



Monitoring Report

Settlement Agreement Between the United States and the
South Carolina Department of Juvenile Justice

October 2023

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 agreement¹ to resolve all issues associated with an investigation at Broad River Road Complex (BRRC or Facility)² 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)³ to provide technical assistance to DJJ. Susan Burke,⁴ the SME, was hired in July 2022. Joining Ms. Burke on the monitoring team are Valerie Boykin⁵ and Mike Butkovich.⁶

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 assesses compliance as of October 1, 2023. The following monitoring report will note any progress or activities since this date. To achieve a rating of substantial compliance, the provisions must be solidly implemented and consistently demonstrated for most of the monitoring period. If an item was marked as due on October 13, 2023, it was assessed as not rated unless there was clear and substantial evidence submitted by DJJ that they exceeded the due date or evidence suggested that DJJ would not meet the required deadline. Unrated provisions will be re-evaluated during the next monitoring period to determine a compliance rating.

For this report, the team requested and reviewed data in 12 categories, provided additional feedback on draft policies, completed two facility site visits, conducted in-person interviews, held regular meetings with DJJ leadership and BRRC administration, reviewed and responded to emails, and analyzed DJJ-provided documents. The monitoring team also conducted a virtual and an in-person planning session with BRRC to assist with developing action plans on settlement-related items.

**THIS MONITORING REPORT
ASSESSES COMPLIANCE AS
OF OCTOBER 1, 2023.**

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

² BRRC is a 270-bed youth correctional facility located in Columbia, South Carolina. The population count was 31 youths on October 1.

³ Defined in the agreement as “an individual with expertise in juvenile corrections.”

⁴ 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.

⁵ 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.

⁶ 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.

Throughout this process, DJJ has responded to requests and proactively provided regular updates on progress made or challenges faced.

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 Ratings Summary

Parag. No.	Compliance Provision	Compliance Status
PROTECTION FROM HARM		
General Provisions		
28	General Provisions	Non-Compliance
Staffing		
29	Staffing Study Consultant	Substantial Compliance
30	Staffing Study Consultant Selection	Substantial Compliance
31	Staffing Study Factors	Substantial Compliance
32	Staffing Changes	Partial Compliance
Physical Plant		
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
Rehabilitative Programming		
38	Rehabilitative Programming	Non-Compliance
39	Rehabilitative Programming Mix	Non-Compliance
Approach to Behavior Management		
40	Approach to Behavior Management	Substantial Compliance
41	Positive Behavior Management Tools	Partial Compliance
42	Consistently Implement Behavior Management Tools	Non-Compliance
43	De-escalation Strategies and Graduated Responses	Partial Compliance
44	On-Site Coaches	Non-Compliance
Use of Force		
45	Use of Force	Substantial Compliance

46	Implement Revised Policies and Procedures	Non-Compliance
47	Limit Use of Force	Not Rated
48	Reasonable Efforts	Non-Compliance
49	Use of Force for the Minimum Amount of Time	Not Rated
50	Prohibition on Use of Force	Not Rated
51	Only Trained Staff May Use Approved Techniques	Non-Compliance
52	Use of Force Documentation	Partial Compliance
53	Medical Evaluation Following Use of Force	Non-Compliance
54	Medical Evaluation Procedures	Partial Compliance
55	Medical Evaluation Refusal Procedures	Non-Compliance
Investigations of Physical Harm to Youth from Other Youth, Executive or Unnecessary Use of Physical Force, or Improper Use of Isolation		
56	Draft New Investigation Policies, Procedures, and Practices	Partial Compliance
57	Implement Revised Investigation Policies and Procedures	Non-Compliance
58	Initial Review of Uses of Force	Partial Compliance
59	Investigation Procedures	Partial Compliance
60	Staff Review of Incidents	Non-Compliance
61	Permissible Contact Following an Allegation	Not Rated
62	Video Request Following an Incident	Partial Compliance
63	Retention Schedule	Substantial Compliance
64	Investigations Without Video	Partial Compliance
65	Action Following a Finding of Staff Misconduct	Not Rated
66	Investigations When a Youth Withdraws an Allegation	Not Rated
ISOLATION		
Use of Isolation		
67	Use of Isolation	Partial Compliance
68	Revised Isolation Policies and Procedures	Non-Compliance
69	Reasons for Isolation	Non-Compliance

70	Prohibitions on Isolation	Not Rated
71	Less Restrictive Techniques Requirement	Non-Compliance
72	Notification of Isolation	Non-Compliance
Documentation of Isolation		
73	Documentation Requirements	Non-Compliance
Duration of Isolation		
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
Multidisciplinary Team to Review Isolation Placement		
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
Development of Appropriate Space for Isolation		
85	Plans for Using Alternative Safe Spaces for Isolating Youth	Substantial Compliance
86	Alternative Safe Spaces for Isolating Youth Timeline Approval	Substantial Compliance
Conditions and Services While in Isolation		
87	Isolation Conditions	Non-Compliance
88	Educational Services While in Isolation	Partial Compliance
Housing Vulnerable Youth		
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	Partial Compliance
Youth on Suicide Watch		
93	Prohibition on Isolation	Partial Compliance
94	DMH Amended Agreement	Substantial Compliance
TRAINING		
General Provisions		
95	Training Curriculum Review	Substantial Compliance
Behavior Management		
96	Competency-Based Staff Training	Substantial Compliance
97	Staff Retraining Procedures	Non-Compliance
Use of Physical Force		
98	Staff Training on Updated Use of Physical Force Policy	Non-Compliance
99	Retraining Within 90 Days	Non-Compliance
Investigation		
100	Investigations Staff Training	Non-Compliance
QUALITY ASSURANCE		
General Provisions		
101	Quality Assurance System	Not Rated
102	Monthly Data Review	Not Rated
103	Data Element Requirements	Not Rated
104	Sample Data Review	Not Rated
105	Other Data Review Recommendations	Not Rated
106	Quality Improvement Committee	Not Rated

PROTECTION FROM HARM

General Provisions

The general provisions requirements of the settlement agreement ensure that youth have a safe living condition. 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 Monitoring Process	<p>The monitoring team reviewed department policies and procedures, completed two BRRRC facility site visits, conducted in-person interviews with DJJ staff and BRRRC youth, and reviewed emails and documents provided by the Director of Settlement Compliance.</p>
Findings & Analysis	<p>Despite efforts to draft new policies, implement new practices, involve experienced consultants, recruit new talent, enhance staff training, improve the physical plant, add camera surveillance, and invest in infrastructure improvements, the department is not in compliance with the General Provisions. This rating is not due to a lack of effort or motivation to comply. Still, it represents a series of failures and complications that must be corrected if the department is to progress and succeed.</p> <p>As noted in previous monitoring reports, the physical plant and expansive campus present an unusual environment to operate a secure juvenile facility. The campus serves several purposes. In addition to being a secure facility, it houses department administration, classification, maintenance, and a central control room for DJJ facilities. Buildings on campus store facility and agency provisions, including maintenance tools, equipment, and employee supplies. This configuration makes it unclear who controls campus</p>

operations. Regularly, activities occur on campus without the facility administrator's awareness. Even when aware, the facility administrator has no authority to direct the activities of staff who are outside her chain of command. The result is overlapping and competing interests regarding facility activities and potential security issues when equipment and tools are not properly secured, or movement is not communicated or anticipated. With newly operational living units near the front gates, concerns about campus security are heightened.

The department struggles to maintain a clear roadmap for achieving substantial compliance. Implementation plans are created with good intentions and thought but are sidelined or discarded due to inadequate planning or a lack of commitment to stay the course. Incidents often derail efforts. For example, "no movement" on campus orders are issued when there is a significant incident, even when the incident does not involve the entire campus. While this response may sometimes be necessary to restore order, it has a detrimental impact on services and programming. Under no movement, youth are confined to their living units. They do not leave for school, recreation, or other activities. Services are brought to them. There were two instances of no movement in June, totaling 9 days, one instance in July for 2 days, and one instance in August for 11 days. The August no-movement event was even more restrictive due to the severity of the incident when youth from three pods managed to exit into the main courtyard and refused to return to their pods while also destroying property in the pods and flooding one of them. Youth were isolated in their sleeping rooms except for being released one at a time for bathroom breaks or a shower. According to an email from the facility leadership, educational and clinical services were eliminated for a portion of this no-movement period.

Other examples of insufficient planning include opening a living unit as a pilot site for the new Legacy Behavior Management System (BMS) with new intake youth but then later disrupting the pilot by mixing in long-term BRRC youth or opening the Willow Home without having a clear structure or program in place and then having to close it a few weeks later due to youth behavioral issues. In talking to staff and reviewing reports and video footage of incidents, a common denominator was poor supervision practices. In one incident, a group of youths attacked another youth while the officer stood back and called for help. In the minutes leading up to the attack, the officer was seen seated and talking to another employee while the youth ran around the unit unchecked and unsupervised. In events leading up to the August incident, an officer sat at a table looking down while one youth made several attempts to throw wet tissue on the camera lens while others were running around. The officer did not appear to notice or attempt to communicate or intervene with the youth. These are just two examples of

	<p>staff failing to actively supervise youth to prevent or minimize the harm caused by the youths’ behaviors. In the first example, the officer was talking with a youth engagement specialist. In the second example, the officer was alone. When staff were questioned about their colleagues’ failure to act, the common response was that staff feared injury or harm to themselves or termination if they used force.</p> <p>This concern for self-protection and fear of injury or termination is understandable when managing a population of active adolescent males with a known history of problems and unlawful behavior. However, inaction perpetuates an environment where disobedience and reckless behavior become the norm. The safe operations of a youth correctional facility require active supervision of youth. Even more importantly, staff must build and maintain professional and positive relationships with youth, model and affirm positive behaviors, consistently reinforce rules and standards, and vigilantly look for situations that may compromise safety and security and correct them. These are significant responsibilities and must be supported by a foundation that includes an incentive and accountability-based behavior management system, robust programming, educational and therapeutic services, and opportunities for youth to experience success, have support, and be nurtured in their development. Without these things in place, officers are reduced to maintaining order as best they can, with an over-reliance on isolation. The cycle of disruption and unsafe conditions will continue until BRRC can put these pieces together.</p> <p>Sufficient Staffing</p> <p>DJJ has prioritized recruitment and retention of staff. A vendor was hired to assist, and the department funded compensation increases for some</p>	<p style="text-align: center;">Input on Violence at BRRC*</p> <p>“I feel that violence on the yard is a result of the lack of structure and proper guidance. Also, the lack of events and programs. Some people do things just because they are bored.”</p> <p>“If staff where[sic] to take a little time to understand us [it] would be a little bit better.”</p> <p>“Juveniles have to protect themselves but if proper shakedowns were conducted and structure was around the whole yard youth wouldn’t even be able to get weapons.”</p> <p>“Anger is real and anger management on paper and counseling doesn’t really help. We need real coping skills to help us with our anger, because if we knew how to cope [with] our anger we [would] be better in times of anger.”</p> <p style="text-align: right;">--written by a BRRC youth</p> <p style="text-align: right;"><i>*Excerpts from a letter given to the monitoring team by the Assistant Facility Administrator</i></p>
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classifications through a legislative appropriation. The vacancy rate for juvenile correctional officers is down by over ten percent, and retention has increased by a small percentage. These improvements are significant considering the nationwide staffing challenges, particularly for correctional positions.

The department also made some adjustments to assignments following the December 2022 staffing study, which recommended a 1:4 staff-to-youth ratio and additional supervisory positions. With a low population count at the facility (between 25 to 35 youth), the department should have been able to implement the recommendations consistently. However, other staffing needs sometimes interfered with this goal, such as supervisors being tasked with on-campus youth transports, making them unavailable to staff at times.

Because significant changes are taking place at BRRC, such as a new behavior management system and new policies, there is an even greater need for enhanced supervision to assist with this transition. It is recommended that at least two officers work together in a pod. This staffing level is especially important when the staff is less experienced and when youth have behavioral needs that require a higher level of supervision. The department should also consider assigning a core group of officers to the same pod to build relationships with youth, supporting their ability to supervise them actively and safely. When youth and officers have a good rapport, situations can be more easily managed when they arise. Consistency in operations and practices is also likely to be maintained, which will be critical as new policies go into effect.

Surveillance Tools and Physical Plant

Since April 2022, DJJ has installed more than 800 cameras on campus, significantly improving the ability to monitor youth movements. The cameras are high-definition and offer multiple views of an area. The system allows the footage to be accessed for at least 30 days, longer if bookmarked. Staff who monitor the cameras were recently trained in appropriate techniques for tracking youth movements and identifying potential issues. A monitoring team member witnessed a staff member applying this training when a youth was observed out of place. The staff member could track the youth and notify the supervision staff. During this incident, a blind spot was identified behind the Birchwood gymnasium. Notification was given to the administrative team during the debriefing.

The department has also been remodeling and updating living units and buildings on campus. Doors are being added to sleeping rooms to enhance safety and security. The first remodeled unit, Cypress, opened August 1st following a one-month delay. In preparation for the opening, youth were oriented to the new Legacy Behavior Management System to improve the behavior of some long-term youth who had experienced multiple problems. Some youth shared concerns about the move and expressed resistance to having doors as it reminded them of negative experiences in detention

centers. During a brief August tour, staff interviewed were positive about the doors and felt it made the environment safer and more manageable. Some of the youth also said that they liked the doors and felt safer during sleeping hours. Work is being done on the remaining living units, with plans to open more units before the end of the year.

Unfortunately, youth continue to vandalize and damage the physical plant, particularly living units. Shortly after moving into Cypress, a youth set off an overhead sprinkler and flooded the pod. On August 17, 2023, state law enforcement was called to resolve an incident at Cypress where youth damaged property in their living units, covered some security cameras with wet tissue, set off the sprinkler system in a unit, and refused to return to their living units. The disturbance lasted several hours before law enforcement arrived and the youth immediately complied. DJJ had to close the Evergreen unit due to youth damage and can no longer use one wing in Laurel for isolation because the youth made large holes in the cinder block walls between sleeping rooms. Some windows were also busted out of their frames in many of these rooms.

The extent of the damage is astounding, with some destruction taking place over time without staff intervention. Without backup or other staff support, the reluctance to intervene is understandable but unacceptable. Other solutions must be found to prevent or stop attempts at property damage. Solutions to consider include ensuring that youth are actively supervised, keeping youth occupied with activities, ensuring therapeutic services address youth's behavior, and teaching youth new coping skills and practicing those skills regularly with them.

Structured Programming

BRRRC lacks structured, comprehensive, and varied programming. Multiple strategies have been attempted to address this void. These strategies include hiring youth engagement specialists and activity coordinators, bringing credible messengers to mentor youth, organizing sporting activities, facilitating weekly treatment groups, and holding monthly celebratory gatherings. These are all positive activities, but their implementation is uncoordinated and not connected to a campus-wide programming schedule. Monthly calendars are created and sometimes posted, but not always followed. Staff reasons for not following the schedule included conflicts with other needs, lack of staff to transport youths, or a reluctance to press the youth to follow the schedule. For example, staff did not feel it necessary to adhere to the scheduled Saturday wake-up time because there was nothing for the youth to do once awake. Weekends are most problematic as recreation is typically the only activity conducted. Out of school time presents another opportunity to provide enriching programming. Efforts were made during the summer months to provide enhanced recreational opportunities. When there are no movement days on campus, an alternative schedule does not exist.

Educational services is one area where more emphasis and accountability have improved services and access. A full-time teacher is dedicated to serving youth in isolation and is officed at Laurel. Youth can meet with the teacher one-on-one in his office for educational instruction when permitted. Otherwise, educational services are attempted through the youth's door flap. Teachers also keep more detailed records about their efforts to provide educational services to youth with special education needs or in isolation. These records illustrate teachers' challenges when asked to deliver meaningful instruction in Laurel where face-to-face contact is not always permitted, and youth lack the desire to engage.

BRRRC has had the time, the staff, and the resources to ensure that the youth are engaged in structured and rehabilitative programming from the end of the school day until the youth go to bed and on weekends. However, programming has not been prioritized. The approach needs to be coordinated and consistent. BRRRC facility administration should have oversight over all programming that is taking place on campus to ensure that it aligns with the master schedule. They should have the authority to deploy staff on their campus in a manner that supports youth rehabilitation and engagement. This structure will deliver programming more consistently and avoid overlap or conflict with other activities.

Programming must also be varied and organized. While there is value in having some unstructured recreation time each week, structured time helps youth learn to follow instructions and work as a team. A mix of programming and leisure time is necessary for youth development. Idle and bored youth are more likely to engage in problem behaviors.

Positive Behavior Supports

The department has made significant progress in developing the new Legacy Behavior Management System (BMS), but implementation has been prolonged and consistent application remains elusive. The program was initially piloted in mid-March in the Evergreen unit with youth new to the facility to establish behavioral norms from the beginning of their stay. The program had some early success until other BRRRC youth were moved into the unit, influencing the new youth to reject Legacy. Evergreen was later closed due to multiple youth disturbances that caused extensive property damage.

The Legacy BMS implementation was attempted again when youth were moved in August 2023 to Cypress. The goal was to use the new environment to establish new behavioral expectations for the youth under the Legacy program. The program did not have an opportunity to advance due to youth intentionally causing problems, including flooding a pod and causing a unit-wide disturbance on August 17 that lasted several hours and required state law enforcement intervention. Following the incident, youth were isolated in their rooms and all programming was restricted. The Legacy BMS was inactive while BRRRC investigated the incident. Over time, some youths were

released, and others transferred to Laurel for extended isolation. Legacy BMS has since resumed, but facility operations often conflict with the program, particularly when using isolation in response to behaviors.

Other factors, such as staff inconsistency in rating youth, rotating staff unfamiliar with youth, and poor program oversight, impact Legacy BMS's success. There is an over-reliance on consultants to manage the mechanics of BMS, including youth scoring and staff oversight. Even if the implementation challenges noted here are corrected, they must be combined with consistent staffing levels, enhanced coaching and training on active youth supervision, and robust youth programming. All these activities are necessary for BMS to succeed.

Clear, Consistent, Appropriate Consequences

The Legacy BMS is a comprehensive approach to managing youth behavior by reinforcing appropriate behaviors, decreasing inappropriate behaviors, and teaching youth new prosocial skills. The program has yet to be consistently implemented. It is undermined by a lack of other operational elements to make it effective such as sufficient staffing, structured programming, and effective oversight. The department continues to take a punitive approach to youth misbehavior, relying on isolation stays to correct behaviors. However, the conditions in which youth are isolated and the time spent in isolation are detrimental to achieving the behavior change sought. Laurel, where most youth are housed for isolation, is a dimly lit and dank environment. Once freshly painted, the unit has graffiti on the walls, broken fixtures, and holes in the ceiling. Staff reported youth were not isolated in the inoperable rooms. Youth are responsible for this destruction, and the administration has attempted to repair and maintain the unit as best as possible while continuing to use it.

The most recent data on isolation indicated that the total hours of isolation used over four months was 7,421 hours or an average of 1,855 per month. When Laurel was temporarily closed for repairs in December of last year, the Facility Administrator reported that isolation was down to about 1,000 hours. These data are from February to May 2023. There does not appear to be any standardized approach to how isolation is used and for how long. Youth can be housed for a few hours to a few weeks. During these stays, daily logs indicate that youth have limited opportunities to leave their room for recreation, showers, or other social activities. Sometimes the restrictions are due to the youth acting out and throwing urine, feces, or other materials at staff. However, these behaviors should be viewed as youth acting out against their confinement conditions and not knowing how long they will remain isolated. Throwing excrement and other items is one way to express their anger, rage, and hopelessness.

DJJ must invest more in ensuring the Legacy BMS program is implemented consistently and with fidelity. Other operational elements described here must also be implemented with plans for consistently improving them over

	<p>time. Finally, DJJ must adopt the new isolation policy, which was still in draft form at the end of the review period. Feedback and preliminary approvals were obtained from DOJ and the SME in the spring; however, DJJ determined additional edits were needed and sought approval for additional modifications as late as August. Once adopted, DJJ must ensure staff have the proper training and support to implement it effectively.</p> <p>Limiting Use of Force and Restraints</p> <p>During this monitoring period, DJJ approved Policy 310 – Mechanical Restraints, and Policy 315 – Use of Physical Force. These policies had been under review for many months. From May 2022 to September 2023, there were a total of 2,393 incidents reported at BRRC. Of these, 169 (6.9%) involved use of force. The average use of force numbers from May to December 2022 was 9.1 per month. The figure increased to 10.7 per month from January-September 2023. Limited data was available on the number of incidents involving excessive or unnecessary use of force. The most recent figures from February to May 2022 indicated 27 investigations conducted on use of force, with 12 unsubstantiated, 11 substantiated, 1 substantiated for a violation other than excessive or improper use of force, and three pending. It is difficult to interpret these figures because sometimes incident reports contain incomplete information. This element will be re-evaluated once the new policies and procedures go into effect on October 15, 2023.</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"> • 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 account for all daily time blocks. The schedule can be daily, weekly, or monthly, and should list all activities by day and time block. <ul style="list-style-type: none"> ○ 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 at the end of the school day until the youth go to bed that are 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.

