p>Findings and Analysis</p> 	<p>Revised Policy 505, Classification Housing of Youth at BRRC, went into effect November 1, 2023. Whenever a new policy is updated, it is published in the agency's Power DMS system, which notifies the staff about the policy and requires them to review it and acknowledge that they have done so. This policy is primarily relevant to staff who are involved in the youth classification process, so policy review data was not requested.</p> <p>Interviews with staff involved in housing classification indicated they are actively following the new policy. On February 23, 10 classification staff received training on the new policy.</p>
<p>Recommendations to Sustain Compliance</p> 	<p>With a revised policy now finalized and in effect, the department is in substantial compliance. Nothing further is required.</p> <p>DJJ should consider the following recommendation due to the importance of these policies to the settlement agreement.</p> <ul style="list-style-type: none"><li>• Train all staff in the policies and their application. Staff training should include scenarios, a question-and-answer segment, and be competency-based, with staff required to complete and pass a test or quiz about the policies.</li><li>• Adjust policies, practices, training, and implementation as needed in consultation with the monitoring team and the DOJ.</li><li>• Require staff to be retrained on the policies should staff experience challenges with implementation.</li><li>• Monitor implementation to ensure the policies have the desired impact.</li></ul>

*SOURCES*

- Policy 505, Classification Housing of Youth at BRRC
- Staff interviews during November 13-14, 2023, and March 5-6, 2024, monitoring site visits

## 90. ADMISSION SCREENING PROTOCOLS

DJJ will revise its admissions screening protocols to identify youth who are vulnerable to victimization by other youth in the facility.

Compliance Rating    Substantial Compliance

### Description of the Monitoring Process



The monitoring team reviewed draft Policy 503, Admission and Orientation, youth intake screening tools, and interviewed staff.

### Findings and Analysis



DJJ implemented the new Classification Policy 505 on November 1, 2023. The policy identifies a revised set of screening tools updating those previously identified in Policy 503, Admissions and Orientation. DJJ reports that they have been using a new PREA risk screening, replacing the Vulnerability to Victimization or Sexual Aggression Screener, a new SAFE-T suicide screening, and basic medical and mental health screening tools to assist with determining if a youth is vulnerable. The new vulnerability assessment processes begin while the youth is at the Evaluation Center and are reviewed upon admission to BRRC.

DJJ shared new processes in November that identified Poplar A as the Intake and Orientation Unit and Poplar C as the unit designated to house vulnerable youth. The Intake and Orientation Unit is designed to give staff additional time to assess youth's behavior following BRRC to determine whether youth have previously unidentified needs and inform future housing decisions. During this monitoring period, DJJ provided admissions documents for five youth intakes into BRRC on March 5, 2024, including their assessments involving the new tools. The documents were completed as required.

This screening process, however, is not perfect. In October a staff member reported a youth being bullied and assaulted by other youth. The youth stated he was afraid to tell anyone. A review of the youth's previous history indicated that he was on protective custody status in his previous placement, but that information was not shared during intake. The youth was later moved to Poplar C pod, designated for housing vulnerable youth.

While no screening process is perfect, this incident is a reminder of why this process is critical to ensuring youth safety. Because only one instance of failure to screen a youth was identified during this monitoring period, this provision is deemed in substantial compliance.

Recommendations to Sustain Compliance



With new screening tools and protocols in place, nothing further is required to achieve substantial compliance.

DJJ should consider the following recommended steps to ensure vulnerable youth are appropriately identified.

- Consistently use appropriate screening instruments and protocols to identify youth who are vulnerable to victimization by other youth in the facility.
- Take appropriate measures once a youth is identified as vulnerable, to reduce the youth’s risk of victimization, including, but not limited to, housing classification, staff notification, supervision, and support services.
- Maintain records to verify that every youth was appropriately screened for vulnerability.
- Take appropriate disciplinary action if staff did not follow policies and procedures.

DJJ should also consider the following recommended steps due to the importance of the policy to the settlement agreement.

- Require staff to be retrained on the policies should staff experience challenges with implementation.

*SOURCES*

- Draft policy 337, Protective Custody
- Draft policy 503, Admission and Orientation of Youth at BRR
- Policy 505, Classification Housing of Youth at BRR
- Staff interviews during November 13-14, 2023, and March 5-6, 2024, monitoring site visits

## 91. SPECIALIZED HOUSING FOR VULNERABLE YOUTH

Youth who are not screened as vulnerable to victimization upon admission to BRRC, but later become vulnerable to violence from other youth will be considered for placement in specialized housing. Prior to placing a youth under this provision, the facility will consider other measures and options for ensuring safety.

Compliance Rating Partial Compliance

### Description of the Monitoring Process



The monitoring team reviewed draft Policy 503, Admission and Orientation, Policy 505, Classification of Youth at BRRC, youth intake screening tools and completed forms, and interviewed staff.

### Findings and Analysis



According to DJJ staff, when a staff member identifies a youth as vulnerable or when a youth expresses they are vulnerable, the current practice is to assess the extent of the youth’s vulnerability to determine how to ensure their safety. Depending on the youth’s situation, facility administration, security staff, or the multidisciplinary team could make this determination. If the youth is determined to be vulnerable, notification of that status and details about the safety plan, if one was developed, is shared with staff. The plan could involve more actively supervising the youth or moving the youth to a different housing unit. BRRC has a designated housing unit for more vulnerable youth. It is not considered “specialized housing” but a method for classifying which housing unit youth should reside in. If the youth is deemed not vulnerable, no formal efforts are made but staff are encouraged to continue to monitor the youth’s status.

Interviews with youths indicated that staff were not always good at identifying when a youth becomes vulnerable. One youth said staff knew he had a problem with other youth but kept them in the same housing unit. He stated he did not want to move housing units because he was worried other youths would perceive him as weak. He shared he was attacked on more than one occasion and thought staff should have intervened. Staff said that once they are aware of a youth becoming vulnerable, they attempt to address the situation. However, the facility culture may prevent youth from coming forward and admitting their vulnerability. One youth interviewed said he filed a grievance on behalf of another youth who was being picked on because that youth refused to say anything. Staff do not routinely review incident reports to determine if youth-on-youth incidents may point to a youth needing to be assessed for vulnerability. Proposed quality improvement procedures contemplate doing this type of review.