	<p>Programming should support positive behavior, engage youth in constructive physical activity, and address general health and mental health needs.</p> <ul style="list-style-type: none"> • Develop an alternate schedule for youth not attending school when in session 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. • 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. <ul style="list-style-type: none"> ○ 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. <ul style="list-style-type: none"> ○ 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. • Expedite the approval of revised policies related to the required elements of the settlement agreement. Once approved, ensure all staff read and acknowledge the policies and have received training on them. 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. <ul style="list-style-type: none"> ○ The use of physical force or restraint should be documented with sufficient detail, including: <ul style="list-style-type: none"> ▪ 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.
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	<ul style="list-style-type: none"> ○ Document with sufficient detail the use of isolation, including: <ul style="list-style-type: none"> ▪ 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. • Develop a plan to ensure a 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. • 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. <ul style="list-style-type: none"> ○ 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. <p>DJJ should also consider these recommended steps.</p> <ul style="list-style-type: none"> • 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 have a direct role in applying 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. <ul style="list-style-type: none"> ○ 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.
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SOURCES

- General

- Verbal reports from BRRC administration during meetings on April 25, May 22, June 28, July 19, and September 7, 2023
- Interviews and observations during the June 28-30 and/or September 7-9, 2023, monitoring site visits
 - DJJ and BRRC administration
 - Staff from clinical, education, investigations, medical, operations, policy, programming, quality assurance, security, social work, and training
 - BRRC youth
- August 2 and 16, 2023 action planning sessions with BRRC staff
- Staffing
 - *Staffing Study Findings and Recommendations Report* submitted to DJJ on December 30, 2022
 - Duty and dorm rosters, June 4-6, June 25-July 1, July 2-8, July 16-22, August 6-12, August 20-26, 2023
 - Vacancy, turnover, and retention data for May 2022-May 2023
 - Review of staff rosters during June and September 2023, monitoring site visits
 - July 26 and August 25, 2023, emails from the Director of Settlement Compliance, subject: FW: Training for those who review cameras – BRRC
- Surveillance Tools
 - Camera surveillance information data requests, June 23 and September 27, 2023
- Structured Programming
 - August 2023 facility schedule
 - Sampling of Initial and Updated Supervision and Service Plans
 - Updated Supervision and Service Plans
 - Programming Events Report (February – May)
 - Therapeutic Service Log (August 17-28)
- Positive Behavior Supports
 - Interviews with staff, youth, and NPJS consultants on behavior management during the June 28-30 and September 7-9, 2023, monitoring site visits
 - Finalized Legacy BMS manual, completed on June 29, 2023
- Clear, Consistent, Appropriate Consequences
 - Youth and staff interviews and sample unit logs and room confinement/isolation cell check logs reviewed during the June 28-30 and September 7-9, 2023, monitoring site visits
 - Laurel daily confinement checks forms for June 2023
 - Cypress unit logbooks, isolation logs, and education data for August 2023
 - August 18, 21, 22, 2023, emails from Facility Administrator, Cypress Unit Programming
 - August 22, 2023, email and schedule from the Assistant Facility Administrator, BRRC Cypress Unit Daily Operation Schedule
 - August 25, 2023, memo from the Director of Security Operations, et al, to DJJ Executive Director, et al., Cypress Living Unit
 - Cypress Therapeutic Service Logs August 17-28, 2023
 - Education isolation records for the weeks of June 4 and 25, July 2 and 16, August 20, September 3 and 17, 2023
- Data provided on Use of Force from April 2022—September 2023

- September 8, 2023, email from the Director of Settlement Compliance, subject: BRRC/RRT_September Training Data for SCM
- Policy 310, Mechanical Restraints
- Policy 315, Use of Physical Force
- Draft policy 323, Isolation
- Draft policy 328, Investigations
- August 25 and September 1, 2023, email from the Director of Settlement Compliance, subject: FW: Policy timeframe
- Event Report Summary from May 2022 to September 2023
- Use of Force investigations data from February to May 2022
- Interviews with investigations staff during the June 28-30 and September 7-9, 2023, monitoring site visits

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 Compliance⁷**

Description of 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 & 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 a staffing study. The study was completed December 30, 2022, and its methodology and conclusions were accepted by all parties 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

⁷ 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 Compliance⁸**

Description of 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 & 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. The consultant selected was jointly agreed upon by DJJ and DOJ. The study was completed December 30, 2022, and its methodology and conclusions were accepted by all parties 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

⁸ 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 Compliance⁹

Description of Monitoring Process	The monitoring team reviewed the <i>Staffing Study Findings and Recommendations Report</i> submitted to DJJ on December 30, 2022.
Findings & Analysis	<p>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 Transition Home was 1:8 with a rover.</p> <p>In making these recommendations, the study considered youth risk profiles, the living units' physical configuration, and staff's 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.</p> <p>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 management and being proactive, an incident and emergency response plan, and replacing contracted security staff with state employees in the future.</p> <p>The study met the required factors.</p>

⁹ Substantial compliance was achieved during a previous monitoring period. The information provided here is from the April 2023 Monitoring Report. The recommendation stands.

Recommendations to Achieve Compliance	Nothing further is required. However, once data collection is improved, DJJ should adjust their staffing structure and levels should trend data indicate a need.
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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

<p>Description of Monitoring Process</p>	<p>The monitoring team reviewed records provided by the Office of Human Resources on vacancies, turnover, and retention from May 2022 to May 2023. Information was also gathered from staff and consultant interviews, emails, and monthly meetings with DJJ and BRRC administration.</p>																																
<p>Findings & Analysis</p>	<div style="display: flex; align-items: flex-start;"> <div style="flex: 1;"> <p>DJJ has made notable improvements in filling staff vacancies, reducing turnover, retaining staff, and adjusting schedules, demonstrating reasonable efforts to conform to the staffing patterns recommended by the staffing study. However, DJJ did not maintain staffing consistently throughout the rating period to achieve substantial compliance.</p> <p>From May 2022 to May 2023, the vacancy rate for JCO I and II declined by 14.8% and 12.5%, respectively. Turnover declined by 2.6% for JCOs I and 3.8% for JCO II. Retention rates improved by 2.6% for JCO I and 4.1% for JCO II. These data compare the last eight months of 2022 to the first five months of 2023.</p> <p>It was reported in April that social worker and clinical positions are nearly fully staffed. Several new Youth Engagement Specialists and Youth Activity Coordinators were hired, reducing the vacancy rate in those areas by over half. Unfortunately, many of these positions were abandoned by the end of the rating period. A new director of facility management was hired, and new</p> </div> <div style="flex: 1; border: 1px solid black; padding: 10px; margin-left: 10px;"> <div style="background-color: #1a3d54; color: white; text-align: center; padding: 5px;">JCO STAFFING DATA</div> <div style="text-align: center; margin-top: 10px;">JCO I</div> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="background-color: #d9d9d9;">CATEGORY</th> <th style="background-color: #d9d9d9;">2022</th> <th style="background-color: #d9d9d9;">2023</th> <th style="background-color: #d9d9d9;">DIFF</th> </tr> </thead> <tbody> <tr> <td>VACANCIES</td> <td>45.8%</td> <td>31.0%</td> <td>-14.8%</td> </tr> <tr> <td>TURNOVER</td> <td>15.0%</td> <td>12.4%</td> <td>-2.6%</td> </tr> <tr> <td>RETENTION</td> <td>85.0%</td> <td>87.6%</td> <td>+2.6%</td> </tr> </tbody> </table> <div style="text-align: center; margin-top: 10px;">JCO II</div> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="background-color: #d9d9d9;">CATEGORY</th> <th style="background-color: #d9d9d9;">2022</th> <th style="background-color: #d9d9d9;">2023</th> <th style="background-color: #d9d9d9;">DIFF</th> </tr> </thead> <tbody> <tr> <td>VACANCIES</td> <td>49.5%</td> <td>37.0%</td> <td>-12.5%</td> </tr> <tr> <td>TURNOVER</td> <td>19.9%</td> <td>15.8%</td> <td>-3.8%</td> </tr> <tr> <td>RETENTION</td> <td>80.1%</td> <td>84.2%</td> <td>+4.1%</td> </tr> </tbody> </table> </div> </div>	CATEGORY	2022	2023	DIFF	VACANCIES	45.8%	31.0%	-14.8%	TURNOVER	15.0%	12.4%	-2.6%	RETENTION	85.0%	87.6%	+2.6%	CATEGORY	2022	2023	DIFF	VACANCIES	49.5%	37.0%	-12.5%	TURNOVER	19.9%	15.8%	-3.8%	RETENTION	80.1%	84.2%	+4.1%
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	<p>positions to oversee reentry and substance abuse services were also in the works. Education hired and assigned a certified teacher to work with youth in Laurel, and efforts were underway to hire a welding teacher, robotics instructors, and computer tech teacher. During the last legislative session, DJJ was able to fund staff increases for JCOs, nurses, and licensed mental health professionals.</p> <p>These improvements are significant considering that most correctional agencies nationwide are experiencing much higher turnover rates, averaging 20 to 30 percent.¹⁰ Continuing to fill vacancies, reduce turnover, and increase retention rates over time will grow more experienced staff and likely contribute to more consistent practices if quality assurance measures are employed appropriately.</p> <p>BRRC also changed supervisory positions and assignments to ensure access to supervisors during shifts. However, supervisors are often busy with youth transports or other demands. Rapid Response Team members continue to move about campus and are also assigned to assist with youth movements, such as when youth are in isolation and need to be released for a shower. While not included in the staffing ratios, their presence provides additional support for supervision staff. Consultant coaches, credible messengers, youth engagement specialists, activity coordinators, and treatment staff are also present in living units regularly unless safety and security issues prevent their access. Turnover also impacts their presence.</p> <p>These efforts, along with a low population count of around 25-30 youth during most of this monitoring period, put DJJ in a position to implement the 1:4 staff-to-youth staffing pattern recommended by the staffing study. A review of random duty and dorm rosters from June to August 2023 indicates 1:4 staff-to-youth ratios during multiple shifts, but not all. Data were not available to substantiate that the unit assignments were maintained throughout the rating period. The staffing levels, however, are much improved over the last monitoring period and indicate the department is striving to meet these ratios.</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"> • 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, 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).

¹⁰ Gondles, et. al, *Staff Recruitment and Retention in Corrections: The Challenge and Ways Forward*, January/February 2023 Corrections Today

	<ul style="list-style-type: none"> • 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. <p>DJJ should also consider the following recommended steps to improve workplace conditions, which could improve retention rates.</p> <ul style="list-style-type: none"> • 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.
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SOURCES

- *Staffing Study Findings and Recommendations Report* submitted to DJJ on December 30, 2022
- Duty and dorm rosters, June 4-6, June 25-July 1, July 2-8, July 16-22, August 6-12, August 20-26, 2023
- June 28-30 and September 7-9, 2023, monitoring site visits
- Vacancy, turnover, and retention data for May 2022-May 2023
- Verbal reports from BRRC administration during meetings on April 25, May 22, June 28, July 19, and September 7, 2023
- Staff interviews and review of staff rosters during June and September 2023 monitoring site visits

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 Compliance¹¹**

Description of Monitoring Process	The monitoring team reviewed the <i>Camera Surveillance Project: Camera Coverage</i> Report submitted by DJJ to 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.
Findings & Analysis	<p>Per DJJ's <i>Camera Surveillance Project</i>, the department conducted a review of 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 not available 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 of those 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 strategizing solutions.</p>
Recommendations to Maintain	Nothing further is required. However, DJJ should continue to evaluate areas without video surveillance to determine whether additional cameras are

¹¹ 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.

Compliance	needed, including but not limited to busses and vehicles to transport youth and in the Willow gymnasium upstairs workout room.
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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 Compliance¹²**

Description of Monitoring Process	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.
Findings & Analysis	Supply chain issues made it difficult for DJJ to provide the desired level of timeline specificity requested by the DOJ and SME. DJJ, however, continues to work toward installing and activating surveillance equipment identified in their report. They have adjusted the timeline as parts have become available. Their efforts fulfill this requirement.
Recommendations to Maintain Compliance	To maintain substantial compliance, DJJ should update the monitoring team and the DOJ when there is an identified need for new equipment and the timeline for the installation.

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

¹² 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.

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 Compliance¹³**

Description of Monitoring Process	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.
Findings & Analysis	Supply chain issues made it difficult for DJJ to provide the desired level of timeline specificity requested by the DOJ and SME. DJJ, however, continues to work toward installing and activating all surveillance equipment identified in their report. They have adjusted the timeline as parts have become available. Their efforts fulfill this requirement.
Recommendations to Maintain Compliance	To maintain substantial compliance, DJJ should update the monitoring team and the DOJ when there is an identified need for new equipment and the timeline for the installation.

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

¹³ 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.

36. SURVEILLANCE INSTALLATION

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

Compliance Rating **Substantial Compliance**

<p>Description of 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, 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.</p>
<p>Findings & Analysis</p>	<p>Since April 2022, DJJ has installed more than 800 cameras on campus, significantly improving the ability to monitor youth movement. No additional cameras or monitors were installed during this monitoring period, but training was provided for control room staff on May 2 and July 25, 2023. The nearly two-hour training covered the following features, including drills such as following youth and spotting behavior patterns.</p> <ul style="list-style-type: none"> ● Focus of attention/tracking staff and kids on cameras ● Arrangements of camera sequence ● Blind spots of the buildings ● Alarm/alerts on cameras ● Suspicious activities <p>DJJ should consider developing a written curriculum for this training, to ensure that staff receive the same content.</p> <p>During the June and September site visits, a monitoring team member spent time at the control center observing camera operations and toured the campus to assess the sufficiency of the surveillance tools. During the September visit, staff were observed actively identifying and responding to a security issue seen on the cameras. At one point, the youth moved into an area without camera coverage and was out of sight. This blind spot had not been previously identified and reinforces the need for DJJ to use more accurate data to help inform surveillance strategies. DJJ previously reported they were working to add location information to the Event Reporting System to help identify areas where incidents occur. That update has not yet been implemented. It was also reported that a data dashboard was being developed to allow the administration to view incident summary data and identify trends more readily. The dashboard is not in operation yet.</p>

<p>Recommendations to Maintain Compliance</p>	<p>Nothing further is required.</p> <p>DJJ should consider the following recommended steps:</p> <ul style="list-style-type: none"> • 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.
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SOURCES

- Camera Surveillance Project: Camera Coverage Report, submitted by DJJ to DOJ and SME on July 13, 2022
- June 28-30 and September 7-9, 2023, monitoring site visits
- July 26 and August 25, 2023, emails from the Director of Settlement Compliance, subject: FW: Training for those who review cameras - BRRC

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

Description of Monitoring Process	<p>The monitoring team observed and tested the camera surveillance equipment with the assistance of staff during its June and September 2023 site visits. Information was also gathered from staff interviews.</p>
Findings & Analysis	<p>The monitoring team tested the system’s ability to view various incidents within the last 30 days or longer. Staff members were able to pull up video from the control center without a problem during the June site visit but could not do so during the September site visit. The requested video was available via a staff member’s laptop, indicating the problem was likely isolated to the equipment and not the overall system. The team also tested the video bookmarking system and staff with access rights successfully pulled up requested incidents.</p>
Recommendations to Maintain Compliance	<p>To maintain substantial compliance, it is recommended that DJJ take the following steps.</p> <ul style="list-style-type: none"> • 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. • Bookmark video upon request to ensure it is available. • Monitor retention practices to ensure compliance. • Regularly test and maintain equipment to ensure functionality. <p>DJJ should also consider the following recommended steps.</p> <ul style="list-style-type: none"> • Finalize, approve, and implement revised policies 314, Camera Surveillance, and 328, Investigations. • Require all staff to read and acknowledge review of the policies. • 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 the June 28-30 and September 7-9, 2023, 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	Non-Compliance
Description of Monitoring Process	The monitoring team reviewed facility programming schedules, emails and documents provided by the Director of Settlement Compliance, conducted two site visits, and interviewed programming staff and youth. The monitoring team also reviewed DJJ's <i>Second Draft Implementation Plan and DJJ's draft Action Plan for Rehabilitative Programming - Master Schedule</i> .	
Findings & Analysis	<p>Per DJJ's <i>Initial and Draft Second Implementation Plan</i>, the facility offers multiple opportunities for youth to be engaged in rehabilitative programming. These activities include work, clinical groups, behavior interventionists, recreation, special events, and other leisure activities. The department continues to acknowledge challenges with developing and maintaining a facility calendar or a daily schedule, even though the facility introduced a new schedule in February. During this monitoring period, calendars were noted in some units where staff indicated they were not followed, while others had no calendar posted.</p> <p>Central to the schedule is schooling. While this provision focuses only on activities after the school day ends, BRRC does not operate a traditional school schedule. Instead, school is offered in two shifts, with youth from Cypress attending one shift and youth from Myrtle, Willow Home, and Poplar units attending a different shift. The times youth are not attending school is another opportunity to provide structured programming and reduce idleness. However, staffing challenges continue to hamper the facility's ability to implement planned programming fully. It was reported in June that all activity coordinator positions were filled. Three months later, it was reported that of the seven activity coordinator positions assigned to BRRC, two were filled, two staff were on medical leave, and three were in the process of being filled.</p> <p>Staff and youth reported a minimal number of weekend activities. Activity staff rarely work on weekends and the assigned unit JCO staff usually take the youth to the gym for some large muscle exercise by playing basketball. A few youths were witnessed walking around the campus with a staff person</p>	

during the Saturday tour of the September monitoring visit. Youth have access to playing cards or board games and limited TV or movies on some units. The television in the Cypress Unit, the newest occupied unit, had limited programming. The volume and unit sound absorption were so low that it was extremely hard to hear any sound from the television.

It was reported that the current daily schedule starts with youth getting up at 7:00 a.m. and going to bed between 8:30 p.m. and 10:00 p.m. depending on their Legacy level. Several youths were found to be sleeping in their beds well past 7:00 a.m. during both monitoring visits on weekdays and the weekends. Those youth were not reported to be ill and chose not to attend school or participate in activities.

BRRC clinical staff reported being fully staffed and starting group work for the first time in about two years. Thinking for a Change (T4C), which has been identified as the primary treatment program for youth, is reportedly offered every Wednesday afternoon except for youth in Laurel or room isolation. Staff are attempting to be more flexible in their approach to working with youth and visiting with them on the pods. They reported challenges with getting youth into the multipurpose rooms on the units and how it frequently impacted the scheduled group sessions. Treatment staff also expressed interest in providing more services to youth in isolation; however, unit staffing challenges and restrictions have limited their access. For example, clinical staff were not allowed access to youth in the Cypress unit following the incident on August 17 until the restriction was lifted for a limited number of youths on August 28.

BRRC also has adopted the Credible Messenger Mentoring program. Mentors are on campus regularly and provide group sessions and unit visits. Group content includes Expressive Writing on processing anger and the Brother-to-Brother Group.

The Youth Engagement Specialists (YES) are visiting youth on the units and providing groups focusing on reflection and communication skills. These groups appear to be limited with most conducted in Myrtle and Willow, and one in Cypress. A list of group topics between August 10 to 31 include:

- Affirmations
- Vision Board
- Five Year Reflection and Biggest Fears
- Walk of Life
- Effective Communication
- Friday Night Lights
- Race (Movie)
- Leadership Shield

The YES team also provided one-on-one grief counseling and de-escalation counseling with two separate youths during the period. While the increase in group programming is commended, there does not seem to be much coordination between the various staff and mentors delivering the groups. It

	<p>is also difficult to determine if all treatment is relevant to the youth's treatment goals.</p> <p>DJJ plans to hire new staff as part of a new Integrated Services Unit to expand the services offered to youth. The services are to include gender-responsive, re-entry, and substance abuse to provide more structure and support for each youth's needs. It was reported that a new Director of Integrated Services was hired in June, and the other positions are pending.</p> <p>DJJ announced the re-opening of the Willow Home, formerly the T-Home, on August 15, 2023, to provide an environment for youth to learn independent living skills. The agency's opening announcement stated, "Through outstanding behavior, youth have earned their place in the home by achieving the highest level in the Legacy Behavior Management system. While at the Willow Home youth will continue to build social, life, leadership, and job readiness skills. Youth will have the opportunity to put the skills learned into practice as they act as ambassadors for the Broad River Road Complex." Willow Home youth wear bright orange polo shirts to reflect their status. However, the color is similar in shade to correctional orange jumpsuits, which is inappropriate for a rehabilitative model.</p> <p>BRRC improved its program offerings, but performance was inconsistent during this monitoring period, with most of the improvements occurring during the last two months and not available to most of the youth. Staff and youth still reported excessive idle time. Programming must be structured, varied, and delivered consistently per a schedule. Keeping youth engaged in activities can reduce boredom and promote positive growth and development.</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"> • 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 at the end of the school day until youth go to bed that are 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.