Recommendations to  
Achieve Compliance



It is recommended that DJJ take the following steps to move toward substantial compliance.

- Train staff to identify youth who are becoming vulnerable to victimization, such as those who are being teased or bullied by other youth, so that appropriate measures can be taken to provide for their safety. Responses could include specialized housing, staff notification, supervision, and support services.
- Maintain records to document when a youth is classified as being vulnerable to victimization and the circumstances.
- Take appropriate disciplinary action if staff did not follow policies and procedures.
- Monitor implementation to ensure the policies have the desired impact and adjust as needed in consultation with the monitoring team and the DOJ. This process should include tracking the number of youth later identified as vulnerable to victimization to determine if admission screening instruments or protocols need to be adjusted to more accurately identify these youth.

DJJ should also consider the following recommended steps due to the importance of the policy to the settlement agreement.

- Require staff to be retrained on the policies should staff experience challenges with implementation.

*SOURCES*

- Monthly vulnerable youth data, October 2023 to February 2024
- Staff and youth interviews during the November 13-14, 2023, and March 5-6, 2024, monitoring site visits
- DJJ Event Report ER-127876



## 92. ACCESS TO SERVICES

Youth in specialized housing will have access to all services, including education, recreation, and mental health services to the same extent as youth in the general population.

Compliance Rating    Substantial Compliance

Description of the Monitoring Process




The monitoring team interviewed youth and staff and reviewed and observed their ability to access services.

Findings and Analysis



A designated living unit, currently Poplar C, houses youth who are deemed vulnerable. BRRC does not consider this unit “specialized housing” but a method for classifying which housing unit youth should reside in. According to the staff interviewed, these youth have equal access to all services, including education, recreation, and mental health services, as the general population. Observations of youth and interviews confirm the staff’s statements.

Recommendations to Achieve Compliance



It is recommended that DJJ take the following steps to achieve substantial compliance.

- Implement a process to notify all service providers when a youth is placed in specialized housing to ensure that their current services are not disrupted, and they continue to have access to all services to the same extent as youth in the general population.
- Document the services provided to youth in specialized housing to verify adherence to this requirement.
- Monitor implementation to ensure the policies have the desired impact and adjust as needed in consultation with the monitoring team and the DOJ. This process should include reviewing service documents to ensure youth are receiving the required services.

DJJ should also consider the following recommended steps due to the importance of the policy to the settlement agreement.

- Require staff to be retrained on the policies should staff experience challenges with implementation.

*SOURCES*

- Staff and youth interviews and observations during the November 13-14, 2023, and March 5-6, 2024, monitoring site visits

## Youth On Suicide Watch

### 93. PROHIBITION ON ISOLATION

The facility will ensure that youth who are suicidal are not placed in isolation.

Compliance Rating    Non-Compliance

Description of the Monitoring Process



The monitoring team reviewed youth isolation and suicidal assessment data to determine if BRRC is ensuring that youth who are suicidal are not placed in isolation. Staff and youth interviews were also conducted.

Findings and Analysis



Revised Policy 323, Isolation of Youth, which went into effect on November 15, 2023, states that staff will not use isolation for suicide intervention and that youth on suicide watch may not be placed in isolation. Additionally, youth on Full Suicide Watch (FSW) are not permitted in staff-directed or voluntary time-outs unless the youth's door remains open and unlocked and the youth can be supervised at the same time by their one-to-one staff. This prohibition on isolating youth on FSW has been in place since October 13, 2022, when a directive was issued prohibiting youth on FSW from being housed in Laurel in isolation. The directive was later amended on April 25, 2023, to allow a youth on FSW to be housed in Laurel as long as their door remained open.

From October 2023 to February 2024, there were 16 instances of a youth being placed on FSW, representing 13 youth, with three youth being placed on FSW twice during this monitoring period. A comparison of the FSW log with isolation data found that two youths on FSW were in isolation for part of this status.

On November 14, a youth was placed in isolation for damage to state property at 6:45 p.m. and released on November 24 at 6:15 a.m. While in isolation, the youth was placed on FSW on November 20 at 1:50 p.m. and released from FSW on November 21, but no time was given.

On February 29, a youth was placed in isolation for a staff assault at 12:24 p.m. and released at 6:15 pm on the same day. While in isolation, the youth was placed on FSW at 2:41 p.m. and remained on FSW until March 5 at 11:12 a.m.

A possible third youth may have been isolated while on FSW, but the data are incomplete to make that determination.

According to several juvenile correctional officers interviewed, when a youth is put in isolation, they will claim they are suicidal so they can be released from isolation because they were aware of the policy. Several youths interviewed confirmed that staff had to let them out if they claimed to be suicidal, although they claimed that sometimes staff did not take them seriously. One youth in isolation during the March 5-6, 2024, monitoring site visit showed a forearm with two band-aids as proof that he was suicidal. This youth had been on full suicide watch earlier but had recently been taken off watch by a clinician. He also stated that staff do not take threats seriously. All threats of suicide must be taken seriously. DJJ must evaluate how the isolation policy is being followed to ensure that when a youth expresses suicidal ideation they are properly assessed and then released from isolation and provided services and proper supervision if they are determined to be suicidal. DJJ has hired a national suicide expert to make recommendations to policy, procedure, and staff training, including how to address youth who claim to be suicidal when placed in isolation.

Recommendations to Achieve Compliance



It is recommended that DJJ take the following steps to move toward substantial compliance.

- Ensure full implementation of policy 323, Isolation of Youth.
- Train all new staff in the policy and its application and provide booster training for previously trained staff during shift briefings and in other settings to ensure that staff understand the policy and its requirements.
- Monitor each instance of isolation to verify that youth who are suicidal are not placed in isolation and youth in isolation who express suicidal ideation are promptly assessed and removed if determined to be suicidal.
- Report, investigate, and address violations of these requirements.