	<ul style="list-style-type: none"> • 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 attending school when it is in session 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. <p>DJJ should also consider the following recommended steps to enhance rehabilitative programming.</p> <ul style="list-style-type: none"> • 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 for youth the behaviors or skills learned and encourage them to practice the newly acquired skills. • Implement the <i>Thinking for a Change</i> (T4C) curriculum with fidelity to achieve desired impact. <ul style="list-style-type: none"> ○ 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 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 in order for those employees to be 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.
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	<ul style="list-style-type: none"> ○ 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 and involve 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.
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SOURCES

- *Initial Implementation Plan: South Carolina Department of Juvenile Justice, Broad River Road Complex, August 12, 2022*
- *Draft Second Implementation Plan: South Carolina Department of Juvenile Justice, Broad River Road Complex, April 19, 2023, modified June 15, 2023*
- Documents provided by DJJ between March 20, 2023, and September 30, 2023
 - Education Schedule (July 31- August 28)
 - YES Groups, Group attendance Sign-In Sheets (August 2023)
 - Credible Messenger One-On-One, Daily Reflection and Weekly Reflection reports (August 2023)
 - BRRRC Recreation activity log (August 2023)
 - Sampling of Initial and Updated Supervision and Service Plan
 - Updated Supervision and Service Plan
 - Programming Events Report (February – May)
 - Therapeutic Service Log (August 17-28)
- June 28-30 and September 7-9, 2023, monitoring site visits
- Verbal reports from BRRRC administration during meetings on April 25, May 22, June 28, July 19, and September 7, 2023

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

Non-Compliance

Description of Monitoring Process	<p>The monitoring team conducted two site visits, interviewed BRRC staff and youth, and reviewed emails and documents provided by the Director of Settlement Compliance. The monitoring team also reviewed DJJ's Initial and Second Implementation Plan along with draft Action Plans.</p>																																																
Findings & Analysis	<p>An appropriate mix of rehabilitative programming has not been implemented; however, efforts continue to improve the array of offerings. BRRC Managers participated in action planning with the monitoring team on August 16, 2023, and developed an action plan to build a more coordinated master calendar across the disciplines. That plan has not been fully implemented to date. 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. Staff and youth indicate that the weekends are unstructured and include mostly leisure time.</p> <p>A report of activities between February and May showed the following total number of activities for each month:</p> <table border="1" data-bbox="545 1398 1373 1841"> <thead> <tr> <th>Activity</th> <th>February</th> <th>March</th> <th>April</th> <th>May</th> </tr> </thead> <tbody> <tr> <td>Arts & Crafts</td> <td>3</td> <td>-</td> <td>1</td> <td>-</td> </tr> <tr> <td>Chaplaincy</td> <td>-</td> <td>-</td> <td>-</td> <td>10</td> </tr> <tr> <td>Credible Messenger</td> <td>-</td> <td>-</td> <td>12</td> <td>20</td> </tr> <tr> <td>Education</td> <td>1</td> <td>-</td> <td>-</td> <td>-</td> </tr> <tr> <td>Leisure</td> <td>1</td> <td>-</td> <td>1</td> <td>-</td> </tr> <tr> <td>Recreation</td> <td>25</td> <td>31</td> <td>28</td> <td>29</td> </tr> <tr> <td>Social</td> <td>2</td> <td>-</td> <td>6</td> <td>4</td> </tr> <tr> <td>Youth Engagement Specialists</td> <td>-</td> <td>-</td> <td>4</td> <td>8</td> </tr> </tbody> </table>				Activity	February	March	April	May	Arts & Crafts	3	-	1	-	Chaplaincy	-	-	-	10	Credible Messenger	-	-	12	20	Education	1	-	-	-	Leisure	1	-	1	-	Recreation	25	31	28	29	Social	2	-	6	4	Youth Engagement Specialists	-	-	4	8
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	<p>A sampling of fourteen treatment plans were reviewed during the monitoring period. The plans are developed following admission and reviewed quarterly. Of the fourteen plans, seven youths participated in multi-disciplinary team meetings to develop and/or review their treatment plans. One youth was unavailable due to placement in isolation. One youth refused to participate, and the documentation did not include information regarding the participation of the other five. One parent participated via telephone. Involving the youth and their family in the development and review of their treatment plans can contribute to increased engagement and commitment to achieving plan goals and objectives.</p> <p>Each plan describes the youth’s behavioral issues, goals to address the issues, and methods to accomplish and measure progress. There is no risk and needs assessment data included in the treatment plan; therefore, it is hard to measure how closely programming addresses each youth’s criminogenic behavior and likelihood to reoffend. The Thinking For A Change (T4C) groups are described as addressing several criminogenic needs. Groups conducted by Youth Engagement Specialists and Credible Messengers could also potentially connect to youth’s plans. In August, there were 9 YES events documented mostly for the Myrtle and Willow units; six of these events appeared to be focused on goal setting and skill development, while the others were leisure-related, such as a card game or movie. Still, there is no evidence to show that youths are being placed in groups based on their plans. Instead, groups appear open to all youth, regardless of need. While providing groups to everyone is not harmful, this universal approach is not best practice. It ignores key principles of the risk-need-responsivity evidence-based approach for achieving behavior change.</p> <p>While the department has increased program offerings and frequency, there is still a heavy reliance on recreation, primarily going to the gym and playing basketball. Of the 129 recreational events offered in August, 53% of the events took place in the gym and 35% involved playing basketball. There is little diversity in how youth spend their time, with much of it unstructured and not connected to their individual behavioral and treatment plans.</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"> • 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 youth go to bed that are coordinated with the youth’s individual behavioral and treatment plans.

	<ul style="list-style-type: none"> • 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 who are not attending school when it is in session 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 youth’s attainment of prosocial skills and/or the youth’s 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. <p>DJJ should also consider the following recommended steps to enhance rehabilitative programming.</p> <ul style="list-style-type: none"> • 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 for youth the behaviors or skills learned and encourage them to practice the newly acquired skills. • Implement the <i>Thinking for a Change</i> (T4C) curriculum with fidelity to achieve desired impact. <ul style="list-style-type: none"> ○ 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 that staff can reinforce what youth learned in the session. This reinforcement could
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	<p>include asking the youth to share what they learned or prompting them to use a skill they were taught.</p> <ul style="list-style-type: none"> • Review and possibly revise specialized staff schedules in order for those employees to be 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. <ul style="list-style-type: none"> ○ 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 and involve 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.
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- August 16, 2023, action planning session with BRRC staff
- Verbal reports from BRRC administration during meetings on April 25, May 22, June 28, July 19, and September 7, 2023

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 Compliance¹⁴

Description of Monitoring Process	The monitoring team reviewed the proposed consultant draft proposal and resumes and provided input to the Director of Settlement Compliance and the DOJ.
Findings & Analysis	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.
Recommendations to Achieve Compliance	Nothing further is required.

SOURCES

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

¹⁴ 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

<p>Description of Monitoring Process</p>	<p>The monitoring team reviewed and offered feedback on the draft Legacy BMS manual before it was finalized and approved. Staff training materials, email communications, and a May 8, 2023, NPJS memo were also reviewed. During the June and September site visits, the monitoring team met with BRRC administration and NPJS consultants about Legacy.</p>
<p>Findings & Analysis</p>	<p>The SME and the DOJ reviewed the draft Legacy BMS program materials (tools) and offered suggestions for improving vague, overly theoretical, or complex content. One area of concern was that Legacy appeared to rely on youth being capable of managing their behavior primarily through self-reflection and greater self-awareness. Another concern was how the program would be responsive for youth with behavioral health issues and trauma histories.</p> <p>NPJS's response to the feedback was well-received, with many changes adopted. NPJS also provided further insight into the theory and practice behind Legacy, explaining, "The system is designed to include strategies to increase appropriate behavior through reinforcement, to decrease inappropriate behavior through consequences and extinction and to teach new prosocial and self-regulation skills. It is the combination of these three principles and theories that assist youth in changing their behavior. It is also a system of setting daily living expectations, and community expectations with direction and support. The youth are expected to participate in their treatment as established by the behavioral health team. Community groups in the unit will provide healthy discussions on living skills, coping skills, etc. Additionally, with the establishment of the Core Support Team, which includes behavioral health, each unit will have team meetings that will include discussions regarding the strengths and areas of concern, along with trauma responses and best coping skills for each youth and includes a plan to assist youth with any areas of concern." This explanation addressed immediate concerns about the BMS but will require ongoing monitoring to determine the fidelity to and effectiveness of this approach.</p> <p>The Legacy BMS program materials were formally adopted in June 2023, but modifications and additions continued. For example, a change was made to</p>

	<p>ensure youth time-out procedures aligned with the new isolation policy, forms such as “Petition and Preparation for Next Level” were drafted, and a one-page overview of the Legacy’s levels and membership tiers was adopted. These changes were shared with the SME for review, feedback, and approval.</p> <p>The program continues to evolve as BRRC and NPJS identify missing components and opportunities for improvement and adjustment. Still to be developed are fidelity tools and a system for tracking youth outcomes</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"> • Submit to the SME for review and approval, the BMS manual forms, and other related materials. <p>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.</p>

SOURCES

- Draft Legacy BMS manual, forms, and training materials provided by NPJS
- May 8, 2023, NPJS memo re: Response to feedback on Legacy Behavior Management System
- Finalized Legacy BMS manual, completed on June 29, 2023
- June 28-30 and September 7-9, 2023, monitoring site visits
- Verbal reports from BRRC administration during meetings on April 25, May 22, June 28, July 19, and September 7, 2023

42. CONSISTENTLY IMPLEMENT BEHAVIOR MANAGEMENT TOOLS

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

Compliance Rating

Non-Compliance

Description of Monitoring Process	
Findings & Analysis	<p>The monitoring team interviewed BRRC administration, NPJS consultants, staff responsible for implementing the BMS, and youth who are in units where the BMS is being implemented. Because the BMS has not been implemented consistently and over time, incident data was not reviewed as it relates to BMS performance.</p> <p>The department has made significant progress in developing the new Legacy Behavior Management System (BMS), but campus-wide implementation has been prolonged and consistent application remains elusive. The program was initially piloted in mid-March in the Evergreen unit with youth new to the facility to establish behavioral norms from the beginning of their stay. The program had some early success until other BRRC youth were moved into the unit, influencing the new youth to reject Legacy. Evergreen was later closed due to multiple youth disturbances that caused extensive property damage.</p> <p>The Legacy BMS implementation was attempted again when youth were moved in August 2023 to the newly renovated Cypress with doors in the sleeping rooms. The goal was to use the new environment to establish new behavioral expectations for the youth under the Legacy program. The program did not have an opportunity to advance due to multiple youth disturbances, including the one on August 17 that lasted several hours and required state law enforcement intervention. Following the incident, youth were isolated in their rooms and all programming was restricted. The Legacy BMS was inactive while BRRC investigated the incident. Over time, some youth were released and others transferred to Laurel for extended isolation. Legacy BMS has since resumed, but facility operations often conflict with the program, particularly when using isolation in response to behaviors. Pausing Legacy after an incident, rather than relying upon its structure to determine consequences, defeats the purpose of having a behavioral management system and gives the impression that the program is not applicable when more serious incidents take place.</p> <p>Other factors are also making it difficult to implement the Legacy BMS. It was reported that staff often rate youth at a level higher than their behavior</p>

	<p>would indicate. When asked if this practice was due to misinterpretation of the rating system, staff interviewed indicated it was more likely due to staff wanting to avoid a conflict with a youth or feeling pressured by a youth to give a higher rating. The program’s points system, percentages, and calculation requirements were identified as potential barriers, which was addressed by having supervisory staff complete that section.</p> <p>Another implementation challenge is the rotation of staff to various units, making it difficult for staff to become familiar with youth and their behavioral patterns. A youth may exhibit improvements in behaviors that go unrecognized by staff unfamiliar with the youth’s behavioral history. While the improvements may not reach the desired behavior, they indicate that the youth is trying. A missed opportunity exists to affirm and reinforce the youth’s efforts. BRRC has made several attempts to assign the same staff to specific units but is not always successful.</p> <p>Poor supervisory oversight of the program is another reason BMS is being implemented inconsistently. Unit supervisors have many demands placed on them. They are not actively reviewing the daily rating sheets and ensuring they are completed appropriately and signed off on by staff. NPJS on-site coaches shared that staff relied heavily on them to oversee the BMS rather than managing it themselves.</p> <p>Even if the implementation challenges noted here are corrected, they must be combined with consistent staffing ratios, enhanced coaching and training on active youth supervision, and robust youth programming. All these activities are necessary to create a safe environment.</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"> • Provide refresher training for staff on the Legacy BMS to ensure staff understand program requirements, the rating system, and how to complete documentation properly. • Provide training to DJJ and BRRC administrators to enhance their understanding of Legacy and to show the program’s importance to leadership. • Develop quality assurance measures to ensure staff consistently rate the same 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 the BMS. <p>DJJ should also consider the following recommended steps.</p>

	<ul style="list-style-type: none">• Consider how to simplify, where possible, the Legacy BMS to improve staff and youth’s understanding of the program.
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SOURCES

- Finalized Legacy BMS manual, completed on June 29, 2023
- Interviews with staff, youth, and NPJS consultants during the June 28-30 and September 7-9, 2023, monitoring site visits
- Verbal reports from BRRRC administration during meetings on April 25, May 22, June 28, July 19, and September 7, 2023

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

<p>Description of Monitoring Process</p>	<p>The monitoring team reviewed current policies and procedures, conducted two facility site visits in June and September 2023, reviewed use of force and isolation data, interviewed BRRC staff and youth to learn about de-escalation strategies and graduated responses, and reviewed training records.</p>																										
<p>Findings & Analysis</p>	<p>The department requires all security staff and teachers to complete the Safe Crisis Management (SCM) de-escalation training, with security staff also required to complete the restraint portion of the training. As of September 8, 2023, 78.3 percent of staff have completed the training, higher than the 67.9% completion rate on March 2, 2023.</p> <p>From May 2022 to September 2023, there were a total of 2,393 incidents reported at BRRC. Of these, 169 (6.9%) involved use of force. The average use of force numbers from May-December 2022 was 9.1 per month. The figure increased to 10.7 per month from January-September 2023. It is difficult to interpret these figures as sometimes force is necessary to prevent harm to youth or staff. Further evaluation will be conducted after Policy 315 – Use of Physical Force goes into effect on October 15, 2023.</p>	<table border="1"> <thead> <tr> <th colspan="3">SCM TRAINING</th> </tr> <tr> <th>STATUS</th> <th>#</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>COMPLETED</td> <td>94</td> <td>78.3</td> </tr> <tr> <td>SCHEDULED</td> <td>9</td> <td>7.5</td> </tr> <tr> <td>DID NOT PASS</td> <td>5</td> <td>4.2</td> </tr> <tr> <td>FAILED TO ATTEND</td> <td>3</td> <td>2.5</td> </tr> <tr> <td>ON HR STATUS</td> <td>9</td> <td>7.5</td> </tr> <tr> <td>TOTAL</td> <td>120</td> <td>100%</td> </tr> </tbody> </table>		SCM TRAINING			STATUS	#	%	COMPLETED	94	78.3	SCHEDULED	9	7.5	DID NOT PASS	5	4.2	FAILED TO ATTEND	3	2.5	ON HR STATUS	9	7.5	TOTAL	120	100%
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<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"> • 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"> ○ 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. <p>DJJ should also consider the following recommended steps.</p> <ul style="list-style-type: none"> • Monitor the BMS outcomes using incident, use of force, and isolation data to measure its effectiveness and continually improve it.
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SOURCES

- June 28-30 and September 7-9, 2023, monitoring site visits
- Data provided on Use of Force from April 2022—September 2023
- September 8, 2023, email from the Director of Settlement Compliance, subject: BRRC/RRT_September Training Data for SCM

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 Monitoring Process	Documents listing named coaches were reviewed and interviews were conducted with BRRC staff and NPJS consultants to determine their role, responsibilities, and deployment.	
Findings & Analysis	<p>In March, DJJ listed seven behavioral interventionist staff as on-site coaches. No written criteria were used to select these individuals except that they were all behavioral interventionists. The department did not have a written description of their role and responsibilities. During a June 28, 2023, onsite meeting, the Deputy Director of Programs & Services said that the coaches were “not quite ready” and that some were no longer employees.</p> <p>On July 5, 2023, NPJS sent a memo to the Director of Settlement Compliance listing fifteen staff “designated as on-site coaches for colleagues and mentors on the use of behavior management.” The list included two captains, three lieutenants, two sergeants, three JCOs, two rapid response team members, and three youth engagement specialists. These individuals were selected “in collaboration with SCDJJ leadership.”</p> <p>A new list of 15 coaches was provided in October 2023. Five previous coaches were included along with ten new coaches. No written criteria were used to select these individuals. The department still does not have a written description of the role and responsibilities of coaches or a plan for how they will be deployed.</p>	
Recommendations to Achieve Compliance	<p>It is recommended that DJJ take the following steps to move toward substantial compliance.</p> <ul style="list-style-type: none"> • Develop criteria for selecting coaches and define 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. <p>DJJ should also consider the following recommended steps.</p>	

	<ul style="list-style-type: none">• 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.
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SOURCES

- Verbal reports from BRRRC administration during meetings on April 25, May 22, June 28, July 19, and September 7, 2023
- 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

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

Description of 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.
Findings & Analysis	The finalized policies reflected the input and approved changes recommended by the SME and the DOJ. The DJJ Executive Director signed both policies, effective 45 days from the signature date of August 31, 2023. Because the complex nature of the policies necessitated additional time to ensure sound policy development and coordination with other proposed policies, finalization of the policies took longer than expected.
Recommendations to Maintain Compliance	With revised policies now approved, the department is in substantial compliance. Nothing further is required. DJJ should consider the following recommendation due to the importance of these policies to the settlement agreement. <ul style="list-style-type: none"> • 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.

SOURCES

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

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

Non-Compliance

Description of Monitoring Process	<p>The effective implementation date of the policies was identified. Because they do not go into effect until October 15, 2023, implementation cannot be verified at this time.</p>
Findings & Analysis	<p>The revised policies were published in the department’s PowerDMS system which requires staff to read and acknowledge the policy changes. The current policy remains in effect until October 15, 2023, resulting in a non-compliance status as implementation of the new policy will not occur within the required time frame. This element will be re-evaluated once the new policies and procedures are implemented.</p>
Recommendations to Achieve Compliance	<p>It is recommended that DJJ take the following steps to move toward substantial compliance.</p> <ul style="list-style-type: none"> • 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. <p>DJJ should also consider the following recommended steps due to the importance of these policies to the settlement agreement.</p> <ul style="list-style-type: none"> • 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. • 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 requires a referral to investigations.

SOURCES

- Policy 310, Mechanical Restraints
- Policy 315, Use of Physical Force
- August 25, 2023, email from the Director of Settlement Compliance, subject: FW: Policy timeframe
- September 1, 2023, email from the Director of Settlement Compliance, subject: FW: Policy update

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	Not Rated
Description of 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 & Analysis	<p>From May 2022 to September 2023, there were a total of 2,393 incidents reported at BRRC. Of these, 169 (6.9%) involved 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. Staff must also answer yes or no if a verbal directive was attempted. If they answer yes, they must describe the verbal directive attempted and then provide a statement about the force used. A review of incident reports where force was used indicates that staff provided rationale to justify using force.</p> <p>The average use of force numbers from May to December 2022 was 9.1 per month. The figure increased to 10.7 per month from January to September 2023. Limited data was available on the number of incidents involving excessive or unnecessary use of force. The most recent figures from February to May 2023 indicated 47 instances of use of force, with 27 (57%) referred to investigations. The findings from these investigations show that 12 (44.4%) were substantiated for excessive or improper use of force; 11 (40.7%) were unsubstantiated; 3 (11.1%) were pending; and 1 (3.7%) was substantiated for a violation of other than excessive or improper use of force. These figures indicate that overall, 25.5% of incidents involving the use of force were considered excessive or improper. While no previous data were available for comparison purposes, the 25% figure indicates that all staff would benefit from additional training on the proper use of force.</p> <p>Based on the limited data reviewed, this item cannot be accurately rated for compliance. This provision will be reevaluated during the next monitoring period to determine compliance.</p>	
Recommendations to Achieve	It is recommended that DJJ take the following steps to move toward substantial compliance.	

<p>Compliance</p>	<ul style="list-style-type: none"> • Whenever physical force is used, determine whether its use complies with policies and procedures. • Affirm staff's appropriate use of physical 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 physical force results in youth or staff harm. • Consistently track and report on which incidents required an investigation for potential use of excessive or inappropriate use of force, and the outcome of the investigation. <p>DJJ should also consider the following recommended steps due to the importance of these policies to the settlement agreement.</p> <ul style="list-style-type: none"> • Regularly review with staff previous incidents for training purposes to identify any 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 physical force or restraints are accurately documented and, if used, whether that use complies with policy or requires a referral for a full investigation.
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SOURCES

- Policy 310, Mechanical Restraints
- Policy 315, Use of Physical Force
- February 1 to May 31, 2023, Use of Force and Investigations data
- June and August 2023 incident reports

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
Description of 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 & Analysis	<p>From May 2022 to September 2023, there were a total of 2,393 incidents reported at BRRC. Of these, 169 (6.9%) involved 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. Staff must also answer yes or no if a verbal directive was attempted. If they answer yes, they must describe the verbal directive attempted and then provide a statement about the force used. Staff statements frequently described the type of force used, including the technique (i.e., Mach 1 hold or Mach 2 escort), and that it was used for the minimum amount of time necessary.</p> <p>The form does not require staff to describe whether they attempted or used graduated interventions. Staff would often state that they gave multiple directives before employing force. Multiple directives, however, are not the same as attempting graduated interventions, although not every situation would permit staff to safely exhaust a range of graduated interventions before using force. Requiring staff to explicitly explain why graduated interventions were not used or enhanced training in this area may help remind staff about other options to attempt.</p> <p>Given that the incident report does not require staff to describe reasonable efforts to attempt and to exhaust a graduated set of interventions, this information was not found in the reports reviewed. In reading the reports, it was difficult to determine if staff could have attempted interventions other than force based on their proximity and role in the incident. More details in the report about reasonable efforts taken could help make this determination. This provision will be reevaluated during the next monitoring period to determine compliance.</p>	
Recommendations to Achieve	It is recommended that DJJ take the following steps to move toward substantial compliance.	

<p>Compliance</p>	<ul style="list-style-type: none"> • Require staff to describe in incident reports the reasonable efforts taken to exhaust a graduated set of interventions beyond giving a verbal directive. • Whenever physical 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 physical 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 physical force results in youth or staff harm. <p>DJJ should also consider the following recommended steps due to the importance of these policies to the settlement agreement.</p> <ul style="list-style-type: none"> • Regularly review with staff previous incidents for training purposes to identify any 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.
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SOURCES

- Policy 310, Mechanical Restraints
- Policy 315, Use of Physical Force
- February 1 to May 31, 2023, Use of Force and Investigations data
- June and August 2023 incident reports

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

Not Rated

Description of Monitoring Process	<p>The monitoring team reviewed use of force data, incident reports, and the number of investigations for excessive or unnecessary use of force.</p>
Findings & Analysis	<p>When staff complete an incident report that involves the use of force, they often state in the narrative that they used force for the minimum amount of time necessary. One method for determining whether they are following this practice is to examine the number of incidents that were referred to investigations for the use of excessive or unnecessary force. From February to May 2023, there were 47 instances of use of force, with 27 (57%) referred to investigations to determine if excessive or unnecessary force was used. The findings from these investigations show that 12 (44.4%) were substantiated, 11 (40.7%) unsubstantiated, 3 (11.1%) pending, and 1 (3.7%) substantiated for a violation other than excessive or improper use of force. These figures indicate that overall, 25.5% of incidents involving the use of force were considered excessive or improper. While no previous data were available for comparison purposes, the 25% figure indicates that all staff would benefit from additional training on the proper use of force.</p> <p>Some youth interviewed during monitoring site visits complained that when force was used, it seemed excessive or unwarranted. However, those complaints could not be verified due to youth not providing more specific details. Staff, on the other hand, indicated there was a general reluctance to use force due to concerns about job loss or personal injury. Due to the limited data reviewed, this item cannot be accurately rated for compliance. This provision will be reevaluated during the next monitoring period to determine compliance.</p>
Recommendations to Achieve Compliance	<p>It is recommended that DJJ take the following steps to move toward substantial compliance.</p> <ul style="list-style-type: none"> Whenever physical force is used, determine whether its use complies with policies and procedures and whether staff use of force was for the minimum amount of time necessary to stabilize the situation.

	<ul style="list-style-type: none"> • Affirm staff’s appropriate use of physical 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 physical force results in youth or staff harm. <p>DJJ should also consider the following recommended steps due to the importance of these policies to the settlement agreement.</p> <ul style="list-style-type: none"> • Regularly review with staff previous incidents for training purposes to identify any 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.
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SOURCES

- Policy 310, Mechanical Restraints
- Policy 315, Use of Physical Force
- February 1 to May 31, 2023, Use of Force and Investigations data
- June and August 2023 incident reports
- Interviews with staff and youth during the June 28-30 and September 7-9, 2023, monitoring site visits

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

Not Rated

Description of Monitoring Process	The monitoring team reviewed use of force data, incident reports, and the number of investigations for excessive or unnecessary use of force and interviewed youth.
Findings & Analysis	<p>When staff complete an incident report that involves the use of 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. In the incident reports reviewed, there was no indication that force was used as punishment or as retaliation for disobedience or the youth's failure to follow a command.</p> <p>From February to May 2023, there were 47 instances of use of force, with 27 (57%) referred to investigations to determine if excessive or unnecessary force was used. The findings from these investigations show that 12 (44.4%) were substantiated, 11 (40.7%) unsubstantiated, 3 (11.1%) pending, and 1 (3.7%) substantiated for a violation other than excessive or improper use of force. These figures indicate that overall, 25.5% of incidents involving the use of force were considered excessive or improper. While no previous data were available for comparison purposes, the 25% figure indicates that all staff would benefit from additional training on the proper use of force.</p> <p>Some youth interviewed during monitoring site visits complained that when force was used, it seemed excessive or unwarranted. However, those complaints could not be verified due to youth not providing more specific details. Staff, on the other hand, indicated there was a general reluctance to use force due to concerns about job loss or personal injury.</p> <p>Due to the lack of data reviewed, this item cannot be accurately rated for compliance. This provision will be reevaluated during the next monitoring period to determine compliance.</p>
Recommendations to Achieve Compliance	It is recommended that DJJ take the following steps to move toward substantial compliance.

	<ul style="list-style-type: none"> • Whenever physical 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 physical 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 physical force results in youth or staff harm. <p>DJJ should also consider the following recommended steps due to the importance of these policies to the settlement agreement.</p> <ul style="list-style-type: none"> • Regularly review with staff previous incidents for training purposes to identify any 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.
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SOURCES

- Policy 310, Mechanical Restraints
- Policy 315, Use of Physical Force
- February 1 to May 31, 2023, Use of Force and Investigations data
- June and August 2023 incident reports
- Interviews with staff and youth during the June 28-30 and September 7-9, 2023, monitoring site visits

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

Non-Compliance

Description of Monitoring Process	<p>The monitoring team reviewed use of force data, incident reports, and the number of investigations for excessive or unnecessary use of force.</p>
Findings & Analysis	<p>All security staff must complete Safe Crisis Management training to learn approved techniques for conducting a physical intervention with a youth. As of September 8, 2023, 78.3 percent of staff completed the training. The department currently does not have a policy that restricts untrained staff from working directly with youth but attempts to place these staff in non-direct supervision roles until training is completed.</p> <p>From May 2022 to September 2023, there were a total of 2,393 incidents reported at BRRC. Of these, 169 (6.9%) involved use of force. This data does not indicate whether trained or untrained staff were involved in the use of force. Due to the lack of documentation and absent a policy that restricts untrained staff from working directly with youth, this provision is rated as non-compliance. This provision will be reevaluated during the next monitoring period to determine compliance.</p>
Recommendations to Achieve Compliance	<p>It is recommended that DJJ take the following steps to move toward substantial compliance.</p> <ul style="list-style-type: none"> • 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"> ○ 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.

	<ul style="list-style-type: none"> • Take the appropriate disciplinary action when untrained staff used force or trained staff used unapproved techniques. <p>DJJ should also consider the following recommended steps due to the importance of these policies to the settlement agreement.</p> <ul style="list-style-type: none"> • 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 youth consistent with policies. • Regularly review with staff previous incidents for training purposes to identify any 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.
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SOURCES

- Policy 310, Mechanical Restraints
- Policy 315, Use of Physical Force
- February 1 to May 31, 2023, Use of Force Investigations data
- Interviews with staff during the June 28-30 and September 7-9, 2023, monitoring site visits

52. USE OF FORCE DOCUMENTATION

DJJ will ensure that staff promptly document and report all uses of force and restraints, 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; and
- 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

Partial Compliance

Description of 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 & Analysis	<p>From May 2022 to September 2023, there were a total of 2,393 incidents reported at BRRC. Of these, 169 (6.9%) involved 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) why 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 answer yes or no if a verbal directive was attempted. If they answer yes, they must describe the verbal directive attempted and then provide a statement about the force used. Staff's statements on reports frequently contained the type of force used, including the technique (i.e., Mach 1 hold or Mach 2 escort), and that it was used for the minimum amount of time necessary.</p> <p>The form does not require staff to describe whether they attempted or used graduated interventions. Staff would often state that they gave multiple directives before employing force. Multiple directives, however, are not the same as attempting graduated interventions, although not every situation would safely permit staff to exhaust a range of graduated interventions before using force. Requiring staff to explicitly explain why graduated interventions were not used or enhanced training in this area may help remind staff about other options to attempt.</p> <p>Two incident reports reviewed indicate that enhanced training may be needed to understand what constitutes force and how to document it correctly in reports. In one report, the staff indicated they were not aware of any use of force but later described in the narrative that a taser was used. A</p>

	<p>telecommunication operator completed this report based on radio communications, which may explain why this was overlooked. In another report, the use of force was not marked even though video footage clearly showed the staff person physically taking a youth to the ground.</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"> • 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. <p>DJJ should also consider the following recommended steps.</p> <ul style="list-style-type: none"> • 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
- February 1 to May 31, 2023, Use of Force and Investigations data
- June and August 2023 incident reports

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 Monitoring Process	Compliance Rating
<p>Findings & Analysis</p>	<p>The monitoring team reviewed use of force data, incident reports, and medical records, and interviewed staff, medical professionals, and youth.</p> <p>Following an instance of the use of force or restraint, BRRRC staff are required to have the youth evaluated by a qualified medical professional or transported to a medical emergency facility unless the youth refuses a medical evaluation. Incident reports sometimes indicate whether a youth was referred to medical following the use of force, but this information is not required. 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 correctional staff 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 that the youth must refuse medical evaluation in the presence of the medical professional and sign a statement to that effect.</p> <p>Medical staff said they could not determine how often youth refuse an evaluation improperly since they are only aware of and document the youth they treat. In late June, BRRRC gave medical staff access to incident reports and began alerting them of incidents via a Teams chat feature to improve notification. Even with these alerts, medical staff may not always know that a youth needs a medical evaluation. Staff shared that occasionally a youth may divulge their injury happened more than a day ago, indicating they were not seen promptly following the incident.</p> <p>During the June monitoring visit, one youth interviewed complained of pain following an incident involving the use of force several days prior and still had not been seen by medical staff. The monitoring team alerted BRRRC administration about the youth, and a notification was sent to medical to see the youth. However, the youth was not seen due to a no-movement order on campus and no coverage for the nurse to leave the infirmary. Three</p>

	<p>other youths in isolation in Laurel also complained about not being seen by medical after an incident.</p> <p>Security and medical staff interviewed indicated that it was rare that a person involved in the use of force or restraint would be involved in transporting the youth to medical care. In the rare instances that it would occur, it was due primarily to a lack of other staff being available. Youth interviewed confirmed this assessment.</p> <p>The lack of documentation to confirm this procedure is being followed consistently makes it difficult to rate this provision as being in 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"> • 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. <p>DJJ should also consider the following recommended steps.</p> <ul style="list-style-type: none"> • DJJ should incorporate these required elements into its quality assurance system.

SOURCES

- Policy 310, Mechanical Restraints
- Policy 315, Use of Physical Force
- Interviews and a review of incident reports and medical records during the June 28-30 and September 7-9, 2023, 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

Description of Monitoring Process	<p>The monitoring team reviewed use of force data, incident reports, and medical records, and interviewed staff, medical professionals, and youth.</p>
Findings & Analysis	<p>The medical staff's practice is to interview the youth outside of the hearing of other staff or youth to ensure that the youth feels safe to share information and to ensure the youth's privacy is protected. This practice is difficult to follow if a youth is seen in a living unit rather than the infirmary. Staff indicated they would document their concerns and complete an incident report if they ever had any concerns. During this monitoring period, no reports were filed. The absence of any report was curious because the youth interviewed shared complaints about injuries related to the use of force. It was difficult to determine if their complaints were exaggerated to the monitoring team, not shared with medical staff, or shared but not followed up on by the medical staff. Even though medical staff have access to incident reports, the reports would not have been filed within the time frame youth must be seen for a medical evaluation. The medical staff must rely on their training and professional judgment to determine whether inappropriate force or restraint was used.</p>
Recommendations to Achieve Compliance	<p>It is recommended that DJJ take the following steps to move toward substantial compliance.</p> <ul style="list-style-type: none"> • Implement a process to ensure that medical staff are adhering to the policy. • Take appropriate disciplinary action if staff did not follow policies and procedures. <p>DJJ should also consider the following recommended steps.</p> <ul style="list-style-type: none"> • DJJ should incorporate these required elements into its quality assurance system.

SOURCES

- Policy 310, Mechanical Restraints
- Policy 315, Use of Physical Force
- Interviews and a review of incident reports and medical records during the June 28-30 and September 7-9, 2023, monitoring site visits

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

Non-Compliance

Description of Monitoring Process	The monitoring team reviewed use of force data, incident reports, and medical records and interviewed staff, medical professionals, and youth.
Findings & Analysis	<p>Following an instance of the use of force or restraint, BRRC staff are required to have the youth evaluated by a qualified medical professional or transported to a medical emergency facility unless the youth refuses a medical evaluation. 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 correctional staff 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 that the youth must refuse medical evaluation in the presence of the medical professional and sign a statement to that effect.</p> <p>When medical staff are notified that a medical evaluation is needed following a use of force or restraint, usually through Teams, they will attempt to visit the youth if they are not transported to the infirmary. Sometimes they are asked to conduct the evaluation after a youth has been placed in isolation. Medical staff have notified correctional staff that talking to a youth or observing them through the door flap does not meet evaluation requirements. It is also difficult to have a private conversation with a youth in isolation or in a living unit, and any discussions about the youth's medical needs with others present would be a violation of HIPPA.</p> <p>Medical staff said they could not determine how often youth refuse an evaluation improperly because they are only aware of and document the youth they see and treat. When medical staff are involved in the proper refusal process, they document the refusal on their records with a note to follow up with the youth the following day, which is supposed to be within 12 hours. A review of records indicated that this follow-up is attempted consistently but is not always successfully due to youth/staff availability or</p>

	<p>transport issues. Medical staff shared that most youth want to be seen by medical and there are few refusals.</p> <p>The lack of documentation to confirm this procedure is being followed consistently makes it difficult to rate this provision as being in 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"> • Implement a process to ensure that medical staff are adhering to the policy. • Take appropriate disciplinary action if staff did not follow policies and procedures. <p>DJJ should also consider the following recommended steps.</p> <ul style="list-style-type: none"> • DJJ should incorporate these required elements into its quality assurance system.

SOURCES

- Policy 310, Mechanical Restraints
- Policy 315, Use of Physical Force
- Interviews and a review of incident reports and medical records during the June 28-30 and September 7-9, 2023, 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

Partial Compliance

Description of Monitoring Process	Policy 328, Investigations, was reviewed to determine if the SME and the DOJ input were considered and necessary revisions adopted.
Findings & Analysis	Policy 328, Investigations, was reviewed in April and the draft reflected the input and approved changes recommended by the SME and the DOJ. DJJ reported in July, August, and September that the revised policy was under internal review. As of October 1, 2023, it has not been approved.
Recommendations to Achieve Compliance	<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"> • DJJ should expedite the policy review and approval process, ensuring the SME and DOJ remain involved in the review process. • Once the policy is approved, post it in the agency's PowerDMS system for staff's review. • Train all staff in the policies and their application. • Monitor implementation to ensure the policies have the desired impact.

	<ul style="list-style-type: none">• 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.
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SOURCES

- Draft policy 328, Investigations
- Verbal reports from BRRRC administration during meetings on April 25, May 22, June 28, July 19, and September 7, and September 20, 2023
- September 1, 2023, email from the Director of Settlement Compliance, subject: FW: Policy update

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	Non-Compliance
Description of Monitoring Process	The monitoring team reviewed the status of draft policy 328, Investigations, to determine if it had been approved and implemented.	
Findings & Analysis	Policy 328, Investigations, is still under department review. As of October 1, 2023, it has not been approved. The current policy remains in effect, resulting in a non-compliance status as implementation of a new policy will not occur within the required time frame. This provision will be reevaluated during the next monitoring period to determine compliance.	
Recommendations to Achieve Compliance	<p>It is recommended that DJJ take the following steps to move toward substantial compliance.</p> <ul style="list-style-type: none"> • DJJ should expedite the policy review and approval process, ensuring the SME and DOJ remain involved in the review process. • Once the policy is approved, post it in the agency's PowerDMS system for staff's review. • Train all staff in the policy and their application. • Monitor implementation to ensure the policies have the desired impact. <p>DJJ should also consider the following recommended steps due to the importance of this policy to the settlement agreement.</p> <ul style="list-style-type: none"> • Staff training on the new policy 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. • 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

- Draft policy 328, Investigations

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

Partial Compliance

Description of Monitoring Process	The monitoring team interviewed staff and reviewed case management history reports, case status reports, investigation case logs, and the investigations data dashboard.
Findings & Analysis	<p>Following an incident, staff must file a report in DJJ’s Event Reporting System, which tracks all incidents. The monitoring team was provided an Investigations and Integrity Flow Chart and reviewed sample case management history documents to verify the processes followed during an investigation. All reports are reviewed by designated investigation staff who conduct an initial review, including video review, to determine if the incident requires an investigation, management review, or other type of action. The incident is assigned an investigation number if it is going to be investigated criminally or for internal integrity, and all staff event reports are then attached to the incident.</p> <p>A flow chart and guidelines are being updated to provide staff with more direction in this process. Staff interviewed said that this initial review is conducted Monday through Friday. The Case Status Report includes date received, determination made, justification for the determination, youth withdrawal of complaint, action pending and date closed. Additionally, an Investigations Case Log tracks case opened date, assigned investigators, parties involved and time frame to complete the investigation including requests for extensions. During the September site visit, investigations reported that an integrated data system is being developed to improve tracking of all incidents and will replace multiple spreadsheets currently in use. This system should facilitate DJJ’s ability to monitor and track compliance with this provision. This element will be re-evaluated once the new policy and procedures are implemented.</p>
Recommendations to Achieve	It is recommended that DJJ take the following steps to move toward substantial compliance.

<p>Compliance</p>	<ul style="list-style-type: none"> • 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. <p>DJJ should also consider the following recommended steps due to the importance of these policies to the settlement agreement.</p> <ul style="list-style-type: none"> • Create an operations manual that outlines the details and roles for all investigations.
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SOURCES

- Draft policy 328, Investigations
- Investigations Division Standard Operating Procedure Flowchart
- Investigations data dashboard, February to July 2023
- Investigations Case Management History Reports, April to August 2023
- Investigations Case Status Reports, April to August 2023
- Investigations Case Log, July to September 2023
- Interviews with investigations staff during the June 28-30 and September 7-9, 2023, monitoring site visits

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 Monitoring Process	The monitoring team reviewed investigation data and tracking documents and interviewed staff.																											
Findings & Analysis	<p>From April to September 2023, 234 investigations were conducted on youth-on-youth physical harm, with 19 completed within ten business days, and another 17 completed within ten additional business days. During this same period, 84 investigations were conducted into the use of force, with four completed within 10 business days and another five completed within ten additional business days. There were no incidents referred to investigations for the improper use of isolation. Data were limited on the number of investigations completed within another ten business days. Investigations only began tracking that information in July.</p> <table border="1" data-bbox="545 1705 1458 1906"> <thead> <tr> <th rowspan="2">Month</th> <th colspan="3">Youth-on-Youth</th> <th colspan="3">Use of Force</th> </tr> <tr> <th>Number</th> <th><10 day</th> <th>Extra 10 days</th> <th>Number</th> <th><10 days</th> <th>Extra 10 days</th> </tr> </thead> <tbody> <tr> <td>April</td> <td>50</td> <td>1</td> <td>-</td> <td>20</td> <td>0</td> <td>-</td> </tr> <tr> <td>May</td> <td>82</td> <td>0</td> <td>-</td> <td>45</td> <td>1</td> <td>-</td> </tr> </tbody> </table>	Month	Youth-on-Youth			Use of Force			Number	<10 day	Extra 10 days	Number	<10 days	Extra 10 days	April	50	1	-	20	0	-	May	82	0	-	45	1	-
Month	Youth-on-Youth			Use of Force																								
	Number	<10 day	Extra 10 days	Number	<10 days	Extra 10 days																						
April	50	1	-	20	0	-																						
May	82	0	-	45	1	-																						

	June	July	August	September	TOTALS	
	1	1	-	7	1	-
	25	0	0	4	0	1
	53	8	8	6	1	2
	23	9	9	2	1	2
	234	19	17	84	4	5

Interviews with investigation staff indicated that very few investigations can be completed within the required timeframe due to staff vacancies and the complexity of investigations. Upon receipt of a case, investigators depend on others to provide the necessary documents and information to conduct a thorough investigation. They also work to schedule youth and staff interviews, which can be challenging due to staff schedules. A review of investigation assignments indicated that most investigators receive more than 30 new cases to investigate each month, adding to their growing caseload.

The monitoring team was shown an Investigations Case Log that demonstrates that investigators are collecting the required information, including video, if one exists, incident reports, youth's grievance, if applicable, and witness statements. A spreadsheet is used to track this collection. A case management history report is also completed on investigations, that includes the interviews, videos and all actions in the investigation including a case closure statement. The monitoring team also reviewed Case Status Reports, which include the date received, a determination made, justification for the determination, youth withdrawal of the complaint, action pending, and date closed. Additionally, an Investigations Case Log was reviewed which tracks case opened date, assigned investigators, parties involved and time frame to complete the investigation including requests for extensions. During the September site visit, investigations staff reported that an integrated data system is being developed to improve tracking of all incidents and will replace multiple spreadsheets currently in use. This system should facilitate DJJ's monitoring and tracking of compliance with this provision.

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. A full investigation should include, but not be limited to, items i-iv.
- 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.

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

SOURCES

- Draft policy 328, Investigations
- Investigations data February to June 2023
- Investigations Case Status Reports, April to August 2023
- Investigations Case Log, July to September 2023
- Interviews with investigations staff during the June 28-30 and September 7-9, 2023, monitoring site visits

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 Monitoring Process	The monitoring team reviewed data and interviewed staff.	
Findings & Analysis	Policy 328, Investigations, is still under department review. As of October 1, 2023, it has not been approved. Currently, staff follow a similar procedure when handling incidents that do not result in a full investigation. The monitoring team interviewed the former Deputy Director who was responsible for this activity for much of the rating period. He indicated that these reports are reviewed, and appropriate action taken including more training, reassignment of staff, and administrative leave. Documentation was provided from the ERS Investigations Data—Staff Misconduct indicating a management review of 51 incidents from April to June. Actual management actions were not recorded. No written documentation was provided for July to September. This provision will be reevaluated during the next monitoring period to determine compliance.	
Recommendations to Achieve Compliance	<p>It is recommended that DJJ take the following steps to move toward substantial compliance.</p> <ul style="list-style-type: none"> • 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. 	

	<p>DJJ should also consider the following recommended steps due to the importance of this policy to the settlement agreement.</p> <ul style="list-style-type: none">• 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.
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SOURCES

- Draft policy 328, Investigations
- Interviews with investigations and executive staff during the June 28-30 and September 7-9, 2023, 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

Not Rated

Description of Monitoring Process	The monitoring team reviewed incident reports and interviewed management level, security, and investigations staff. Youth were also interviewed.
Findings & 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 determination is made 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 youth interviewed indicated that staff may not return to work following an incident, but they did not know if the person was moved, placed on leave, took time off, or was fired. There were some instances where youth indicated that the staff member remained on the schedule and continued to have contact with the youth. Further analysis is required to verify the promptness of determining permissible contact and whether this process is practiced with fidelity. This provision will be reevaluated during the next monitoring period to determine compliance.
Recommendations to Achieve Compliance	<p>It is recommended that DJJ take the following steps to move toward substantial compliance.</p> <ul style="list-style-type: none"> • 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.