DJJ should also consider the following recommended steps due to the importance of these policies to the settlement agreement.

- Update staff training to include more role plays and scenarios and ensure that it is competency-based, with staff required to complete and pass a test or quiz.
- Implement a mechanism for clearly identifying youth who are suicidal and a formal process for removing youth from full suicide watch or mental health observation. The process should require that a clinician assesses a youth to determine if the youth can be removed from FSW.
- Adjust policies, practices, training, and implementation as needed in consultation with the monitoring team and the DOJ.
- Require staff to be retrained on the policy should staff experience challenges with implementation.

*SOURCES*




- Policy 323, Isolation of Youth, October 2023 to February 2024 youth Isolation details
- October 2023 to February 2024 youth suicide logs
- Staff and youth interviews during November 13-14, 2023, and March 5-6, 2024, monitoring site visits

## 94. DMH AMENDED AGREEMENT

Within six months [October 2023] of the effective date, DJJ will make reasonable efforts to amend their Agreement with the Department of Mental Health for the Identification and Transfer of DJJ Committed Juveniles Who Have a Serious Mental Illness to ensure that:

- i. The Department of Mental Health identifies placements for youth with serious mental illness to ensure that youth with serious mental illness are transferred to DMH custody within 30 days of their identification as a youth with a serious mental illness; and
- ii. Youth who are suicidal are promptly considered for placement out of DJJ and into DMH custody.

Compliance Rating    Substantial Compliance<sup>15</sup>

<p>Description of the Monitoring Process</p> 	<p>The monitoring team reviewed the agreement signed on September 27, 2023, between DJJ and the South Carolina Department of Mental Health (DMH).</p>
<p>Findings and Analysis</p> 	<p>DJJ has been in negotiations with DMH since 2022 to finalize an agreement on the process by which youth with serious mental illness committed to DJJ are transferred to and treated by DMH. The agreement contains criteria for inclusion, including the requirement that the youth “meet DSM-5 diagnostic criteria for one or more” serious mental illness listed in the agreement. The agreement also states that DJJ will screen all youth for mental illness upon commitment to DJJ. Youth identified as having a serious mental illness will be staffed within 15 business days to identify treatment needs and “to start the process of transferring care of the youth to DMH.” This transfer must occur within 30 days of their identification as having a serious mental illness, subject to placement availability.</p> <p>The agreement’s language about youth who are suicidal states, “DMH will assist with finding appropriate placement for DJJ youth who are suicidal. Emergency needs for suicidal ideation shall be delivered at the nearest inpatient hospital.” This language does not reflect the language in the settlement agreement.</p>
<p>Recommendations to Sustain Compliance</p> 	<p>Nothing further is required. When the agreement is up for renewal, it is recommended that DJJ renew the agreement.</p>

<sup>15</sup> From October 23 Report.

*SOURCES*

- June 30, 2023, email from the Director of Settlement Agreement, subject: FW: MOA with DMH

# TRAINING

## General Provisions

### 95. TRAINING CURRICULUM REVIEW

Within twelve months [April 2023] of the effective date, the Subject Matter Expert will review DJJ’s current training curriculum and assist DJJ to develop a training curriculum that complies with the requirements of paragraphs 96–100.


Compliance Rating    Substantial Compliance

Description of the Monitoring Process



The monitoring team previously reviewed DJJ’s training curricula on youth behavior management, positive youth development, interview and interrogation techniques, mental health, professional boundaries, mechanical restraints, and safe crisis management. Two new curricula were reviewed during this monitoring period.

Findings and Analysis



During the monitoring period, two new curricula were developed - a three-hour investigations course and a two-hour course on Policy 323, Isolation of Youth. The investigations curriculum covers the role of investigators, case scenarios, youth trauma issues, and techniques for effective investigations and interviews with youth. It also uses policy examples such as inappropriate use of isolation and use of force and teaches report writing. All investigations staff were trained on this curriculum on January 29, 2024. The SME did not review the curriculum before it was taught but has determined that it is comprehensive, covers the investigations policy, and presents sufficient exercises and scenarios to enhance learning.

The isolation of youth curriculum defines isolation and how it is to be used under revised Policy 323. The training includes discussions about the negative impact isolation has on youth, de-escalation strategies, and scenarios for determining whether isolation or another option should be used. The SME offered feedback on this curriculum, which was incorporated into the final version. Overall, staff feedback on the training was positive, with some participants suggesting that more time, roleplays and interactions would be helpful.



Recommendations to  
Sustain Compliance



It is recommended that DJJ take the following steps to maintain substantial compliance.

- DJJ will provide the monitoring team with updated curricula as they become available so that the team can review the curricula to ensure that they address the requirements of the settlement agreement.

*SOURCES*




- Isolation of Youth Training lesson plan, PowerPoint, and handouts, November 2023
- Investigations lesson plan and PowerPoint, January 2024

## Behavior Management

### 96. COMPETENCY-BASED STAFF TRAINING

Within 18 months [October 2023] of the effective date, and annually thereafter, all security staff and teaching staff will receive competency-based training in non-physical, verbal interventions to de-escalate potential aggression from youth. This training will include conflict management, crisis intervention, and appropriate communication with youth.

Compliance Rating    Substantial Compliance

<p>Description of the Monitoring Process</p> 	<p>The monitoring team reviewed DJJ’s training records to determine the number of staff who completed Safe Crisis Management (SCM), the department’s competency-based de-escalation training. Staff interviews were also conducted.</p>
<p>Findings and Analysis</p> 	<p>The department mandates that all security staff and teachers must complete Safe Crisis Management (SCM) de-escalation training, with security staff required to complete both the de-escalation and restraint portions of the training.</p> <p>The training curriculum requires staff to demonstrate competency in the skills taught by passing an exam and demonstrating proper use of force techniques. DJJ refined the curriculum to ensure that staff acquire the required knowledge and skills. Test preparation materials and practice sessions are offered. As a result, the number of staff who are passing SCM is increasing. The percentage of staff who completed the training during the monitoring period increased from 78% in October to 84% in January. These numbers indicate that the department has made sustained efforts to increase compliance with this mandatory training. Completion rates in March and September of 2023 were 68% and 78% respectively.</p>
<p>Recommendations to Sustain Compliance</p> 	<p>It is recommended that DJJ take the following steps to maintain substantial compliance.</p> <ul style="list-style-type: none"><li>• Continue to ensure all staff are scheduled for and complete SCM training before working directly with youths and require staff to be trained annually thereafter.<ul style="list-style-type: none"><li>○ Do not permit any staff who are not SCM-trained to work directly with youth. In instances where untrained staff are scheduled to work, they should be paired with SCM-trained staff.</li></ul></li></ul>



- Only SCM-trained staff should be allowed to use restraint and physical force on youths consistent with policies.
- Ensure that staff are trained annually.

### *SOURCES*

- Monthly training records for October 2023 to February 2024 for security staff and rapid response team members
- Notes from the November 15, 2023, monthly meeting with SCDJJ and the DOJ
- Monthly training records for January and February 2024 for education staff
- Staff interviews conducted during monitoring visits, November 13-14, 2023, and March 5-6, 2024

## 97. STAFF RETRAINING PROCEDURES

If an investigation or review of an incident reveals that staff did not use appropriate de-escalation, the staff member will be retrained within 90 days. If an investigation or review of an incident reveals that a staff member who has been retrained continues to fail to use appropriate de-escalation, DJJ will address the staff member’s failure through discipline.


Compliance Rating    Non-Compliance

Description of the Monitoring Process



The monitoring team requested data on the number of staff who are required to be retrained within 90 days and the number who completed the training within the required time frame. Training staff were also interviewed.


Findings and Analysis



When the Training Division is notified that an employee requires retraining, that information is entered into the department's learning management system. The system then sends an automated notification to the employee. If the employee fails to complete the training, the supervisor is notified. Although the division can generate a report to identify overdue training, it does not identify the reason why retraining is required.

According to training staff, there were no requests for retraining on this provision from October 2023 to March 2024. However, during the monitoring period, DJJ failed to document management actions in response to incidents involving the use of force. These incidents could have included cases where staff did not use de-escalation appropriately and should have been referred for retraining. Due to the unavailability of data, this item was found to be non-compliant.

Recommendations to Achieve Compliance



It is recommended that DJJ take the following steps to move toward substantial compliance.

- Document incidents in which staff did not use appropriate de-escalation and where management has determined that retraining is needed.
- Once a staff member is identified as needing to be retrained, DJJ should schedule the staff member for training as soon as possible, but within the 90-day timeframe.
- Maintain records to verify that staff complete retraining within 90 days as required.
- If the staff member continues to fail to use appropriate de-escalation techniques, DJJ should address the staff member’s failure through discipline.

DJJ should also consider the following recommended steps due to the importance of this policy to the settlement agreement.

- Implement a method for tracking staff who require training within 90 days to ensure they complete the training within the required timeframe.
- Staff who require retraining should not work directly with youths until they are retrained.
- Once retrained, staff should be paired with a coach who can reinforce the training provided and offer support and guidance.
- Implement a method for tracking staff who did not use appropriate de-escalation techniques following retraining so appropriate disciplinary action can be taken.
- Use incident data to determine if there are staff behavioral patterns that indicate a need to provide more clarity around the policy or techniques used, whether all staff would benefit from booster training, and whether other strategies may be needed to ensure staff have the knowledge, skills, and abilities to appropriately use de-escalation techniques.

#### *SOURCES*

- Staff training and retraining records for October 2023 to February 2024
- Staff interviews conducted during monitoring visits, November 13-14, 2023, and March 5-6, 2024

## Use Of Physical Force

### 98. STAFF TRAINING ON UPDATED USE OF PHYSICAL FORCE POLICY

Within 18 months [October 2023] of the effective date, and annually thereafter, all security staff will receive training on the updated Use of Physical Force policy, including training in conflict resolution, management of assaultive behavior, and approved uses of force that minimize the risk of injury to youth and staff. All training shall include each staff member's demonstration of the approved techniques and require that staff meet the minimum standards for competency established by the method.


Compliance Rating    Non-Compliance

Description of the Monitoring Process



The monitoring team requested data on the number of staff trained in the updated policy and those who have not completed the training. If staff did not complete the training, the reasons why were requested. Training staff were also interviewed.

Findings and Analysis




The revised policy 315, Use of Physical Force, became effective on October 15, 2023. Whenever a new policy is updated, it is published in the agency's PowerDMS system, which notifies the staff about the policy and requires them to review it and acknowledge that they have done so. The revised policy 315, Use of Physical Force, became effective on October 15, 2023. Whenever a new policy is updated, it is published in the agency's PowerDMS system, which notifies the staff about the policy and requires them to review it and acknowledge that they have done so. Although the department can easily report on agency-wide compliance, which was 57%, they must manually count compliance by the facility. As of now, the percentage of staff who have completed the review is unknown at BRRC.

Training staff stated that in October they updated Safe Crisis Management (SCM) training to include the revised policy. All new staff who completed SCM in October as part of their basic training received the updated training. Staff who have already completed SCM were to be trained once the event report system was updated to reflect changes to the policy. This was planned for November, but system updates were not completed. According to notes from the February 27, 2024, quarterly meeting of the Quality Improvement Committee, it was reported that Use of Force briefing training should be completed by April 30 and scheduled by May.

It is concerning that DJJ does not know how many BRRC staff have acknowledged the review of the revised policy and that training has yet to be conducted on it for staff trained on the old policy. While there were only four substantiated cases of excessive use of force



Recommendations to Achieve Compliance



from October 2023 to February 2024, there were still 71 instances in which force was used. DJJ must ensure that staff are properly trained and understand the revised policy.

It is recommended that DJJ take the following steps to move toward substantial compliance.