	<p>DJJ should also consider the following recommended steps due to the importance of this policy to the settlement agreement.</p> <ul style="list-style-type: none">• 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:<ul style="list-style-type: none">○ 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.
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SOURCES

- Draft policy 328, Investigations
- Interviews with staff, youth, and investigations staff during the June 28-30 and September 7-9, 2023, monitoring site visits

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

Partial Compliance

Description of Monitoring Process	The monitoring team reviewed tracking documents and interviewed investigations staff.
Findings & Analysis	Investigators routinely request video the same day they are assigned the case. When the monitoring team interviewed the investigation team, they indicated that they requested video every morning following an incident. When video is requested, the division camera surveillance officer assigns the task to a staff member. Once the video is pulled, it is sent to the Internal Integrity Director. This process is documented on a spreadsheet and is part of their standard practice. A review of the Investigations Case Log for July to September 2023 indicates same-day video requests were made for all incidents during this time period. Documentation for April to June was not provided, indicating only partial compliance with this provision.
Recommendations to Achieve Compliance	<p>It is recommended that DJJ take the following steps to move toward substantial compliance.</p> <ul style="list-style-type: none"> • Ensure that a video of the incident, if one exists, is requested within three days of receiving the allegation. • Maintain records to verify the process was followed. • Take appropriate disciplinary action if staff did not follow policies and procedures. <p>DJJ should also consider the following recommended steps due to the importance of these policies to the settlement agreement.</p> <ul style="list-style-type: none"> • Create an operations manual that outlines the process and roles for all investigations and identifies the process for requesting and obtaining video. • Implement a video request and tracking form that includes the date of the incident, the date the allegation was received, the date the video was requested, whether video was available, and the date the video was received.

SOURCES

- Draft policy 314, Camera Surveillance System

- Draft policy 328, Investigations
- Investigations Case Log, July to September 2023
- Interviews with investigations staff during the June 28-30 and September 7-9, 2023, monitoring site visits

63. RETENTION SCHEDULE

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

Compliance Rating **Substantial Compliance**

Description of Monitoring Process	The monitoring team reviewed investigation documents and video and interviewed staff.
Findings & Analysis	The department’s surveillance system automatically retains video for a minimum of 30 days. If the video is bookmarked, it is retained indefinitely and copied to another off-campus system for 7+ years of storage. Bookmarked video stays on the system and is regularly exported into a Sharepoint file to free up storage space. Staff can access and pull case files and stored video if an event reporting system number is provided. DJJ has reported the ability to retain videos for multiple rating periods. The monitoring team verified this ability through case reviews with the DJJ IT staff and an off-campus camera surveillance investigative officer.
Recommendations to Maintain Compliance	<p>To maintain substantial compliance, DJJ should continue to 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 due to the importance of these policies to the settlement agreement.</p> <ul style="list-style-type: none"> • Create an operations manual that outlines the process and roles for all investigations and describes the process for retaining and storing investigations documents. • Store all investigation documents in a central, secure location with access restricted to authorized staff. • Electronically catalog investigations documents to enable them to be searched and located by incident number, youth name, staff name, date, and location.

SOURCES

- Draft policy 314, Camera Surveillance System
- Draft policy 328, Investigations
- Interviews with investigations staff during the June 28-30 and September 7-9, 2023, 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

Partial Compliance

Description of Monitoring Process	The monitoring team reviewed incident data, tracking documents, and interviewed staff.
Findings & Analysis	Investigations staff indicated that investigations are conducted even if there is no video of the incident. Investigators will review the incident report and attempt to interview all staff and youth who may have been involved in the incident or witnessed it. Conclusions are then made based on the information gathered. The investigations case log does not indicate if video was unavailable, only that video was requested. However, the Case Management History form indicates if a video was available. Interviews with investigators indicate that investigations are moving forward regardless. Data were not available documenting the number of investigations conducted without video, resulting in a rating of partial compliance.
Recommendations to Achieve Compliance	<p>It is recommended that DJJ take the following steps to move toward substantial compliance.</p> <ul style="list-style-type: none"> • Ensure an investigation is completed even where no video exists of the incident. • Maintain records to verify that investigations are conducted as required. • Take appropriate disciplinary action if staff did not follow policies and procedures. <p>DJJ should also consider the following recommended steps due to the importance of these policies to the settlement agreement.</p> <ul style="list-style-type: none"> • Create an operations manual that outlines the process and roles for all investigations, including how to investigate incidents without video. • 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

- Draft policy 328, Investigations
- Investigations Case Log, July to September 2023
- Interviews with investigations staff during the June 28-30 and September 7-9, 2023, 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

Not Rated

Description of Monitoring Process	The monitoring team will review data, incident reports, investigations, and personnel records to verify compliance with this provision.
Findings & Analysis	<p>From February to June 2023, there were 55 investigations involving staff misconduct. The majority, 45, involved a policy violation, 5 were neglect, 4 were physical abuse, and 1 was inappropriate behavior/conduct. Information was not included about DJJ's response to these findings. Interviews with DJJ administration indicated that they take allegations of staff misconduct seriously and will terminate staff if warranted or provide additional training and supervision to prevent future misconduct. The monitoring team interviewed the former Deputy Director who was responsible for this activity for much of the rating period. He indicated that these reports are reviewed, and appropriate action taken including more training, reassignment of staff, and administrative leave. Documentation was provided from the ERS Investigations Data—Staff Misconduct indicating a management review of 51 incidents from April to June. Actual management actions were not recorded. No written documentation was provided for July to September. A review of personnel records is needed to verify this process. This provision will be reevaluated during the next monitoring period to determine compliance.</p>
Recommendations to Achieve Compliance	<p>It is recommended that DJJ take the following steps to move toward substantial compliance.</p> <ul style="list-style-type: none"> • 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.

	<ul style="list-style-type: none">• Maintain records to verify that responses are consistently and appropriately applied. <p>DJJ should also consider the following recommended steps due to the importance of these policies to the settlement agreement.</p> <ul style="list-style-type: none">• 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.
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SOURCES

- Policy 315, Use of Force
- Draft policy 323, Isolation
- Draft policy 328, Investigations
- Investigations data, February to June 2023
- Interviews with investigations staff during the June 28-30 and September 7-9, 2023, monitoring site visits

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

Not Rated

Description of Monitoring Process	The monitoring team reviewed investigation data and interviewed staff.
Findings & Analysis	Investigations staff interviewed indicated they conduct investigations even when a youth withdraws an allegation, states a desire not to prosecute, declines to be interviewed, or refuses to write a statement. In these instances, investigators review incident reports, videos, and medical records and attempt to interview all parties involved. From February to June 2023, there were four instances when the youth withdrew their allegations, but the investigation continued. The investigation days ranged from 16 days to 52 days. Information was not included to indicate if staff determined the reason for the withdrawal or refusal. Due to the lack of data reviewed, this item cannot be accurately rated for compliance. This provision will be reevaluated during the next monitoring period to determine compliance.
Recommendations to Achieve Compliance	<p>It is recommended that DJJ take the following steps to move toward substantial compliance.</p> <ul style="list-style-type: none"> • 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, this will not be used as the sole reason to terminate an investigation. • Make an effort to determine the reasons for the withdrawal or refusal. If the reason for a withdrawal or refusal is due to coercion or threat, the matter should be referred for a separate investigation and documented. • Maintain records to verify that efforts were made and the outcomes of those efforts. • Take appropriate disciplinary action if staff did not follow policies and procedures.

	<p>DJJ should also consider the following recommended steps due to the importance of this policy to the settlement agreement.</p> <ul style="list-style-type: none">• 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.
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SOURCES

- Draft policy 328, Investigations
- Investigations data, February to June 2023
- Interviews with investigations and executive staff during the June 28-30 and September 7-9, 2023, monitoring site visits

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

Partial Compliance

Description of Monitoring Process	Policy 323, Isolation of Youth, was reviewed to determine if the SME and the DOJ input were considered and necessary revisions adopted.
Findings & Analysis	DOJ approved Policy 323, Isolation of Youth, on April 13, 2023, which reflected the input and changes recommended by the SME and the DOJ. DJJ began the process of formatting and finalizing for the Director’s signature. Subsequent reviews of the policy by DJJ staff and the SME in June and August 2023 identified other necessary changes, which required additional DOJ review and approval. Once a final draft was approved a second and third time, DJJ began the process anew to format and finalize for the Director’s signature. As of October 1, 2023, the policy was pending approval. ¹⁵
Recommendations to Achieve Compliance	<p>DJJ should consider the following recommended steps due to the importance of this policy to the settlement agreement.</p> <ul style="list-style-type: none"> • DJJ should expedite the policy approval process, ensuring the SME and DOJ remain involved in the review process. • Once the policy is approved, post it in the agency’s PowerDMS system for staff’s review. • Staff training on the new policy 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.

¹⁵ The policy was signed by DJJ on October 10, 2023.

	<ul style="list-style-type: none">• Monitor implementation to ensure the policies have the desired impact.
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SOURCES

- Draft 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
- September 1, 2023, email from the Director of Settlement Compliance, subject: FW: Policy update

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 Monitoring Process	The monitoring team reviewed the status of draft policy 323, Isolation of Youth, to determine if it had been approved and implemented.	
Findings & Analysis	Policy 323, Isolation of Youth, is still under department review. As of October 1, 2023, it was pending approval. ¹⁶ The current policy remains in effect, resulting in a non-compliance status as implementation of a new policy will not occur within the required time frame. This provision will be reevaluated during the next monitoring period to determine compliance.	
Recommendations to Achieve Compliance	<p>It is recommended that DJJ take the following steps to move toward substantial compliance.</p> <ul style="list-style-type: none"> • DJJ should expedite the policy review and approval process, ensuring the SME and DOJ remain involved in the review process. • Once the policy is approved, post it in the agency's PowerDMS system for staff's review. • Train all staff in the policy and their application. • Monitor implementation to ensure the policies have the desired impact. <p>DJJ should also consider the following recommended steps due to the importance of this policy to the settlement agreement.</p> <ul style="list-style-type: none"> • Staff training on the new policy 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. • 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

- Draft policy 323, Isolation of Youth

¹⁶ The policy was signed by DJJ on October 10, 2023.

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 Monitoring Process	The monitoring team reviewed incident and youth negative behavior reports and interviewed youth and staff.	
Findings & Analysis	<p>During the first three months of this monitoring period (April to June), 12,730 hours of isolation were reported involving 113 instances. During the second quarter (July to September) there were 14,959 hours of isolation involving 94 instances. The first quarter represented a significant decline in the use of isolation hours from the previous quarter (January to March) when 28,503 hours of isolation were reported involving 134 instances. During the second quarter, there was a significant increase in isolation hours, primarily due to the August 17 incident, where 18 youths spent an average of 263 hours each in isolation for a group disturbance. Historical isolation data from May 2022 to May 2023¹⁷ indicates that the top three reasons youth are isolated are because of threatening conduct (16.6%), group disturbance (12.8%), and damage to state property (12.4%).</p> <p>When youth are involved in a Level 3 Rule Violation, staff complete a Youth Negative Behavior Report. Level 3 violations include arson, assault and battery, damaging/defacing/destruction of state property over \$100, escape, fighting with injury, gang activity, group disturbance, possession of contraband, sexual assault/harassment/misconduct, tampering with surveillance equipment, threatening conduct, and under the influence of narcotics drugs/alcohol/other substance. This report is the basis for supporting the use of isolation. The report requires staff to assess whether the youth is calm, cooperative, and safe, also known as CCS compliance. Staff must describe if the youth is calm and talks “in a reasonable tone of voice without cursing,” is cooperative “and will follow reasonable instructions,” and is safe. The report’s definition of safe is related to a youth’s past behavior and whether they assaulted staff or other youth, harmed themselves or others, or damaged property. The current policy and practice do not require staff to assess whether the youth poses a “serious</p>	

¹⁷ Data provided ceased including a reason for isolation after June 2023.

and immediate danger to self or others” and what “less restrictive techniques” were used prior to using isolation.

Following this assessment, staff must check a box indicating whether CCS compliance was or was not achieved.

CCS Compliance achieved: Remain in Assigned Area.

CCS Compliance not achieved: Place in Isolation/Room Confinement

The report also has a place for staff to list the immediate sanction given, such as isolation, and whether the youth was sent to medical/infirmarary and when.

Reports reviewed from June and August 2023 indicate that staff consistently complete the CCS Compliance Criteria narrative section but are not always consistent in checking the CCS Compliance or the medical/infirmarary boxes. There was a mismatch between what was written and the CCS criteria on only one report. Staff described the youth as “calm and cooperative,” following “all instructions from staff,” and being secured in his assigned room “without any incidents” yet staff marked the youth as not meeting CCS. This youth was involved in the incident on August 17, resulting in all involved youth being placed in isolation.

Youth complete two sections of the report. In the first section, youth mark if they do or do not want to participate in a disciplinary hearing. Some reports were blank and the rest indicated the youth did not want to participate. Youth interviewed about the disciplinary hearing process shared they did not believe their participation would change the outcome.

In another section, the youth checks one of the following boxes and signs and dates the report.

I understand that I am not being moved to isolation/room confinement even though I have violated the CCS compliance criteria. I also understand that if I do not maintain CCS compliance I will be moved to isolation/room confinement at that time.

I understand I am being moved to isolation/room confinement because I have violated the CCS compliance criteria by not being safe. I also understand that I can return to my assigned area if CCS compliance criteria are met.

None of the two checkboxes were marked on any of the reports reviewed. “Refused” was often written on the youth signature line.

While BRRC has reduced its use of isolation, the practice of using isolation under the CCS criteria does not conform to this provision’s requirement. Staff are not required to assess whether the youth “poses a serious and immediate danger to self or others” and whether they have made “reasonable efforts to attempt and exhaust de-escalation strategies.” The proposed draft isolation policy does restrict isolation to these criteria, and

	once the policy is adopted and staff trained, new forms will be necessary to document the reasons for isolation.
Recommendations to Achieve Compliance	<p>It is recommended that DJJ take the following steps to move toward substantial compliance.</p> <ul style="list-style-type: none"> • Expedite the approval and implementation of revised 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. <p>DJJ should also consider the following recommended steps due to the importance of this policy to the settlement agreement.</p> <ul style="list-style-type: none"> • Require staff to be retrained on the policy should staff experience challenges with implementation.

SOURCES

- Draft policy 323, Isolation of Youth
- Isolation data from May 2022 to September 2023
- Incident reports associated with isolation events, June and August 2023
- Youth Negative Behavior Reports, June and August 2023
- Staff and youth interviews during the June 28-30 and September 7-9, 2023, 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	Not Rated
Description of Monitoring Process	The monitoring team will review incident data, video, isolation documents, and investigation reports to determine whether staff are following the new policy once implemented.	
Findings & Analysis	Policy 323, Isolation of Youth, is still under department review. As of October 1, 2023, it was pending approval. ¹⁸ This provision will be reevaluated during the next monitoring period to determine compliance.	
Recommendations to Achieve Compliance	<p>Once the policies are implemented, it is recommended that DJJ take the following steps to move toward substantial compliance.</p> <ul style="list-style-type: none"> • 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. <p>DJJ should also consider the following recommended steps due to the importance of this policy to the settlement agreement.</p> <ul style="list-style-type: none"> • Require staff to be retrained on the policy should staff experience challenges with implementation. 	

SOURCES

- Draft policy 323, Isolation of Youth

¹⁸ The policy was signed by DJJ on October 10, 2023.

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 Monitoring Process	<p>The monitoring team reviewed incident and youth negative behavior reports, and interviewed youth and staff.</p>
Findings & Analysis	<p>Staff training on Safe Crisis Management and Back to Basics emphasizes the importance of building rapport with youth and actively supervising them to identify and prevent potential problems that could create an unsafe environment for youth and staff. The training also stresses using the least restrictive techniques, such as non-verbal and verbal intervention, when responding to a situation.</p> <p>The Legacy Behavior Management System also highlights a graduated response to youth behaviors. The first step for minor rule violations or misbehavior is to offer a verbal re-directive or reminder. If the behavior continues, staff should use a coaching technique to process the situation verbally, away from other youth. If the behavior continues or is serious, a Resident Assistant Plan (RAP) should be developed to address the situation formally and work with the youth to build skills to improve their behavior. The final option under Legacy is Temporary Community Restriction (TCR) for severe or repetitive behaviors. The TCR temporarily restricts all privileges and participation in all program community activities other than scheduled professional appointments. During this time, the youth works on their RAP requirements. This tiered approach establishes staff expectations that less restrictive techniques are applied first. If a youth commits a major rule violation, it is referred to the SCDJJ Discipline Review Process, where the outcome could include isolation. Campus-wide Legacy implementation began during this monitoring period, but more work is needed to ensure it is used consistently to respond to youth behavior.</p> <p>It is difficult to determine whether staff consistently employ less restrictive techniques. There is no separate section in the incident report to describe techniques attempted to de-escalate a situation unless the situation involves the use of force. When force is used, staff must provide reasons force was necessary and describe any verbal directive attempted. Staff, however, are trained to describe in the incident narrative whether they used any de-</p>

	<p>escalation techniques. Often, staff will describe giving verbal directives to youth but little else.</p> <p>Interviews with youth and staff indicate that less restrictive techniques are attempted by some staff and with some youth, but not consistently. Reasons given why less restrictive techniques were not used are that some staff do not believe in the approach or are not confident that it will work with the youth. A review of isolation data from the first quarter of the monitoring period (April to June) showed that isolation hours declined from the previous quarter, from 28,503 hours of isolation involving 134 instances to 12,730 hours of isolation involving 113 instances. Isolation hours, however, increased in the second quarter (July to September) to 14,959 hours of isolation involving 94 instances. This increase in hours was primarily due to the August 17 incident, where 18 youths spent an average of 263 hours each in isolation for a group disturbance. Isolation hours would be expected to decline over time if DJJ was actively employing less restrictive techniques. However, the data suggests otherwise.</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"> • Expedite the approval and implementation of revised policy 323, Isolation of Youth. • 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 less restrictive techniques they used and provide an explanation of how the techniques failed before isolating a youth. • Report, investigate, and address any violations of these requirements. <p>DJJ should also consider the following recommended steps due to the importance of this policy to the settlement agreement.</p> <ul style="list-style-type: none"> • Require staff to be retrained on the policy should staff experience challenges with implementation.

SOURCES

- Draft policy 323, Isolation of Youth
- Isolation data from May 2022 to September 2023
- Incident reports associated with isolation events, June and August 2023
- Youth Negative Behavior Reports, June and August 2023
- Staff and youth interviews during the June 28-30 and September 7-9, 2023, 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 Monitoring Process	The monitoring team interviewed the facility administrator, the assistant facility administrator, and BRRC staff regarding isolation notification processes. A proposed action plan was also reviewed.	
Findings & Analysis	Interviews with facility administrators and BRRC staff indicate that the current practice is to notify the facility administrator or the assistant facility administrator when a youth is isolated. The shift supervisor typically does the notification by calling or texting. Staff are also making notifications via a Teams chat channel. A form does not currently exist that documents this notification, but the proposed policy contemplates a documentation process. Administration said notification happens in nearly every case, but not all. It was noted that corrective action was taken when it was not reported. DJJ developed an action plan regarding isolation notifications that will be implemented as part of the new isolation policy. This provision will be reevaluated during the next monitoring period to determine whether the proposed process meets this requirement.	
Recommendations to Achieve Compliance	<p>It is recommended that DJJ take the following steps to move toward substantial compliance.</p> <ul style="list-style-type: none"> • Expedite the approval and implementation of revised 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. <p>DJJ should also consider the following recommended steps due to the importance of this policy to the settlement agreement.</p> <ul style="list-style-type: none"> • Require staff to be retrained on the policy should staff experience challenges with implementation. 	

SOURCES

- Draft policy 323, Isolation of Youth

- Facility administration and staff interviews during the June 28-30 and September 7-9, 2023, monitoring site visits
- BRRC Action Plan – Notifications, August 2023

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 Monitoring Process	The monitoring team reviewed incident and youth negative behavior reports.	
Findings & Analysis	<p>When youth are involved in a Level 3 Rule Violation, staff complete a Youth Negative Behavior Report. Level 3 violations include arson, assault and battery, damaging/defacing/destruction of state property over \$100, escape, fighting with injury, gang activity, group disturbance, possession of contraband, sexual assault/harassment/misconduct, tampering with surveillance equipment, threatening conduct, and under the influence of narcotics drugs/alcohol/other substance. This report is the basis for supporting the use of isolation. The report requires staff to assess whether the youth is calm, cooperative, and safe, also known as CCS compliance. Staff must describe if the youth is calm and talks “in a reasonable tone of voice without cursing,” is cooperative “and will follow reasonable instructions,” and is safe. The report’s definition of safe is related to a youth’s past behavior and whether they assaulted staff or other youth, harmed themselves or others, or damaged property. The current policy and practice do not require staff to assess whether the youth poses a “serious and immediate danger to self or others” and what “less restrictive techniques” were used prior to using isolation. Draft policy 323, Isolation of Youth, will require documenting this information. As of October 1, 2023, it was pending approval.¹⁹</p>	
Recommendations to Achieve Compliance	<p>It is recommended that DJJ take the following steps to move toward substantial compliance.</p> <ul style="list-style-type: none"> • Expedite the approval and implementation of revised policy 323, Isolation of Youth. 	

¹⁹ The policy was signed by DJJ on October 10, 2023.