- Require all staff to read and acknowledge the policy review.
- Ensure all staff are scheduled for and complete Safe Crisis Management (SCM) training before working directly with youths.
  - Do not permit any staff who are not SCM-trained to work directly with youth. In instances where untrained staff are scheduled to work, they should be paired with SCM-trained staff.
  - Only SCM-trained staff should be allowed to use restraint and physical force on youths consistent with policies.
- Maintain records to verify that staff completed the required training.
- Ensure that all staff previously trained in SCM are trained in the updated Use of Physical Force policy.
- Conduct annual staff training.

DJJ should also consider the following recommended steps.

- Conduct quarterly refresher training on concepts learned in Safe Crisis Management to ensure staff can recall and apply the de-escalation strategies learned and approved techniques for using force when force is necessary.
- Use incident data to determine if there are staff behavioral patterns that indicate a need to provide more clarity around the policy or techniques used, whether all staff would benefit from booster training, and whether other strategies may be needed to ensure staff have the knowledge, skills, and abilities to appropriately use physical force.




### SOURCES

- Policy 315, Use of Physical Force
- Agency-wide policy review and acknowledgement records, dated February 9 and March 8, 2024
- Staff interviews conducted during monitoring visits, November 13-14, 2023, and March 5-6, 2024

## 99. RETRAINING WITHIN 90 DAYS

If an investigation or review of an incident reveals that staff used inappropriate or excessive force, the staff member will be retrained within 90 days and will be prohibited from using force until demonstrating proficiency in the proper technique(s). The retraining and competency demonstration must be documented prior to such staff using force again.

Compliance Rating    Non-Compliance

<p>Description of the Monitoring Process</p> 	<p>The monitoring team requested data on the number of staff who are required to be retrained within 90 days and the number who completed the training within the required time frame. Training staff were also interviewed.</p>
<p>Findings and Analysis</p> 	<p>When the Training Division is notified that an employee requires retraining, that information is entered into the department's learning management system. The system then sends an automated notification to the employee. If the employee fails to complete the training, the supervisor is notified. Although the division can generate a report to identify overdue training, it does not identify the reason why retraining is required.</p> <p>According to training staff, no requests for retraining were made in October, November, or December 2023, or February and March 2024. In January 2024, a member of the Rapid Response Team was identified as needing retraining on January 2, 2024. This staff member had previously completed SCM training on August 31, 2023. They were scheduled to be retrained on February 14-16, 2024. However, no documentation was provided to show that the person completed the training as required.</p> <p>DJJ also failed to document management actions in response to incidents involving the use of force. These incidents could have included cases where staff used force inappropriately and should have been referred for retraining. Due to the unavailability of data, this item was found non-compliant.</p>
<p>Recommendations to Achieve Compliance</p> 	<p>It is recommended that DJJ take the following steps to move toward substantial compliance.</p> <ul style="list-style-type: none"><li>• Document incidents in which staff did not use appropriate force and where management has determined that retraining is needed.</li><li>• Once a staff member is identified as needing to be retrained, DJJ should schedule the staff member for training as soon as possible, but within the 90-day timeframe.</li></ul>



- Maintain records to verify that staff complete retraining within 90 days as required.
- If the staff member continues to fail to use appropriate de-escalation techniques, DJJ should address the staff member's failure through discipline.

DJJ should also consider the following recommended steps due to the importance of this policy to the settlement agreement.

- Implement a method for tracking staff who require training within 90 days to ensure they complete the training within the required timeframe.
- Staff who require retraining should not work directly with youth until they are retrained.
- Once retrained, staff should be paired with a coach who can reinforce the training provided and offer support and guidance.
- Implement a method for tracking staff who did not use appropriate de-escalation techniques following retraining so appropriate disciplinary action can be taken.
- Use incident data to determine if there are staff behavioral patterns that indicate a need to provide more clarity around the policy or techniques used, whether all staff would benefit from booster training, and whether other strategies may be needed to ensure staff have the knowledge, skills, and abilities to appropriately use de-escalation techniques.

### *SOURCES*




- Staff training and retraining records for October 2023 to February 2024
- Staff interviews conducted during monitoring visits, November 13-14, 2023, and March 5-6, 2024

## Investigation

### 100. INVESTIGATIONS STAFF TRAINING

Within 18 months [October 2023] of the effective date, and annually thereafter, DJJ will train all investigations staff, including supervisory investigative staff, in the prompt, thorough, and independent investigation of allegations of youth-on-youth physical harm, inappropriate use of force, and inappropriate use of isolation. DJJ will train the facility administrator and other facility security supervisory staff in the investigation process and the importance of thorough documentation of incidents and video retention.

Compliance Rating Partial Compliance

<p>Description of the Monitoring Process</p> 	<p>The training attendance records and investigations training lessons plan and curriculum materials were reviewed to check if all requirements were met, and staff were properly trained.</p>
<p>Findings and Analysis</p> 	<p>On January 29, 2024, a 5-hour training was conducted that covered the required elements related to investigations. The training covered the role of investigators, different types of investigations, interviewing techniques, evidence-gathering, and investigative techniques, with a focus on youth assaults, inappropriate use of isolation, and excessive use of force. The training also covered the use of Miranda and Garrity and how to write reports. Case scenarios were used to assist participants in applying the concepts learned. The training did not address video retention specifically but did address how to proceed with an investigation with and without video.</p> <p>All investigations staff, including supervisory investigative staff, completed the training as indicated by the attendance roster. The major and captain of investigations taught the training. DJJ indicated that three more investigators will be joining the investigations division and they will ensure they complete the training. However, it was found that the facility administrator and other facility security supervisory staff were not trained, which resulted in partial compliance.</p>
<p>Recommendations to Achieve Compliance</p> 	<p>It is recommended that DJJ take the following steps to move toward substantial compliance.</p> <ul style="list-style-type: none"><li>• Ensure that all investigations staff, including supervisory investigative staff, are trained in the policy and the prompt, thorough, and independent investigation of allegations of youth-on-youth physical harm, inappropriate use of force,</li></ul>

and inappropriate use of isolation. Training should be provided annually.

- Update the curriculum to discuss policy regarding video retention.
- Train the BRRRC facility administrator and other facility security supervisory staff in the investigation process, the importance of thorough incident documentation, and video retention. Training should be provided annually.
- Maintain records to verify that staff completed the required training.
- Monitor implementation to ensure the policies have the desired impact.

DJJ should also consider the following recommended steps due to the importance of this policy to the settlement agreement.

- Adjust policies, practices, training, and implementation as needed in consultation with the monitoring team and the DOJ.
- Require staff to be retrained on the policy should staff experience challenges with implementation.
- Create an operations manual to document the proper steps for investigating allegations of youth-on-youth physical harm, inappropriate use of force, and inappropriate use of isolation.
- Develop quality assurance measures to assess whether investigations were conducted as required and per the policy. In instances where it is determined that investigations did not meet requirements, retraining and/or disciplinary action should be taken.
- Use quality assurance outcomes to determine if there is a need to provide more clarity around the policy or investigation protocols, whether investigations or facility staff would benefit from booster training, and whether other strategies may be needed to ensure staff have the knowledge, skills, and abilities to conduct proper investigations.

### *SOURCES*

- Investigations Lesson Plan and PPT, January 2024
- Training Attendance Roster for the January 29, 2024, 5-hour Investigations Training
- Investigations Training Completion spreadsheet, February 7, 2024
- Word document statement from DJJ uploaded February 23, 2024, to the shared January 2024 data request folder indicating new investigators will be trained when they are onboard

# QUALITY ASSURANCE

## General Provisions

### 101. QUALITY ASSURANCE SYSTEM

Within 24 months [April 2024] of the effective date, DJJ must develop a quality assurance system that identifies trends and corrects deficiencies with regard to safety and security and the use of isolation at BRRC in a timely manner.


Compliance Rating Partial Compliance

Description of the Monitoring Process



The monitoring team met with staff from Quality Management during the November 13-14, 2023, and March 5-6, 2024, monitoring site visits to discuss the quality assurance system and efforts to implement the system. A draft Quality Management - DOJ Implementation Plan was received on March 4, 2024, and reviewed to determine if the plan met the requirements of this provision.

Findings and Analysis



In February 2024, Quality Management (QM) created a draft plan to meet items 101 to 106 of the settlement provision. The plan consists of seven phases, including daily, quarterly, and monthly reviews, forming a Quality Improvement Committee, and monitoring and continuous improvement. The plan would benefit from having deadlines attached to tasks and identifying who is responsible for implementing plan components.

One of the plan's components is the development of an agency dashboard that will enable staff to view data at a glance to help guide decision-making. Until that dashboard is completed, an Incident Processing Portal is being tested as a stopgap measure. The portal was demonstrated during the March monitoring site visit. Staff can enter incident information in the portal, including management reviews and medical responses. The system has been in place since February 1st, and QM and Information Technology meet every two weeks to review the portal's functionality and areas for improvement. However, the system has the potential to ensure appropriate actions are taken and documented.

QM is also responding to requests to conduct random reviews of practices, which is a positive development. In November, they examined youth isolation cell checks in the Laurel Unit. This review identified multiple dates and shifts where room checks were missed, many of them not happening during early morning hours. When asked by the monitoring team if any disciplinary action was taken for staff who missed checks, the facility administrator indicated that



supervisors were notified. However, no documentation demonstrated that supervisors acted upon the email.

The QA system is still being refined, and DJJ is taking appropriate steps to address quality assurance. Because this is still a work in progress, this item is assessed as partially compliant.

Recommendations to Achieve Compliance



It is recommended that DJJ take the following steps to move toward substantial compliance.

- Finalized the action plan for implementing a quality assurance system. The system should include a mechanism for how DJJ will collect, review, and analyze data and information monthly to assess and identify trends in youth-on-youth physical harm, inappropriate use of force, and inappropriate use of isolation. The plan should identify who is responsible for identified tasks and include target deadlines for completing tasks.

DJJ should also consider the following recommended steps when developing the quality assurance system.

- Form a quality assurance workgroup or committee responsible for developing the quality assurance system. Members should include representatives from information technology, quality assurance, security and operations, facility administration, training, education, and clinical. The group should
  - Conduct a review of how data are collected to determine whether collection can be centralized and to identify and correct potentially conflicting processes.
  - Identify required data elements and source data, including data that identifies trends related to safety and security and the use of isolation at BRRC.
  - Establish definitions for each data element.
  - Identify a method for maintaining data quality.
  - Recommend how the department should use data to trigger responses or inform decision making, including a monthly review of data.

*SOURCES*

- *Random Review of Youth Room Confinement/Isolation Cell Checks & Documentation, 9/2/23 - 10/15/23*, BRRC - Laurel Unit, received November 27, 2023
- *Quality Management - DOJ Implementation Plan* draft, received on March 4, 2024
- Staff interviews during November 13-14, 2023, and March 5-6, 2024, monitoring site visits

## 102. MONTHLY DATA REVIEW

On a monthly basis, DJJ will collect, review, and analyze data and information sufficient to assess and identify trends in youth-on-youth physical harm, inappropriate use of force, and inappropriate use of isolation.

Compliance Rating    Non-Compliance

### Description of the Monitoring Process



The monitoring team requested information on the type of data collected monthly, the review and analysis of the data, and the assessment of trends in youth-on-youth physical harm, inappropriate use of force, and inappropriate use of isolation. Information from March data and investigations reviews were examined, and staff interviews were conducted.

### Findings and Analysis



Monthly data on incidents involving youth violence and use of force/restraint was provided for October to December 2023. However, it was not clear how the data was analyzed and used. In January, a Q1 Dashboard was provided that contained a more detailed analysis of incidents involving physical violence among youth. The dashboard included information on whether the violence involved one youth or multiple youths, the number of injuries related to assaults/fights, and the number of times the same youth was involved in such incidents. This detailed dashboard provides vital information that can be used to help reduce such incidents in the facility.

On March 14, BRRC held its first Monthly Review Meeting. The agenda included reviewing comprehensive monthly data and discussing current setbacks, challenges, progress, strategies for improvement, and action steps. The data reviewed during the meeting provided details about the type of injury a youth sustained, the average length of stay in isolation, types of grievances filed, programs provided, and sanctions given to youth. However, the meeting's outcomes were not disclosed.