	<ul style="list-style-type: none">• Monitor adherence to this requirement to ensure that staff document with specificity what youth action created a serious and immediate danger to self or other necessitating the use of isolation, and what less restrictive techniques an officer used prior to using isolation.• Report, investigate, and address any violations of these requirements. <p>DJJ should also consider the following recommended steps due to the importance of this policy to the settlement agreement.</p> <ul style="list-style-type: none">• Require staff to be retrained on the policy should staff experience challenges with implementation.
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SOURCES

- Draft policy 323, Isolation of Youth
- Incident reports associated with isolation events, June and August 2023
- Youth Negative Behavior Reports, June and August 2023

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 Monitoring Process	The monitoring team reviewed isolation data, incident and youth negative behavior reports, daily confinement check forms, youth room confinement/isolation cell check logs, and forms recommending extended use of isolation. Youth and staff were also interviewed.	
Findings & Analysis	<p>A review of isolation data from the first quarter of the monitoring period (April to June) showed that isolation hours declined from the previous quarter, from 28,503 hours of isolation involving 134 instances to 12,730 hours of isolation involving 113 instances. Isolation hours, however, increased in the second quarter (July to September) to 14,959 hours of isolation involving 94 instances. This increase in hours was primarily due to the August 17 incident, where 18 youths spent an average of 263 hours each in isolation for a group disturbance.</p> <p>Youth are not isolated for a predetermined amount of time, and the time a youth spends in isolation can vary. A review of isolation data from May 2022 to May 2023²⁰ indicates that the top three reasons youth are isolated are because of threatening conduct (16.6%), group disturbance (12.8%), and damage to state property (12.4%). During this period, youth were isolated from 2.5 to 895 hours for threatening conduct, 2.7 to 599 hours for a group disturbance, and 1.32 to 1,034 hours for damage to state property. The average number of hours of isolation for each of these types of incidents has gone down significantly when comparing the first five months of 2023 with the last eight months of 2022. Per the table below, the average time a youth</p>	

²⁰ Data provided ceased including a reason for isolation after June 2023.

spent in isolation for threatening conduct declined by 71 percent, group disturbance by 55 percent, and damage to state property by 61 percent.

Average hours of isolation per incident type			
Reason for Isolation	May 22-Dec 22	Jan 23-May 23	% decline
Threatening Conduct	128 hours	37 hours	71%
Group Disturbance	117 hours	53 hours	55%
Damage to State Property	184 hours	61 hours	67%

These data do not reveal whether youth were isolated per this provision’s requirement but indicate some effort to reduce the duration of isolation.

Youth Room Confinement/Isolation Cell Check Logs and Daily Confinement Check Forms were reviewed to assess whether youth are released from isolation per this provision's requirement. Staff are required to visually check on isolated youth at staggered intervals, not exceeding 15 minutes, and document what they see on the Youth Room Confinement/Isolation Cell Check Log. Staff entries frequently describe youth as being at the door or flap, lying down, sleeping, eating, or talking—behaviors that do not appear problematic on their surface. Daily Confinement Checks Forms provide more detailed information about each youth’s behavior and demeanor. The form contains six sections to be completed by different people either Monday through Friday or seven days a week, depending on the section.

Section	Requirement
Facility Administrator or Asst. Facility Administrator	Mon-Fri
1 st Shift Supervisor	7 days a week
2 nd Shift Supervisor	7 days a week
Clinical Visit	Mon-Fri and either a Sat or Sun
Medical Visit	7 days a week
Education Visit	Mon-Fri

A review of Daily Confinement Checks Forms for June and August 2023 indicated that youth are regularly marked as meeting the Calm, Cooperative, Safe (CCS) criteria but remain in isolation. This practice indicates that CCS criteria do not appear to be used to determine whether a youth remains in isolation, even though the criteria are supposed to identify whether a youth has regained self-control and no longer remains a threat. For example, one youth was isolated in Laurel from June 12-27. The initial reason for isolation was for assault on staff (throwing a juice cup at staff, hitting them in the lip) and possession of a weapon. The Youth Negative Behavior Report assessed the youth as not meeting CCS criteria with a sanction of isolation given. The youth entered isolation at 7:41 pm on June 12. The next morning, the 2nd Shift Supervisor described the youth as meeting CCS criteria at 6:07 am, but the youth remained in isolation. The youth was released on June 27 at 11:29 am, more than 351 hours later. During most of the youth’s stay, the Daily

	<p>Confinement Check Forms indicated the youth met CCS criteria. Even though the youth was assessed as CCS compliant, staff marked “yes” to the question, “Is there any reason to continue the youth’s confinement?” The reason was that the youth was being considered for (and subsequently enrolled) in the STAR program. The goal of the STAR program is to teach youth skills so they can safely be transitioned back to the general population. When enrolled in STAR, youth remain housed in Laurel but are given more time outside their rooms. Even when youth were not enrolled in the STAR program and met CCS criteria, they continued to be housed in Laurel, according to the data and reports reviewed.</p> <p>During the September site visit, a multidisciplinary team was observed discussing alternative housing for two youth in Laurel, which did lead to their release, although they returned soon thereafter. This team also considers whether youth would benefit from the STAR program.</p> <p>Youth interviewed in Laurel stated they were unsure what they needed to do to leave isolation. They were aware that their history and current behavior influenced the duration of their stay. Still, they were unclear on how long they needed to demonstrate CCS compliance, increasing their frustration levels. During the September monitoring visit, the youth expressed hopelessness about their situation. They admitted to throwing food and fluids through their door flaps at staff and flooding their rooms to bring attention to their situation. Their behaviors, however, were used by staff as evidence they needed to remain in 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"> • Expedite the approval and implementation of revised 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. <p>DJJ should also consider the following recommended steps due to the importance of this policy to the settlement agreement.</p> <ul style="list-style-type: none"> • Require staff to be retrained on the policy should staff experience challenges with implementation.

SOURCES

- Draft policy 323, Isolation of Youth
- Isolation data from May 2022 to September 2023
- Incident reports associated with isolation events, June and August 2023
- Youth Negative Behavior Reports, June and August 2023
- Form 323A, Daily Confinement Checks Forms, June and August 2023
- Form 323B, Youth Room Confinement/Isolation Cell Check Log forms, June and August 2023
- Staff and youth interviews during the June 28-30 and September 7-9, 2023, monitoring site visits
- Multidisciplinary team observation during the September 7-9, 2023, monitoring site visit

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 Monitoring Process	The monitoring team reviewed isolation data and daily confinement check forms and interviewed youth and staff.	
Findings & Analysis	<p>When a youth is in isolation, there does not appear to be an expectation that staff continually work with the youth to de-escalate their behavior so they can rejoin the general population as soon as possible. Instead, supervision staff document the youth's behavior, and professional staff provide services and intervention. According to the Daily Confinement Checks Form, youth are supposed to be seen by the Facility Administrator or Assistant Facility Administrator, Monday through Friday. During this visit, they will assess the youth's compliance with the Calm, Cooperative, Safe (CCS) criteria and mark whether there is any reason to continue the youth's confinement. None of the more than 20 forms reviewed for June and August had this section completed.</p> <p>The 1st and 2nd Shift Supervisors visit the youth seven days a week. They also assess the youth for CCS compliance and indicate whether confinement should continue. Nearly all the forms reviewed showed that the youth were CCS compliant but recommended continued confinement. Clinical and Education provided the most descriptive notes about the youth's demeanor and level of interest or engagement. The youth interviewed said clinical and social work staff attempted to work with them to process their current situation and provide them with coping strategies and encouragement. Still, there was never any expectation that they would be released once they met CCS criteria.</p>	
Recommendations to Achieve Compliance	<p>It is recommended that DJJ take the following steps to move toward substantial compliance.</p> <ul style="list-style-type: none"> • Expedite the approval and implementation of revised 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. 	

	<ul style="list-style-type: none">• Maintain records to verify staff activities.• Report, investigate, and address any violations of these requirements. <p>DJJ should also consider the following recommended steps due to the importance of these policies to the settlement agreement.</p> <ul style="list-style-type: none">• 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.
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SOURCES

- Draft policy 323, Isolation of Youth
- Isolation data from May 2022 to September 2023
- Incident reports associated with isolation events, June and August 2023
- Form 323A, Daily Confinement Checks Forms, June and August 2023
- Staff and youth interviews during the June 28-30 and September 7-9, 2023, 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 Monitoring Process</p>	<p>The monitoring team reviewed isolation data, youth room confinement/isolation cell check logs, and the recommendation for extended use of isolation forms and interviewed youth and staff.</p>
<p>Findings & Analysis</p>	<p>When a youth is isolated for more than four hours, the Unit Manager/Captain must complete Form 323C, Recommendation for Extended Use of Isolation. The recommendation is made to the Deputy Director of Security and Operations through the Facility Administrator. In making this referral, the form instructs the Unit Manager/Captain to “document the precise reasons and include adequate documentation. Only youth who represent a severe threat to the safety and security of the institution or are under severe threat of harm from other youth can be isolated in excess of four (4) hours.”</p> <p>The form lists seven behavioral categories that staff can check and requires a narrative description of the reasons for their recommendation. The seven categories should be checked based on “the youth’s proven behavior” and include behavior such as physically or sexually assaultive behavior and presenting a severe threat to the security of the institution. All forms reviewed in June and August were filled out correctly and provided the required information. However, the narrative description did not detail or document what current youth behaviors made extended isolation necessary. Instead, the narrative described the behavior that resulted in the youth being isolated in the first place, such as participating in a group disturbance or assaulting staff.</p> <p>All forms were signed and dated by the Unit Manager/Captain, who then forwarded them to the Facility Administrator. Approval for extending isolation was marked on all forms and dated. However, the approval date was anywhere from two to five days from when the originator completed the form. The Associate Deputy and the Director for Security and Operations also signed and dated each form. In all instances, their signatures were on the same date as the Facility Administrator’s. Staff interviewed indicated they seek verbal approval from the Facility Administrator or the Assistant Facility Administrator to extend isolation.</p>

	<p>While there is a process to approve extensions of isolation beyond four hours, the documentation does not sufficiently justify the extension, and the timeliness of the approval process appears to need improvement. Also missing on the form is the date and time the youth entered isolation and the date and time the extension request was made to determine if extensions are submitted as required. From May 2023 to September 2023, there were 176 isolation incidents with only 8 of these for four hours or less. This data suggests that stays longer than four hours are the norm and extension approvals are routine.</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"> • Expedite the approval and implementation of revised policy 323, Isolation of Youth. • Monitor adherence to this requirement to ensure that youth will not remain in isolation for longer than four hours. • 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. • 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 for release, and why alternatives to isolation are inappropriate. • When considering whether to approve an extension of isolation, security leadership should <ul style="list-style-type: none"> ○ 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. <p>DJJ should also consider the following recommended steps due to the importance of these policies to the settlement agreement.</p> <ul style="list-style-type: none"> • Implement different approaches to facilitate youth’s readiness for release from isolation should evidence suggest that youth are failing to respond to current practices.

	<ul style="list-style-type: none">• Require staff to be retrained on the policy should staff experience challenges with implementation.
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SOURCES

- Draft policy 323, Isolation of Youth
- Isolation data from May 2022 to September 2023
- Form 323A, Daily Confinement Checks Forms, June and August 2023
- Form 323C, Recommendation for Extended Use of Isolation, June and August 2023
- Staff and youth interviews during the June 28-30 and September 7-9, 2023, 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 Monitoring Process	The monitoring team reviewed isolation data and daily confinement check forms and interviewed youth and staff.	
Findings & Analysis	<p>When a youth is isolated, clinical staff must visit the youth Monday through Friday and either on a Saturday or Sunday. They then answer Yes or No to the following Daily Confinement Check Form questions.</p> <ul style="list-style-type: none"> • Was the youth’s door opened to allow face to face contact? • Any suicidal statements by this youth? • Any self-harm behaviors by this youth? • Does the youth require a change in the level of observation • Is there any clinical reason youth should remain confined? <p>There is space to write observed behaviors and other comments above the signature line and date/time information. Nearly all visits were conducted with the youth behind the door and talking through the door flap. On none of the more than 20 forms reviewed did the clinician mark yes when answering the question, "Is there any clinical reason youth should remain confined?" Youth are consistently described as “calm.” Despite this determination, the youth remained in isolation.</p> <p>A review of Daily Confinement Check Forms from April to June indicates that clinicians met daily with the youth just over 50% of the time as indicated on 40 of 75 forms. These contacts were within 24 hours for those samples pulled. It was noted that on some of the forms where a youth was not seen that the youth was released on that particular day and was, therefore, potentially not available during the visit. It was also noted that there was an increase in visits during the later part of this sample period. Data were not provided for July to September.</p>	

	<p>Youth interviewed recall visiting with a clinician but could not always recall the frequency of the visits. The form indicates clinicians must visit six days a week rather than the required daily visits. The form does not require the person to determine whether the youth poses an immediate danger to self or others but does require an assessment of the youth’s suicide risk and whether there is a need to change the level of observation but not to explore less restrictive measures. The current process does not sufficiently meet the requirements of this provision.</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"> • Expedite the approval and implementation of revised policy 323, Isolation of Youth. • 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. <p>DJJ should also consider the following recommended steps due to the importance of these policies to the settlement agreement.</p> <ul style="list-style-type: none"> • Require staff to be retrained on the policy should staff experience challenges with implementation.

SOURCES

- Draft policy 323, Isolation of Youth
- Isolation data from May 2022 to May 2023
- Form 323A, Daily Confinement Check Form, June and August 2023
- Staff and youth interviews during the June 28-30 and September 7-9, 2023, monitoring site visits

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
Description of Monitoring Process	The monitoring team reviewed isolation data, daily confinement check forms, and the recommendation for extended use of isolation forms and interviewed youth and staff.	
Findings & Analysis	<p>Prior to completing form 323C, Recommendation for Extended Use of Isolation, the Unit Manager/Captain is expected to visit with the youth and review any documents related to the youth's isolation. Based on this review, a determination is made whether to request an extension of isolation beyond four hours. Youth typically will not have been seen by a Qualified Mental Health Professional during this time frame as the current requirement is the youth is seen the next day, Monday through Friday and either on a Saturday or Sunday.</p> <p>The form instructs the Unit Manager/Captain to "document the precise reasons and include adequate documentation. Only youth who represent a severe threat to the safety and security of the institution or are under severe threat of harm from other youth can be isolated in excess of four (4) hours." The form lists seven behavioral categories that staff can check and requires a narrative description of the reasons for their recommendation. The seven categories should be checked based on "the youth's proven behavior" and include behavior such as physically or sexually assaultive behavior and presenting a severe threat to the security of the institution. All forms reviewed in June and August were filled out correctly and provided the required information. However, the narrative description did not detail or document what current youth behaviors made extended isolation necessary. Instead, the narrative described the behavior that resulted in the youth being isolated in the first place, such as participating in a group disturbance or assaulting staff.</p> <p>While there is a process to approve extensions of isolation beyond four hours, the documentation does not sufficiently justify the extension. From</p>	

	<p>May 2023 to September 2023, there were 176 isolation incidents with only 8 of these for four hours or less. This data suggests that stays longer than four hours are the norm and extension approvals are routine.</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"> • Expedite the approval and implementation of revised policy 323, Isolation of Youth. • When considering whether to approve an extension of isolation, security leadership should <ul style="list-style-type: none"> ○ 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 • Steps taken by security leadership should be documented. 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

- Draft policy 323, Isolation of Youth
- Isolation data from May 2022 to September 2023
- Form 323A, Daily Confinement Check Form, June and August 2023
- Form 323C, Recommendation for Extended Use of Isolation, June and August 2023
- Staff and youth interviews during the June 28-30 and September 7-9, 2023, 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 Monitoring Process	
<p>Findings & Analysis</p>	<p>The monitoring team reviewed isolation data, daily confinement check forms, and the recommendation for extended use of isolation forms and interviewed youth and staff.</p> <p>It is currently not the practice to include the information required in provisions 77 and 78 when submitting a request for extending isolation, resulting in a non-compliance rating. Once approved, draft Policy 323, Isolation of Youth, will make this mandatory. Currently, the Unit Manager/Captain must complete and submit for approval form 323C, Recommendation for Extended Use of Isolation, to extend isolation beyond four hours. The form does not require staff to include information about any less restrictive measures that were attempted before resorting to isolation, nor does it require information about the effectiveness of those measures. The form states, “Only youth who represent a severe threat to the safety and security of the institution or are under severe threat of harm from other youth can be isolated in excess of four (4 hours).”</p> <p>The form lists seven behavioral categories that staff can check and requires a narrative description of the reasons for their recommendation. The seven categories should be checked based on “the youth’s proven behavior” and include behavior such as physically or sexually assaultive behavior and presenting a severe threat to the security of the institution. All forms reviewed in June and August were filled out correctly and provided the required information. However, the narrative description did not detail or document what current youth behaviors made extended isolation necessary. Instead, the narrative described the behavior that resulted in the youth being isolated in the first place, such as participating in a group disturbance or assaulting staff.</p> <p>Prior to completing form 323C, Recommendation for Extended Use of Isolation, the Unit Manager/Captain is expected to visit with the youth and review any documents related to the youth’s isolation. Based on this review, a determination is made whether to request an extension of isolation beyond four hours. Youth typically will not have been seen by a Qualified Mental Health Professional during this time frame as the current</p>

	<p>requirement is the youth is seen the next day, Monday through Friday and either on a Saturday or Sunday.</p> <p>Daily review of the youth’s isolation is documented through the Daily Confinement Checks Form. The form contains six sections to be completed by different people either Monday through Friday or seven days a week, depending on the section. The first three sections to be completed by the Facility Administrator/Assistant Facility Administrator, 1st Shift Supervisor, and 2nd Shift Supervisor asks the following three questions:</p> <ol style="list-style-type: none"> 1. Was the youth’s door opened to allow face to face contact? 2. Was the youth calm, cooperative, and safe? 3. Is there any reason to continue youth’s confinement? <p>Slightly different questions are asked of clinical and medical staff about continued isolation. Clinical staff are required to answer the question, “Is there a clinical reason youth should remain confined?” and medical staff are required to answer the question, “Is there any medical reason youth should not be confined?” A review of more than 20 Daily Confinement Check Forms indicated that visits were consistently documented by the 1st and 2nd Shift Supervisor, Clinical, Medical, and Education, but there were no visits documented by the Facility Administrator or Assistant Facility Administrator. On every form, the 1st and 2nd Shift Supervisor indicated that confinement should continue. This response was marked even when the supervisors noted that the youth was calm. Conversely, clinical marked “no” on every form regarding continued isolation. On none of the form did medical indicate there was a medical reason for not confining a youth.</p> <p>It does not appear there is a coordinated determination of whether the youth should remain isolated. Staff interviewed indicated there were daily discussions about each isolated youth’s status and how to transition the youth back to the general population. A multidisciplinary team is sometimes convened to discuss and strategize plans for releasing youth. However, there does not appear to be a formal process for making this determination. Of the 421 isolation instances from May 2022 to May 2023, only 27 youths were isolated for four hours or less. This data suggests that stays longer than four hours are the norm and extension approvals are routine.</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"> • Expedite the approval and implementation of revised policy 323, Isolation of Youth. • 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. <p>Report, investigate, and address any violations to these requirements.</p>

	<p>DJJ should also consider the following recommended steps due to the importance of these policies to the settlement agreement.</p> <ul style="list-style-type: none">• Require staff to be retrained on the policy should staff experience challenges with implementation.
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SOURCES

- Draft policy 323, Isolation of Youth
- Isolation data from May 2022 to May 2023
- Form 323A, Daily Confinement Check Form, June and August 2023
- Form 323C, Recommendation for Extended Use of Isolation, June and August 2023
- Staff and youth interviews during the June 28-30 and September 7-9, 2023, monitoring site visits

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

Description of Monitoring Process	
Findings & Analysis	<p>The monitoring team reviewed isolation data, unit logs, daily confinement check forms, and recommendations for extended use of isolation and interviewed youth and staff.</p> <p>During this monitoring period, the department’s policy and practices did not require staff to assess whether a youth is no longer a serious and immediate danger to self or others and to immediately remove the youth from isolation and return them to the general population or other appropriate living unit/placement. The department uses different criteria called CCS compliance, which stands for calm, cooperative, and safe. CCS compliance guides staff in determining whether a youth warrants isolation and is supposed to also guide decision making about whether a youth should be released. A review of Youth Negative Behavior Reports from June and August 2023 indicates that staff provide sufficient details to support a finding of not CCS compliant. Only one report from August contained a mismatch. Staff described the youth as “calm and cooperative,” following “all instructions from staff,” and being secured in this assigned room “without any incidents” yet staff marked the youth as not meeting CCS and listed “isolation” as the immediate sanction given. This youth was involved in the incident on August 17, resulting in all involved youth being placed in isolation.</p> <p>A review of Daily Confinement Checks Forms indicates that confinement continues even when a youth is described as calm and cooperative. This is true of most isolation instances. The youth interviewed indicated they did not know what to do to be released from isolation. Several stated that even when CCS compliant, they were not released. The Cypress youth who were isolated following the August 17 incident were described by staff as being a security risk and threat to staff. During their extended stay in isolation, educational and clinical services were restricted during a portion of their stay for these reasons. A review of Youth Confinement/Isolation Cell Check Logs for these youth does not provide insight into whether they presented themselves as a serious and immediate danger to themselves or others. The</p>

	<p>logs document the youth’s activities at the time of the check. Most logs describe the youth as “by the flap,” “sleeping,” “lying down,” “watching TV,” and other types of behaviors that do not reflect a possible security threat. While these descriptions were true for most youth, some entries described youth as “yelling,” “banging on the window,” and “cursing at JCO.” Comparing these entries to unit log books did offer some additional details, but they were insufficient to determine whether the youth was a serious and immediate danger to self or others, or if the youth was acting out due to being isolated for an extended period.</p> <p>The department eventually developed a transition plan to release youth based on their level of involvement in the incident and their current behavior. One group of youth was released on August 28, and another group was released on August 30. Six youths deemed most culpable for the incident were moved to Laurel until all were eventually released on October 1 and 2. During their time in Laurel, some youths were given more time outside their rooms, but not all were allowed out due to their behavior.</p> <p>Draft policy 323, Isolation of Youth, will require that youth be released when they no longer pose a serious and immediate danger to self or others. As of October 1, 2023, it was pending approval.²¹</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"> • Expedite the approval and implementation of revised policy 323, Isolation of Youth. • 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. • Document the date and time the youth is released from isolation and returns to the general population or other appropriate living unit/placement. <p>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.</p> <ul style="list-style-type: none"> • Require staff to be retrained on the policy should staff experience challenges with implementation.

SOURCES

- Draft policy 323, Isolation of Youth
- Isolation data from May 2022 to May 2023
- Form 323A, Daily Confinement Check Form, June and August 2023
- Form 323B, Youth Room Confinement/Isolation Cell Check Logs, June and August 2023
- Form 323C, Recommendation for Extended Use of Isolation, June and August 2023

²¹ The policy was signed by DJJ on October 10, 2023.

- Unit log books, August 2023
- Staff and youth interviews during the June 28-30 and September 7-9, 2023, monitoring site visits

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 Monitoring Process	The monitoring team will review incident data, isolation documents, and multidisciplinary team records to determine whether staff are following the new policy once implemented.	
Findings & Analysis	Policy 323, Isolation of Youth, is still under department review. As of October 1, 2023, it was pending approval. ²² The current policy remains in effect, resulting in a non-compliance status as implementation of a new policy will not occur within the required time frame. This provision will be reevaluated during the next monitoring period to determine compliance.	
Recommendations to Achieve Compliance	<p>It is recommended that DJJ take the following steps to move toward substantial compliance.</p> <ul style="list-style-type: none"> • Expedite the approval and implementation of revised policy 323, Isolation of Youth. • 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. 	

²² The policy was signed by DJJ on October 10, 2023.

	<p>DJJ should also consider the following recommended steps due to the importance of this policy to the settlement agreement.</p> <ul style="list-style-type: none">• 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.
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SOURCES

- Draft policy 323, Isolation of Youth

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 Monitoring Process	The monitoring team interviewed staff, reviewed the draft isolation policy, and reviewed multi-disciplinary reports.
Findings & Analysis	<p>During this monitoring period, the department’s policy and practices did not require a multidisciplinary team to meet within 48 hours of a youth’s placement in isolation to discuss items i. to v. in this provision. Draft policy 323, Isolation of Youth, will require this practice when adopted. As of October 1, 2023, it was pending approval.²³</p> <p>The department currently schedules multidisciplinary team meetings within 30 days of a youth’s arrival, for 90-day case plan reviews, and as needed. There does not appear to be a formal process for when teams are convened and their frequency for youth in isolation. The department has developed a draft plan to ensure this provision will be followed once the new policy is implemented.</p>

²³ The policy was signed by DJJ on October 10, 2023.

<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"> • Expedite the approval and implementation of revised policy 323, Isolation of Youth. • 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. • Create an individualized plan in consultation with the youth’s family members, when possible, and include an anticipated timeline for implementation and the youth’s return to the general population. <p>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.</p> <ul style="list-style-type: none"> • 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.
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SOURCES

- Draft policy 323, Isolation of Youth Staff interviews during the June 28-30 and September 7-9, 2023, 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 Monitoring Process	The monitoring team interviewed staff, revised the draft isolation policy, and reviewed multi-disciplinary reports.
Findings & Analysis	<p>During this monitoring period, the department’s policy and practices did not require a multidisciplinary team to continue to meet every three days while any youth is in isolation to discuss and document items i. through iii. Draft policy 323, Isolation of Youth, will require this practice when adopted. As of October 1, 2023, it was pending approval.²⁴</p> <p>The department currently schedules multidisciplinary team meetings within 30 days of a youth’s arrival, for 90-day case plan reviews, and as needed. There does not appear to be a formal process for when teams are convened and their frequency for youth in isolation. The department has developed a draft plan to ensure this provision will be followed once the new policy is implemented.</p>
Recommendations to Achieve Compliance	<p>It is recommended that DJJ take the following steps to move toward substantial compliance.</p> <ul style="list-style-type: none"> • Expedite the approval and implementation of revised policy 323, Isolation of Youth. • The multidisciplinary team should meet every three days to document and discuss items i-iii. <p>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.</p>

²⁴ The policy was signed by DJJ on October 10, 2023.

	<ul style="list-style-type: none">• 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.
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SOURCES

- Draft policy 323, Isolation of Youth
- Staff interviews during the June 28-30 and September 7-9, 2023, 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 Monitoring Process	The monitoring team reviewed the draft isolation policy and interviewed staff.
Findings & Analysis	During this monitoring period, the department’s policy and practices did not require a youth’s unit team to meet monthly to review youth who have been isolated two or more times in the past month or for a stay of more than four hours in the past month. Draft policy 323, Isolation of Youth, will require this practice when adopted. As of October 1, 2023, it was pending approval. ²⁵
Recommendations to Achieve Compliance	<p>It is recommended that DJJ take the following steps to move toward substantial compliance.</p> <ul style="list-style-type: none"> • Expedite the approval and 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.

²⁵ The policy was signed by DJJ on October 10, 2023.

	<p>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.</p> <ul style="list-style-type: none">• 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.
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SOURCES

- Draft policy 323, Isolation of Youth
- Staff interviews during the June 28-30 and September 7-9, 2023, monitoring site visits
- Revised Multidisciplinary Team Review Process, provided May 2023

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**

Description of Monitoring Process	The monitoring team conducted two site visits, held regular meetings with DJJ and BRRRC administration, interviewed staff, and reviewed DJJ's initial and second year draft implementation plans.
Findings & Analysis	<p>DJJ's initial implementation plan, dated August 2022, outlined a plan for ceasing to use the Laurel Building for isolation by February 2024. The timeline was contingent on other campus living units having doors added to individual sleeping rooms and the conversion of two rooms per living unit to wet cells for temporary isolation. DJJ named this the "doors project."</p> <p>The plan also outlined the phases in which the doors project would be completed, with Cypress and Poplar being the first units ready. At the time it was anticipated that these two units would be completed by early June 2023. Due to construction delays, Cypress was completed near the end of June and youth were moved in August 2023. Poplar was completed and accepted youth in September 2023. Maple and Holly are currently under construction and are anticipated to be completed by the end of the year or early next year.</p> <p>DJJ is still targeting February 2024 as a cease date for using Laurel. However, staff at all levels have expressed doubts about the February date. Some of these doubts are related to not having all the components actively operational to manage youth behaviors such as the Legacy behavior management system, a new isolation policy, and robust programming. DJJ administration insists that February 2024 is still their target date.</p>

<p>Recommendations to Maintain Compliance</p>	<p>To maintain substantial compliance, nothing further is required. However, the monitoring team remains concerned about isolation conditions and the harm caused to youth. The team strongly recommends that DJJ continually evaluate its timeline to determine if it is possible to cease using Laurel entirely for isolation before February 2024.</p>
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SOURCES

- *Initial Implementation Plan: South Carolina Department of Juvenile Justice, Broad River Road Complex, August 12, 2022*
- June 28-30 and September 7-9, 2023, monitoring site visits
- Verbal reports from BRRRC 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 BRRRC facility staff
- August 23, 2023, email from the Director of Settlement Compliance, FW: 323, Isolation of Youth – Workgroup Meeting Revisions
- September 1, 2023, email from the Director of Settlement Compliance, FW: Policy update

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 Compliance²⁶**

Description of Monitoring Process	The monitoring team conducted two site visits, interviewed staff, and reviewed DJJ's <i>Initial Implementation Plan</i> .
Findings & Analysis	The department made substantial progress in this area. The implementation plan which includes the final timeline was approved by the DOJ on January 30, 2023.
Recommendations to Maintain Compliance	To maintain substantial compliance, nothing further is required. However, the monitoring team remains concerned about isolation conditions and the harm caused to youth. The team strongly recommends that DJJ continually evaluate its timeline to determine if it is possible to cease using Laurel entirely for isolation before February 2024.

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

²⁶ Substantial compliance was achieved during the 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 Monitoring Process	The monitoring team conducted two site visits, interviewed staff, interviewed youth in isolation in Laurel and in other units at BRRC, reviewed logbook entries, and reviewed individual youth isolation confinement logs.	
Findings & Analysis	<p>The department has made efforts to comply with this requirement in prior monitoring periods by making physical changes to the Laurel unit to make it more suitable for housing youth. This monitoring period proved somewhat challenging, with some progress and some setbacks.</p> <p>As part of the department’s plan to cease using the Laurel Building for isolation by February 2024, the department began remodeling other living units to add doors to the individual sleeping rooms and two wet cells for temporary isolation. While the remodel occurred, BRRC continued Laurel operations even though it needed repair from previous damage. The wing used for isolation is dark, with the only natural sunlight coming in from a narrow window slat in each room. The wing used to house other youth for protective custody, suicide watch, or other circumstances, such as a youth pending a transfer to another program, has extensive damage. There are large holes in the cinder block walls between the sleeping rooms. Some sinks and toilets are inoperable, although staff indicated that youth are not housed in those units.</p> <p>A review of daily isolation logs in Laurel indicates youth do not receive the same services as youth in the general population. According to the log books, one youth isolated from June 12-21 had two showers during his nine-day stay and was let out of his room for about 15 minutes on day four. Another youth who stayed for two days spent one hour out of his room. Neither youth spent time outside in the recreation yard. A youth in Laurel for 15 days in June had five showers and recreation on four occasions, one</p>	

lasting two hours. None of the daily logs indicated whether the recreation was in the unit or outside, but staff and youth indicated that outside recreation time was virtually non-existent. Interviews with two of these youths in September indicated that limited showers and recreation time were the norm.

DJJ began using the wet cells in Cypress for isolation after it opened in August. These rooms are located at the far end of each unit. They are clean, operable, and receive natural sunlight. A review of isolation records through August 17 indicates ten youth were isolated using the wet cells. Their periods of confinement ranged from 2.5 hours to 4 days. Seven of the youth were confined for twelve hours or less. Two of these youths received snacks, but no meals or showers were documented as having been provided. The other youth, whose placements lasted 3-4 days, reportedly consumed three to five meals and took two to three showers. It is unclear if they refused other offers for food and bathing, or if it was not documented. During the September site visit, no youth reported missing meal service, but several complained about missing showers. The monitoring team compared logbook entries to actual video footage. In most instances, the video matched the logbook entry. In two instances of 18 reviewed, video could not be located that matched the logbook entry. In one instance, the logbook indicated the youth was in the shower. The video showed the youth outside of his room but not in the shower area. In another entry, the youth was listed as being released from his room for a bathroom break, but there was no video footage to support this entry. Two logbook entry timestamps were off by several minutes. One was off by nine minutes and another off by three minutes.

On August 18, all Cypress youth were isolated in their rooms or a wet cell. This lockdown followed an incident on August 17, when youth from all three pods were able to enter the center courtyard. The disturbance continued for several hours, with the youth failing to respond to directives and intervention from security staff, Rapid Response Team (RRT) members, facility administration, and BRRC public safety officers. State law enforcement was called to resolve the incident, and the youth immediately complied upon their arrival. Youth had damaged living unit property, covered some security cameras with wet tissue, and set off the sprinkler system in one pod.

Following the incident, an administrative memo was issued by the Facility Administrator restricting access and programming (education and clinical services) to all Cypress youth. The Department created a transition plan to return youth to the general population with youth placed in three groups based on their culpability in the incident. According to the Director of Settlement Compliance, this plan was not followed with fidelity. Group I youth were released on August 28 from isolation per the plan and allowed to return to school and programming the next day. In error, Group II youth were provided gradual release on the unit with staff support through what some staff called "Youth In Transition." This piloted program purportedly

had some similarities to the STAR program. Group III, consisting of six youths, were moved to Laurel with a written plan allowing for hours out of their rooms, increasing over a four-week period and a daily weekday and weekend schedule. Instead, they mostly spent time in isolation, where they remained until their releases on October 1st and 2nd. Two were released during the September monitoring visit on September 8 but were returned a few days later.

According to the Director of Settlement Compliance, had the plan been followed, most of the youth would have spent far less time in isolation. Personnel changes were made following a review of this process and a new interim Deputy Director of Security and Operations was appointed.

A review of youth isolation confinement logs indicates that 18 youth were confined in Cypress from the August 17 incident until August 28. Most of those youth were confined in their assigned sleeping rooms. The records indicate that, with few exceptions, they were only allowed out to use the restroom and shower. Youth ate in their rooms and documentation shows that meals and snacks were typically provided 2-3 times per day for most of the youth. There are a few episodes where no or only one meal is documented on a youth's daily record. With no programming provided, youth were allowed to read, write, sing, and some watched television from their room window. A few youths were escorted to the infirmary, the central control room, or the courtyard with staff during this period. Records show inconsistencies in the youth taking showers. Most youth received showers every two days. There are also some reports of daily showers. It is unclear if showers were offered and the youth refused.

On August 28, six youths were moved to Laurel, identified as most culpable for the incident. It was reported that the youth repeatedly assaulted the RRT staff supervising them. Reports also indicated that youth were throwing urine, feces, and food on the floor and at staff, in addition to other physically assaultive behavior. The animosity seems to be mostly between the youth and the RRT staff and not with the JCO staff. It was reported that the original transition plan did not include RRT staff because it was known that youth responded negatively when they were present. During this time, most staff covering the Laurel unit were RRT staff.

The youth in Laurel interviewed during the September monitoring visit reported receiving infrequent showers. This infrequency seems to have been in response to the assaultive behavior. Youth were not allowed out of their rooms for treatment, outdoor recreation, or education. The toilets and sinks were, at times, inoperable. During the September monitoring visit, a cleaning crew was called in to repair a stopped toilet and clean up the flooded floor. The smell within the pod was a bit unbearable for some during the tour. The lighting was turned off on the Laurel pod during an early morning visit, creating a dark and dank appearance in the living quarters. Food containers were thrown across the floor. Youth reported receiving paper bag meals which are not the same meals fed to other youth on the

	<p>campus. Staff reported that these meals were provided because the youth threw the food out of the door flaps.</p> <p>Clinical staff and youth reported concerns about self-harm during long isolation stays. Youth reportedly complained of suicidal thoughts and hallucinations. One youth reported such concerns directly to a member of the monitoring team and indicated that he had been in isolation for an extended period of time. One clinician successfully placed a youth in an acute care hospital for mental health treatment on Labor Day. Two other clinicians were working to get at least two youth released from Laurel during the monitoring visit as their concerns grew about the youth’s mental states deteriorating. Several youths were reported to be on the Precautionary Mental Health Observation which includes 15-minute watch protocols for suicidal ideation.</p> <p>The S.T.A.R. program (Seeing Through Another Reality), implemented to reduce isolation by motivating youth to learn new skills that will enable them to return to their living unit safely, was not utilized for the youth placed there on August 28. According to internal memoranda, the youth were moved to Laurel for access to this program but there was little access to clinicians and services during the September monitoring visit. Data provided by DJJ shows the following number of youths who participated in STAR between June and September.</p> <table border="1" data-bbox="544 982 820 1171"> <thead> <tr> <th>Month</th> <th>Youth</th> </tr> </thead> <tbody> <tr> <td>June</td> <td>11</td> </tr> <tr> <td>July</td> <td>4</td> </tr> <tr> <td>August</td> <td>9</td> </tr> <tr> <td>September</td> <td>7</td> </tr> </tbody> </table> <p>While DJJ can now use the newly remodeled Cypress for isolation, the overall practice of how BRRC uses isolation is problematic. Isolation is not used as a temporary measure to address a volatile and dangerous situation. Isolation continues even when the youth displays calm behavior and is no longer an immediate threat. Youth interviewed in isolation reported that they did not know when they might be released and what they needed to do in order to be released. Using isolation in this manner deprives youth of the necessary services and support for long-term healthy development. Research indicates that isolation, even short-term, can immediately impact a youth’s mental health. Clinical staff, social workers, teachers, and other staff interviewed shared their observations about the youth’s mental status while in isolation. They stated that youth emotions ranged from anger to depression. Youth were unmotivated to engage in any activities, including school or therapy. Youth spent most of their time sleeping for lack of anything to do. Youth interviewed shared their frustrations about isolation, expressing that there was nothing to do and no hope for anything different.</p>	Month	Youth	June	11	July	4	August	9	September	7
Month	Youth										
June	11										
July	4										
August	9										
September	7										
<p>Recommendations to Achieve</p>	<p>It is recommended that DJJ take the following steps to move toward substantial compliance.</p>										

<p>Compliance</p>	<ul style="list-style-type: none"> • Expedite the approval and implementation of revised policy 323, Isolation of Youth. • Maintain clean and orderly living units. • Train staff in keeping detailed and accurate records. • 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 participation in recreation and showers, including documenting their refusal to participate. • Report, investigate, and address any violations of these requirements. <p>DJJ should also consider the following recommended steps.</p> <ul style="list-style-type: none"> • Clear the recreation yard of debris and replace worn or broken recreational equipment. • Provide varied recreational activities. • Provide youths with books, worksheets, activities, or other materials to help them de-escalate and pass the time in isolation.
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SOURCES

- Youth and staff interviews and sample unit logs and room confinement/isolation cell check logs reviewed during the June 28-30 and September 7-9, 2023, monitoring site visits
- Video footage reviewed during the September 7-9 monitoring site visit, covering the dates of August 6, 7, 9, 10, 18, 19, 20, and 23, 2023.
- Cypress unit logbooks, isolation logs, and education data for August 2023
- Laurel daily confinement checks forms for June 2023
- August 18, 21, 22, 2023, emails from Facility Administrator, Cypress Unit Programming
- August 22, 2023, email and schedule from the Assistant Facility Administrator, BRRRC Cypress Unit Daily Operation Schedule
- August 25, 2023, memo from the Director of Security Operations, et al, to DJJ Executive Director, et al., Cypress Living Unit
- Cypress Therapeutic Service Logs August 17-28, 2023

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

<p>Description of Monitoring Process</p>	<p>The monitoring team reviewed isolation data and logs, education logs, and conducted interviews with teachers, youth, and staff</p>
<p>Findings & Analysis</p>	<p>The Education Department described a renewed commitment to educating all youth at BRRC regardless of unit placement and ensuring that all teachers are trained in the Legacy behavior management system and fully participate. A full-time teacher is assigned to the Laurel Unit to provide educational services. He uses a classroom when conditions allow for youth movement out of the cells. Efforts are also made to provide one-on-one educational services to youth in isolation by the assigned teacher, but these efforts are not always successful. One issue identified was overlapping schedules when teachers and other facility staff were present at the same time and competing for the youth’s time. That issue was being addressed and appears to be mostly resolved.</p> <p>The department has begun to routinely record and monitor contact with youth in isolation and services provided. A review of records indicates short periods of education staff contact with youth in isolation, generally ranging from two to 30 minutes in Laurel. The conditions in which services are delivered are not conducive to providing meaningful instruction or learning when youth are isolated in their room and mostly communicate to education staff through their door flap. There are multiple log entries of youth refusing to engage in educational services while in their room, despite teachers’ efforts to engage them.</p> <p>Education was withheld from youth during a campus-wide “no-movement” for a few days in June and for an extended period following the August 17th incident for youth in Cypress and Laurel. Reports suggest that education packets were dropped off for some youth during those periods, but few were returned. This approach did not meet the requirement that DJJ will provide meaningful education services within the first school day after being placed in isolation. Upon release from isolation in Cypress, youth returned to school on the next school day. Despite this departure from the</p>

	<p>requirement, education demonstrated more consistency in their efforts to provide meaningful education to isolated youth.</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"> • Expedite the approval and implementation of revised policy 323, Isolation of Youth. • Require all BRRC education staff and administration to read and acknowledge the new policy. • Implement a notification process 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. • 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). • 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. <p>DJJ should also consider the following recommended steps.</p> <ul style="list-style-type: none"> • 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

- Draft policy 323, Isolation of Youth
- Education isolation records for the weeks of June 4 and 25, July 2 and 16, August 20, September 3 and 17, 2023
- August 2023 facility schedule
- Cypress education data for August 2023
- Teacher, staff, and youth interviews during the June 28-30 and September 7-9, 2023, 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**

Description of Monitoring Process	The monitoring team and the DOJ reviewed and provided input on policy 505 - Classification of Youth at BRRC.
Findings & Analysis	DJJ finalized policy 505 – Classification of Youth at BRRC and posted it in the PowerDMS system for staff review and acknowledgement on September 19, 2023. The policy has an effective date of November 1, 2023.
Recommendations to Maintain Compliance	<p>With revised policies now finalized and signed, the department is in substantial compliance. Nothing further is required. DJJ should consider the following recommendation due to the importance of these policies to the settlement agreement.</p> <ul style="list-style-type: none"> • 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. • Adjust policies, practices, training, and implementation as needed in consultation with the monitoring team and the DOJ. • Require staff to be retrained on the policies should staff experience challenges with implementation. • Monitor implementation to ensure the policies have the desired impact.