DJJ reported that a monthly investigations review tool was finalized and automated in late February. Although the tool contains details about incidents, it is unclear how investigations use the information.

The commencement of monthly data and investigations reviews in March is a positive development, as described in the quality assurance system plan. However, as this is a new process, more time and information are needed to assess compliance with this provision.

Recommendations to Achieve Compliance



It is recommended that DJJ take the following steps to move toward substantial compliance.

- Formally document monthly data review meetings to demonstrate that data were reviewed and analyzed so as to identify trends in youth-on-youth physical harm, inappropriate use of force, and inappropriate use of isolation.

DJJ should also consider the following recommended steps.

- Develop a written process for the monthly data review, including a description of how the department will respond to trends.
- Establish baseline data for each data element to measure whether incidents increase, decrease, or stay the same over time.
- Establish benchmarks or targets for each data element to determine whether efforts to address a particular area have the desired impact.

*SOURCES*

- Monthly data reports, October 2023 to February 2024
- Quality Management - DOJ Implementation Plan draft, received on March 4, 2024
- Monthly investigations review tool for March 2024
- BRRC Monthly Review Meeting Agenda, dated March 14, 2024, and supporting documents
- Staff interviews during November 13-14, 2023, and March 5-6, 2024, monitoring site visits

### 103. DATA ELEMENT REQUIREMENTS

On a monthly basis, DJJ will collect, review, and analyze data and information sufficient to assess and identify trends in youth-on-youth physical harm, inappropriate use of force, and inappropriate use of isolation.

- i. The number of incidents involving youth-on-youth physical violence;
- ii. The number of incidents involving youth injuries related to assaults/fights or use of force or restraints;
- iii. The number of incidents involving use of force;
- iv. The number of incidents involving restraints;
- v. Injuries to youth related to assaults/fights or use of force or restraints, including the type of injury, the source of the injury, and the severity;
- vi. The positive behavior incentives used at BRRRC during the preceding month;
- vii. The consequences imposed on youth for negative behaviors in the preceding month;
- viii. The consequences imposed on staff for improper uses of force or restraints;
- ix. The number of grievances filed alleging harm to youth from youth-on-youth physical altercations, inappropriate use of force, or inappropriate use of isolation;
- x. The number of full investigations as outlined above completed within ten business days;
- xi. The number of full investigations as outlined above completed in more than ten business days;
- xii. The number of open investigations;
- xiii. The number of youth placed in isolation;
- xiv. The number of youth who remained in isolation over four hours;
- xv. The number of youth who remained in isolation over three days;
- xvi. The individual lengths of stay for youth placed in isolation; and
- xvii. The overall average length of stay of all youth placed in isolation.

Compliance Rating    Non-Compliance



The monitoring team reviewed the February monthly data collection report to determine whether the data elements collected included items i. through xvii. of this provision. Staff interviews were also conducted.



Findings and Analysis



The February monthly data review contained twelve of the required 17 elements. Items not included in the review:

- v. source of youth injury
- viii. The consequences imposed on staff for improper uses of force or restraints
- x. The number of full investigations as outlined above completed within ten business days
- xi. The number of full investigations as outlined above completed in more than ten business days
- xii. The number of open investigations

The data for these items are available and were identified as part of the quality assurance system. Staff indicated this process is still under development and standards for the data elements are being defined.

Recommendations to Achieve Compliance



It is recommended that DJJ take the following steps to move toward substantial compliance.

- Include in its Implementation Plan steps for ensuring that the quality assurance system is in place by April 2024. The system should include a mechanism for how DJJ will collect, review, and analyze data and information monthly to assess and identify trends in youth-on-youth physical harm, inappropriate use of force, and inappropriate use of isolation. The system should also include data elements i-xvii.

DJJ should also consider the following recommended steps.

- Develop a written process for the monthly data review, including a description of how the department will respond to trends.
- Establish baseline data for each data element to measure whether incidents increase, decrease, or stay the same over time.
- Establish benchmarks or targets for each data element to determine whether efforts to address a particular area have the desired impact.
- For data elements i-xvii, include youth and staff demographic data to evaluate whether certain youth or staff are more prone to being involved in incidents or certain behaviors.
- For data elements i-xvii, include location and time stamps to evaluate whether certain locations or time of day is related to incident rates.
- For data elements i-v, include whether camera footage was available, and whether the footage was retained for investigative purposes.
- For data elements vi and vii, include details about incentives and responses used to determine whether they conform to the behavior management system tiered structure and whether they have the desired impact on improving positive and decreasing negative behaviors.



- For data element ix-xi, track the outcome of grievances and investigations.
- For data elements xiii-xviii, include why youth were isolated.
- For data elements xiii-xvii, add the frequency at which the same youth is isolated.




### *SOURCES*

- Quality Management - DOJ Implementation Plan draft, received on March 4, 2024
- BRRRC Monthly Review Meeting Agenda, dated March 14, 2024, and supporting documents
- Staff interviews during November 13-14, 2023, and March 5-6, 2024, monitoring site visits

## 104. SAMPLE DATA REVIEW

On a monthly basis, DJJ will review a sample of incident reports, isolation justification and continuation documents, and investigations. The review and subsequent recommendations will be documented.