SOURCES

- Policy 505, Classification of Youth at BRRC
- September 19, 2023, email from the Director of Settlement Compliance, subject: FW: NEW POLICY

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 Monitoring Process	The monitoring team reviewed draft Policy 503, Admission and Orientation, youth intake screening tools, and interviewed staff.
Findings & Analysis	<p>Within one hour of a youth’s arrival at BRRC, the assigned intake staff must administer and complete the first three pages of the Vulnerability to Victimization or Sexual Aggression Screener (VVSAS). Information collected includes the youth’s demographics, alerts such as escape history, and basic medical/mental health information. Staff must also complete the Sexual Orientation, Gender Identity and Expression (SOGIE) Assessment. Once completed, staff are instructed to route the form to the assigned clinical staff to complete the second part of the VVSAS screening within 72 hours. Based on the results of the VVSAS, youth may be classified as Vulnerability to Victimization, Sexually Aggressive, or Physically Aggressive. This information determines the most appropriate housing placement for each youth.</p> <p>Vulnerability to victimization is determined by scoring items in nine categories: age of youth, experience in institution, social skills, perception of risk, history of victimization, sexual experience, intellectual impairment, and lack of “fit” with juvenile justice culture. A score of 9 or higher indicates the youth is vulnerable to victimization. Agencies in other states use a version of this screening tool to identify youth who are vulnerable to victimization by other youth in the facility. When properly administered, the tool has been shown to be accurate in identifying vulnerable youth.</p>
Recommendations to Maintain Compliance	<p>With new screening tools and protocols in place, nothing further is required to achieve substantial compliance.</p> <p>DJJ should consider the following recommended steps to ensure vulnerable youth are appropriately identified.</p> <ul style="list-style-type: none"> • 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

	<p>to, housing classification, staff notification, supervision, and support services.</p> <ul style="list-style-type: none">• Maintain records to verify that every youth was appropriately screened for vulnerability.• Take appropriate disciplinary action if staff did not follow policies and procedures. <p>DJJ should also consider the following recommended steps due to the importance of the policy to the settlement agreement.</p> <ul style="list-style-type: none">• Require staff to be retrained on the policies should staff experience challenges with implementation.
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SOURCES

- Draft policy 337, Protective Custody
- Draft policy 503, Admission and Orientation of Youth at BRR
- Policy 505, Classification of Youth at BRR
- September 19, 2023, email from the Director of Settlement Compliance, FW: NEW POLICY
- Staff interviews during the June 28-30 and September 7-9, 2023, 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

<p>Description of Monitoring Process</p>	<p>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.</p>
<p>Findings & Analysis</p>	<p>When a staff member identifies a youth as vulnerable or when a youth expresses they are vulnerable, the current practice is to determine 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 a 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. If the youth is deemed not vulnerable, no formal efforts are made but staff are encouraged to continue to monitor the youth’s status.</p> <p>Staff interviewed indicated that efforts are made to ensure youth with known conflicts are housed separately upon arrival, even if they do not initially screen as vulnerable. Staff also said they are mindful of reviewing youth-on-youth incidents to determine whether they need to be housed separately. Limited housing options, however, make this challenging. Some youth interviewed indicated that they sometimes feel unsafe, but they rarely share that information with staff. When pressed about their reluctance, most refused to answer, and a few said they did not want to appear weak. Prior to this monitoring period, vulnerable youth were housed in Laurel but were not isolated behind a locked door. This housing solution may have deterred some youth from self-reporting concerns. During most of this monitoring period, Mrytle housed primarily vulnerable youth. Following the remodel of the Poplar living unit, pod C was designated for vulnerable youth.</p> <p>The procedures currently being followed identify many vulnerable youth but will likely miss youth who chose not to speak up. More formality and fidelity to the practice, along with analyzing youth-on-youth incidents to determine whether a youth has become vulnerable, would increase assurance that</p>

	vulnerable youth are consistently identified, and measures taken to ensure their safety.
Recommendations to Achieve Compliance	<p>It is recommended that DJJ take the following steps to move toward substantial compliance.</p> <ul style="list-style-type: none"> • 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. <p>DJJ should also consider the following recommended steps due to the importance of the policy to the settlement agreement.</p> <ul style="list-style-type: none"> • 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 BRRC
- Policy 505, Classification of Youth at BRRC
- Incident data from May 2022 to May 2023
- Staff and youth interviews during the June 28-30 and September 7-9, 2023, monitoring site visits

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

Partial Compliance

Description of Monitoring Process	<p>The monitoring team interviewed youth and staff and reviewed and observed their ability to access services.</p>
Findings & Analysis	<p>Vulnerable youth are routinely housed together and were observed during site visits as being engaged in similar programming as all other youth. During most of this monitoring period, Myrtle housed primarily vulnerable youth. These youth attended school and recreation to the same extent as the general population. They also receive mental health services, and during the September visit it was observed that the youth were meeting with their clinician in a designated room on the pod. Interviews with staff and youth indicated these youth were not being treated differently than youth in the general population, other than the fact that they were identified as being vulnerable. Documentation of these services is necessary to demonstrate substantial compliance.</p>
Recommendations to Achieve Compliance	<p>It is recommended that DJJ take the following steps to achieve substantial compliance.</p> <ul style="list-style-type: none"> • 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. <p>DJJ should also consider the following recommended steps due to the importance of the policy to the settlement agreement.</p> <ul style="list-style-type: none"> • 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 of Youth at BRR

Youth On Suicide Watch

93. PROHIBITION ON ISOLATION

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

Compliance Rating

Partial Compliance

<p>Description of Monitoring Process</p>	<p>The monitoring team reviewed isolation data, logbooks, and suicidal assessment data to determine if BRRC is ensuring that youth who are suicidal are not placed in isolation.</p>
<p>Findings & Analysis</p>	<p>DJJ has been working toward this requirement. An April 25, 2023, directive from the Deputy Director of the Division of Security and Operations stated, “Effectively immediately, youth placed on full suicide watch (FSW) will not be placed in any type of isolation (door closed, unable to leave, alone with no staff or other youth, in a room, hall or wing), whether in Laurel or anywhere else on the facility campus.” Staff are required to provide one-on-one supervision and document checks every four to six minutes. A previous directive issued on October 13, 2022, prohibited youth who are suicidal or on mental health observation from being housed in Laurel.</p> <p>When asked during a May 2023 meeting about the change to allow Laurel to house suicidal youth, DJJ administration explained that because of limited housing options they could no longer exclude the use of Laurel. During the June site visit, no youth assessed as suicidal were observed as being housed in isolation, either in Laurel or elsewhere. During the September visit, it was reported that one youth assessed as suicidal in Laurel was eventually placed in an acute care setting.</p> <p>Interviews with youth and staff about how BRRC responds to youth who are suicidal offered varied perspectives. Several staff indicated that youth in isolation will often state they are suicidal even when they are not because they believe staff will release them. Youth interviewed said staff do not always take their statements seriously. Several youth described their isolation stay as making them feel like they were going “crazy.” One youth talked about hallucinations and hearing voices.</p> <p>The Daily Confinement Checks Form that is completed for each youth includes a box for clinical staff to complete when they meet with a youth in</p>

	<p>isolation. The clinician is required to answer Yes or No to questions about the youth, including:</p> <ul style="list-style-type: none"> -Any suicidal statements by this youth? -Any self-harm behaviors by this youth? -Does the youth require a change in the level of observation? <p>There is also space for the clinician to write down observed behaviors and notes about the visit. A review of these forms for youth in isolation during June indicated that no youth were identified as making suicidal statements or engaging in self-harm behaviors. All forms had “no” checked in response to the question, “Is there any clinical reason youth should remain confined.”</p> <p>A review of data shows that two youth were placed on suicide precaution during April for about 12 hours or less. In May, four youth were placed on suicide precautions for 22 to 44 hours. In June one youth was placed on full suicide watch for 3.5 hours. In August and September, one youth was placed on full suicide watch three times for periods of 26 hours, 27 hours, and five days. This youth was in Laurel during this time. This same youth was the one placed in an acute care setting. Staff indicated that this placement demonstrated an uncommon level of cooperation with a community provider.</p> <p>The department’s draft Suicide Prevention, Response, and Supervision policy states, “FSW youth may not be placed in isolation or behind a locked door.” The draft policy is pending department approval.</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"> • DJJ should expedite the policy review and approval process, ensuring the SME and DOJ remain involved in the review process. • Once the policy is approved, post it in the agency’s PowerDMS system for staff’s review. • Train all staff in the policy and its application. • Monitor implementation to ensure the policies have the desired impact. • Monitor each instance of isolation to verify that youth who are suicidal are not placed in isolation and youth in isolation who become suicidal are promptly removed. • Any policy violations should be reported, investigated, and appropriately addressed. <p>DJJ should also consider the following recommended steps due to the importance of these policies to the settlement agreement.</p> <ul style="list-style-type: none"> • 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. • 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.
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SOURCES

- October 13, 2022, memo to BRRRC staff from the Deputy Director of the Division of Program and Services and the Deputy Director of the Division of Security and Operations, subject: Housing of Suicidal Youth
- November 11, 2022, email from the Director of Settlement Compliance, subject: Memo from Dep McGhee re: Suicidal Youth and Isolation
- December 12, 2022, email from the Director of Settlement Compliance, subject: SCDJJ Implementation Plan Remaining DOJ and SME Feedback
- Draft policy, Suicide Prevention, Response, and Supervision
- Draft policy, 323, Isolation
- April 25, 2023, memo to BRRRC staff from the Deputy Director of the Division of Program and Services and the Deputy Director of the Division of Security and Operations, subject: Housing of Suicidal Youth
- Isolation data provided by the department from February 2023 to May 2023
- Isolation data, August 2023
- Suicide Behavior Report, February to September 2023
- Interviews with youth and staff, and observations during the June 28-30 and September 7-9, 2023, 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**

Description of Monitoring Process	The monitoring team reviewed the agreement between DJJ and the South Carolina Department of Mental Health (DMH) that was signed on September 27, 2023.
Findings & Analysis	<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>
Recommendations to Maintain Compliance	Nothing further is required. When the agreement is up for renewal, it is recommended that DJJ renew the agreement.

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 Monitoring Process	<p>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. No new curricula were developed during this monitoring period.</p>
Findings & Analysis	<p>No new curricula were developed during this monitoring period to review. The Training Division continues to monitor staff training requirements through the department's learning management system. The division is continually evaluating the effectiveness of training. When it was identified that some staff were not passing Safe Crisis Management, the division revised the training and included a study guide.</p> <p>Four new policies were adopted during this monitoring period and will go into effect in the future. As these new policies are adopted, training will need to be updated. When the curricula are updated, the monitoring team will review the content and ensure that they meet the requirements.</p>
Recommendations to Achieve Compliance	<p>It is recommended that DJJ take the following steps to maintain substantial compliance.</p> <ul style="list-style-type: none"> • DJJ will provide the monitoring team with updated curricula as it becomes available so that the team can review the curricula to ensure that it addresses the requirements of the settlement agreement.

SOURCES

- June 29, 2023, meeting with the Training Division during the monitoring site visit

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

Description of Monitoring Process	<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.</p>																								
Findings & Analysis	<p>The department requires all security staff and teachers to complete the Safe Crisis Management (SCM) de-escalation training, with security staff also required to complete the restraint portion of the training. As of September 8, 2023, 78.3 percent of staff have completed the training, higher than the 67.9% completion rate on March 2, 2023.</p> <table border="1" data-bbox="1024 1031 1455 1360"> <thead> <tr> <th colspan="3">SCM TRAINING</th> </tr> <tr> <th>STATUS</th> <th>#</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>COMPLETED</td> <td>94</td> <td>78.3</td> </tr> <tr> <td>SCHEDULED</td> <td>9</td> <td>7.5</td> </tr> <tr> <td>DID NOT PASS</td> <td>5</td> <td>4.2</td> </tr> <tr> <td>FAILED TO ATTEND</td> <td>3</td> <td>2.5</td> </tr> <tr> <td>ON HR STATUS</td> <td>9</td> <td>7.5</td> </tr> <tr> <td>TOTAL</td> <td>120</td> <td>100%</td> </tr> </tbody> </table> <p>The training requires staff to demonstrate competency in the skills taught. If staff fail, they may retake the test or may be dismissed from their position. The division revised the training to improve completion success rates and included a study guide.</p>	SCM TRAINING			STATUS	#	%	COMPLETED	94	78.3	SCHEDULED	9	7.5	DID NOT PASS	5	4.2	FAILED TO ATTEND	3	2.5	ON HR STATUS	9	7.5	TOTAL	120	100%
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DID NOT PASS	5	4.2																							
FAILED TO ATTEND	3	2.5																							
ON HR STATUS	9	7.5																							
TOTAL	120	100%																							
Recommendations to Achieve Compliance	<p>It is recommended that DJJ take the following steps to maintain substantial compliance.</p> <ul style="list-style-type: none"> • 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"> ○ 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. 																								

	<ul style="list-style-type: none">○ Only SCM-trained staff should be allowed to use restraint and physical force on youths consistent with policies.
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SOURCES

- September 8, 2023, email from the Director of Settlement Compliance, subject: BRRC/RRT_September Training Data for SCM

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 Monitoring Process	The monitoring team and the DOJ reviewed and provided input on policy 315 – Use of Physical Force and met with members from the Training Division to review retraining procedures and documentation.	
Findings & Analysis	<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 sends an automated notification to the employee. If the employee does not complete the training, the supervisor is notified. The division can run a report to identify any overdue training, but the report does not identify the reason for the training, such as a requirement for retraining.</p> <p>Further analysis is required to determine whether staff are being referred for retraining as required and whether retrained staff continue to fail to use appropriate de-escalation and how that failure is being addressed. No documentation was provided to support this requirement. This provision will be reevaluated during the next monitoring period to determine the level of compliance.</p>	
Recommendations to Achieve Compliance	<p>It is recommended that DJJ take the following steps to move toward substantial compliance.</p> <ul style="list-style-type: none"> • Once a staff member is identified as needing to be retrained, BRRC 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. <p>DJJ should also consider the following recommended steps due to the importance of this policy to the settlement agreement.</p>	

	<ul style="list-style-type: none">• 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.
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SOURCES

- Policy 315, Use of Physical Force
- June 29, 2023, meeting with the Training Division during the monitoring site visit

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 Monitoring Process	Revised policy 315 – Use of Physical Force, goes into effect October 15, 2023. The monitoring team will review the Power DMS system, training curricula, competency requirements, and attendance records to verify compliance with this requirement once the policy is effective.
Findings & Analysis	The revised policy 315 – Use of Physical Force goes into effect October 15, 2023, which exceeds the deadline for this provision. A revised training curricula has not yet been developed or shared with the SME. This provision will be reevaluated during the next monitoring period to determine compliance.
Recommendations to Achieve Compliance	<p>It is recommended that DJJ take the following steps to move toward substantial compliance.</p> <ul style="list-style-type: none"> • Update the current SCM curricula to reflect revised policy 315 – Use of Physical Force. • Require all staff to read and acknowledge the policy review. • Continue to ensure all staff are scheduled for and complete SCM training before working directly with youths. <ul style="list-style-type: none"> ○ 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.

	<p>DJJ should also consider the following recommended steps due to the importance of this policy to the settlement agreement.</p> <ul style="list-style-type: none">• Develop refresher training for SCM-trained staff on the revised policy.• 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.
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SOURCES

- Policy 315, Use of Physical Force

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

Description of Monitoring Process	<p>The monitoring team and the DOJ reviewed and provided input on policy 315 – Use of Physical Force and met with members from the Training Division to review retraining procedures and documentation.</p>
Findings & Analysis	<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 sends an automated notification to the employee. If the employee does not complete the training, the supervisor is notified. The division can run a report to identify any overdue training, but the report does not identify the reason for the training, such as a requirement for retraining.</p> <p>Further analysis is required to determine whether staff are being referred for retraining as required and how DJJ is tracking and monitoring staff who are prohibited from using force. No documentation was provided to support this requirement. This provision will be evaluated during the next monitoring period to determine the level of compliance.</p>
Recommendations to Achieve Compliance	<p>It is recommended that DJJ take the following steps to move toward substantial compliance.</p> <ul style="list-style-type: none"> • Once a staff member is identified as needing to be retrained, BRRC 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. <p>DJJ should also consider the following recommended steps due to the importance of this policy to the settlement agreement.</p>

	<ul style="list-style-type: none">• 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.
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SOURCES

- Policy 315, Use of Physical Force
- June 29, 2023, meeting with the Training Division during the monitoring site visit

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

Non-Compliance

<p>Description of Monitoring Process</p>	<p>The monitoring team and the DOJ reviewed and provided input on draft policy 314 – Investigations. Investigations training records were also reviewed in August 2022. No new training had been conducted since then.</p>
<p>Findings & Analysis</p>	<p>The department ensured that settlement-compliant training was completed for all investigators in August 2022. Due to the specialized nature of this training, a contract provider was used to provide the training. DJJ had been working with the Inspector General to ensure that annual training was developed, but due to staff turnover the curriculum was not completed. Training for all investigation staff will not occur within the required time frame, resulting in a non-compliance status. This provision will be reevaluated during the next monitoring period to determine 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"> • DJJ should expedite the policy review and approval process, ensuring the SME and DOJ remain involved in the review process. • Once the policy is approved, post it in the agency’s PowerDMS system for staff’s review. • Train all investigations staff, including supervisory investigative staff, in the policy and the prompt, thorough, and independent investigation of allegations of youth-on-youth physical harm, inappropriate use of force, and inappropriate use of isolation. Training should be provided annually. • Train the BRRRC facility administrator and other facility security supervisory staff in the investigation process and the importance of

	<p>thorough documentation of incidents and video retention. Training should be provided annually.</p> <ul style="list-style-type: none"> • Maintain records to verify that staff completed the required training. • Monitor implementation to ensure the policies have the desired impact. <p>DJJ should also consider the following recommended steps due to the importance of this policy to the settlement agreement.</p> <ul style="list-style-type: none"> • Staff training on the new policy 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. • 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.
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SOURCES

- Draft policy 328, Investigations
- June 26, 2023, statement in response to the June data request

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

Not Rated

Description of Monitoring Process	The monitoring team will review 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.
Findings & Analysis	<p>DJJ is working toward developing a quality assurance system. The department collects data using the Event Reporting System, activity-specific spreadsheets, and various paper forms. These multiple systems can make it challenging for BRRC to see the “big picture” and analyze its progress and areas for improvement. To address this challenge, the department is developing a data dashboard to provide facility administration with information that can help improve their understanding of facility operations, inform their decision-making, and pinpoint areas where further attention may be needed. The dashboard will contain information about incidents, use of force, isolation, and other operational issues. It has the potential to create more transparency and staff accountability. Feedback was offered to DJJ about further enhancements that would be helpful and align with data elements identified in the settlement agreement.</p> <p>The department has begun to produce quality assurance reports. One example includes a report that compares camera surveillance with room check logs for youth in isolation. Upon review by the Assistant Facility Administrator, it was reported to be quite helpful in providing information for follow up with staff and additional training.</p>
Recommendations to Achieve Compliance	It is recommended that DJJ take the following steps to move toward substantial compliance.

	<ul style="list-style-type: none"> • Create an action plan to ensure that a quality assurance system is in place by April 2024. <p>DJJ should also consider the following recommended steps when developing the quality assurance system.</p> <ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> ○ 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.
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SOURCES

- Interviews with DJJ staff regarding quality assurance developments during the September 7-9, 2023, monitoring visit

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

Not Rated

Description of Monitoring Process	The monitoring team will review DJJ’s monthly data collection reports to determine compliance with this requirement.
Findings & Analysis	<p>DJJ is working toward developing a quality assurance system to include a monthly data review. The department collects data using the Event Reporting System, activity-specific spreadsheets, and various paper forms. These multiple systems can make it challenging for BRRC to see the “big picture” and analyze its progress and areas for improvement.</p> <p>The department continues its efforts to develop a data dashboard to provide facility administration with information that can help improve their understanding of facility operations, inform their decision-making, and pinpoint areas where further attention may be needed. The dashboard will contain information about incidents, use of force, isolation, and other operational issues. It has the potential to create more transparency and staff accountability. Feedback was offered to DJJ about further enhancements that would be helpful and align with data elements identified in the settlement agreement.</p>
Recommendations to Achieve Compliance	<p>It is recommended that DJJ take the following steps to move toward substantial compliance.</p> <ul style="list-style-type: none"> • 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. • Formally document monthly data review meetings. <p>DJJ should also consider the following recommended steps.</p> <ul style="list-style-type: none"> • 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.

	<ul style="list-style-type: none">• Establish benchmarks or targets for each data element to determine whether efforts to address a particular area have the desired impact.
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SOURCES

- Interviews with DJJ staff regarding quality assurance developments during the September 7-9, 2023, monitoring visit

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 BRRC 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

Not Rated

Description of Monitoring Process	The monitoring team will review DJJ's monthly data collection reports to determine compliance with this requirement.
Findings & Analysis	DJJ is working toward developing a quality assurance system to include a monthly data review. The department collects data using the Event

	Reporting System, activity-specific spreadsheets, and various paper forms. A data dashboard is still under development.
<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"> • 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. <p>DJJ should also consider the following recommended steps.</p> <ul style="list-style-type: none"> • 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

- Interviews with DJJ staff regarding quality assurance developments during the September 7-9, 2023, monitoring visit

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	Not Rated
Description of Monitoring Process	This item will be assessed when DJJ has a quality assurance system in place that includes a sample data review process.	
Findings & Analysis	Although this item was not assessed, DJJ is working toward improving its data collection processes, including developing a data dashboard. The department collects data using the Event Reporting System, activity-specific spreadsheets, and various paper forms. A data dashboard remains under development.	
Recommendations to Achieve Compliance	<p>It is recommended that DJJ take the following steps to move toward substantial compliance.</p> <ul style="list-style-type: none"> • 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 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. <p>DJJ should also consider the following recommended steps.</p> <ul style="list-style-type: none"> • DJJ should define what constitutes a “sample.” 	

SOURCES

- Interviews with DJJ staff regarding quality assurance developments during the September 7-9, 2023, monitoring visit

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 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 & Analysis	This item was not assessed. DJJ is working toward improving its data collection processes, including developing a data dashboard.	
Recommendations to Achieve Compliance	This item was not assessed.	

SOURCES

- Not applicable

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

Not Rated

Description of Monitoring Process	The monitoring team will monitor DJJ’s effort to implement a Quality Improvement Committee, provide feedback as necessary during the development process, and evaluate the committee’s operations once it is in place.
Findings & Analysis	This item was not assessed.
Recommendations to Achieve Compliance	This item was not assessed.

SOURCES

- Not applicable