### Compliance Rating    Non-Compliance

Description of the Monitoring Process	
 <p>Findings and Analysis</p> 	<p>The monitoring team reviewed the draft Quality Management - DOJ Implementation Plan received on March 4, 2024, and interviewed staff.</p> <p>According to the quality assurance plan, there will be monthly reviews of facilities and investigations. Although there is a plan to facilitate this review with a dashboard, it has not yet been implemented. The facility review is broadly described in the plan, without specifying what will be reviewed and how recommendations will be documented. On the other hand, the process for the monthly investigations review is more detailed, stating that a minimum of 20% of total cases for the previous month will be reviewed. However, staff members stated that this process is still under development, and standards are being defined for the data elements. A more detailed process for conducting this sample data review.</p>
<p>Recommendations to Achieve Compliance</p> 	<p>It is recommended that DJJ take the following steps to move toward substantial compliance.</p> <ul style="list-style-type: none"><li>• Include in the Implementation Plan steps for how DJJ will review a sample of incident reports, isolation justification and continuation documents, and investigations. The process should include how the review and subsequent recommendations will be documented.</li></ul> <p>DJJ should also consider the following recommended steps.</p> <ul style="list-style-type: none"><li>• DJJ should define what constitutes a “sample.”</li></ul>

### SOURCES

- Quality Management - DOJ Implementation Plan draft, received on March 4, 2024
- Staff interviews during November 13-14, 2023, and March 5-6, 2024, monitoring site visits

## 105. OTHER DATA REVIEW RECOMMENDATIONS

The Subject Matter Expert may recommend to DJJ additional information related to youth-on-youth physical altercations, use of force, or isolation that DJJ will consider for collection, review, and analysis on a regular basis.

Compliance Rating Not Rated

### Description of the Monitoring Process



The monitoring team will monitor DJJ's effort to implement a quality assurance system, provide feedback as necessary during the development process, and evaluate the system once it is adopted, including recommending other data review elements.

### Findings and Analysis



In the October 2023 Monitoring Report, it was recommended that DJJ consider collecting the following additional information.

- Establish baseline data for each data element to measure whether incidents increase, decrease, or stay the same over time.
- Establish benchmarks or targets for each data element to determine whether efforts to address a particular area have the desired impact.
- For data elements i-xvii, include youth and staff demographic data to evaluate whether certain youth or staff are more prone to being involved in incidents or certain behaviors.
- For data elements i-xvii, include location and time stamps to evaluate whether certain locations or time of day is related to incident rates.
- For data elements i-v, include whether camera footage was available, and whether the footage was retained for investigative purposes.
- For data elements vi and vii, include details about incentives and responses used to determine whether they conform to the behavior management system tiered structure and whether they have the desired impact on improving positive and decreasing negative behaviors.
- For data element ix-xi, track the outcome of grievances and investigations.
- For data elements xiii-xviii, include why youth were isolated.
- For data elements xiii-xvii, add the frequency at which the same youth is isolated.

None of these measures have been adopted, however, DJJ is still in the process of refining its data collection and review process. This item will be reassessed once the system is in place and further



explored to determine the feasibility of collecting these additional elements.

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Recommendations to Achieve Compliance



It is recommended that DJJ take the following steps to move toward substantial compliance.

- Review and consider whether the recommended additional data elements are feasible based on available resources and staff.
- If a recommended data element is not adopted, provide rationale for why it is not feasible or useful. If it is not feasible, identify what steps, if any, are planned to address the issue.

*SOURCES*

- Quality Management - DOJ Implementation Plan draft, received on March 4, 2024

## 106. QUALITY IMPROVEMENT COMMITTEE

DJJ will develop and implement within 24 months [April 2024] of the effective date a Quality Improvement Committee that will:

- i. Review and analyze the data collected pursuant to paragraphs 103–105;
- ii. Identify trends and interventions,
- iii. Make recommendations for further investigation of identified trends and for corrective action, including system changes;
- iv. Monitor implementation of recommendations and corrective actions; and
- v. Develop systems to alert administrators to patterns of behavior or allegations that may indicate safety concerns, staff training deficiencies, or persistent policy violations.

Compliance Rating Partial Compliance

### Description of the Monitoring Process



The monitoring team requested the Quality Improvement Committee membership list and documentation of their meetings and documentation of recommendations, monitoring, and action taken.

### Findings and Analysis

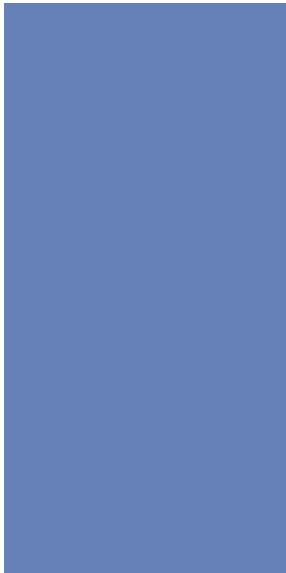


The Quality Improvement Committee (QIC) held its first meeting on February 27, 2024. The committee consists of nearly 30 members who represent the following areas:

- Administrative Services
- Director’s Office
- Chief of Staff/Director’s Office
- Director of Settlement Compliance
- Education and Workforce Development
- Investigative Services
- Legal Services and Compliance
- Programs and Services
- Security and Operations

According to meeting minutes, the committee will meet quarterly to discuss quality improvement at BRRC and eventually all facilities in the future. The goal of the QIC is to:

- Improve processes
- Improve programming
- Increase safety
- Decrease isolation use
- Decrease incidents
- Decrease use of force
- Improve data collection



During the meeting, the committee examined summary findings and data trends from November 2023 to January 2024. One finding was “Youth are not being compliant, and it is felt that they are sabotaging their treatment services, etc.” Strategies for improvement included examining more data, keeping the most problematic youths away from other youths, keeping youths busy, and peer mediation. The committee received updates from each area, many of which were related to provisions in the settlement agreement. Several recommendations and action items were identified. The next meeting was scheduled for May 28.

A dashboard is under development and being tested. A preview of its functionality shows that it can assist with data analysis and support the committee’s improvement goals. The formation of the QIC and its first meeting is a positive step toward improving practices at BRRC. A finding of partial compliance is given as the QIC has yet to demonstrate follow through on the recommendations made.

Recommendations to Achieve Compliance



To is recommended that DJJ take the following steps to move toward substantial compliance.

- Hold regular meetings of the QIC and ensure that agenda items address provisions i. to v.
- Document meeting attendance, monitoring activities undertaken, and recommendations/actions made and whether they have been completed. If they have not been completed, document steps taken to address the issue.

*SOURCES*

- Quality Improvement Committee Quarterly Meeting Minutes and list of attendees, February 27, 2024
- Staff interviews during November 13-14, 2023, and March 5-6, 2024, monitoring site visits