



# Monitoring Report

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

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

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

**THIS MONITORING REPORT  
ASSESSES COMPLIANCE AS  
OF MARCH 24, 2023.**

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 March 24, 2023. The following monitoring report will note any progress or activities since this date. For this report, the team requested and reviewed data in 12 categories and covering 60 different items, reviewed and provided feedback on more than a dozen draft policies, completed two facility site visits, conducted in-person and virtual interviews, held regular meetings with DJJ leadership and BRRRC administration, reviewed and responded to emails, and analyzed DJJ-provided documents. Throughout this process DJJ has been responsive to requests and proactive in providing regular updates on progress made or challenges faced.

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

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

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

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

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

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

# Compliance Ratings

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## 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
<b>PROTECTION FROM HARM</b>		
<b>General Provisions</b>		
28	General Provisions	Non-Compliance
<b>Staffing</b>		
29	Staffing Study Consultant	Substantial Compliance
30	Staffing Study Consultant Selection	Substantial Compliance
31	Staffing Study Factors	Substantial Compliance
32	Staffing Changes	Not Rated
<b>Physical Plant</b>		
33	Physical Plant	Substantial Compliance
34	Surveillance Tools Timeline	Substantial Compliance
35	Surveillance Tools Timeline Review	Substantial Compliance
36	Surveillance Installation	Not Rated
37	Video Retention	Substantial Compliance
<b>Rehabilitative Programming</b>		
38	Rehabilitative Programming	Non-Compliance
39	Rehabilitative Programming Mix	Non-Compliance
<b>Approach to Behavior Management</b>		
40	Approach to Behavior Management	Substantial Compliance
41	Positive Behavior Management Tools	Partial Compliance
42	Consistently Implement Behavior Management Tools	Not Rated
43	De-escalation Strategies and Graduated Responses	Partial Compliance
44	On-Site Coaches	Not Rated
<b>Use of Force</b>		
45	Use of Force	Partial Compliance

46	Implement Revised Policies and Procedures	Not Rated
47	Limit Use of Force	Not Rated
48	Reasonable Efforts	Not Rated
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	Not Rated
52	Use of Force Documentation	Not Rated
53	Medical Evaluation Following Use of Force	Not Rated
54	Medical Evaluation Procedures	Not Rated
55	Medical Evaluation Refusal Procedures	Not Rated
<b>Investigations of Physical Harm to Youth from Other Youth, Executive or Unnecessary Use of Physical Force, or Improper Use of Isolation</b>		
56	Draft New Investigation Policies, Procedures, and Practices	Partial Compliance
57	Implement Revised Investigation Policies and Procedures	Not Rated
58	Initial Review of Uses of Force	Not Rated
59	Investigation Procedures	Not Rated
60	Staff Review of Incidents	Not Rated
61	Permissible Contact Following an Allegation	Not Rated
62	Video Request Following an Incident	Not Rated
63	Retention Schedule	Not Rated
64	Investigations Without Video	Not Rated
65	Action Following a Finding of Staff Misconduct	Not Rated
66	Investigations When a Youth Withdraws an Allegation	Not Rated
<b>ISOLATION</b>		
<b>Use of Isolation</b>		
67	Use of Isolation	Partial Compliance
68	Revised Isolation Policies and Procedures	Not Rated
69	Reasons for Isolation	Not Rated

70	Prohibitions on Isolation	Not Rated
71	Less Restrictive Techniques Requirement	Not Rated
72	Notification of Isolation	Not Rated
<b>Documentation of Isolation</b>		
73	Documentation Requirements	Not Rated
<b>Duration of Isolation</b>		
74	Duration of Isolation	Not Rated
75	Intervention While in Isolation	Not Rated
76	Isolation Time Limit	Not Rated
77	Role of Qualified Mental Health Professional	Not Rated
78	Extension Requirements	Not Rated
79	Reporting Requirements	Not Rated
80	Removal from Isolation	Not Rated
<b>Multidisciplinary Team to Review Isolation Placement</b>		
81	Multidisciplinary Team	Not Rated
82	Multidisciplinary Team Procedures	Not Rated
83	Multidisciplinary Team Reviews	Not Rated
84	Review of Youth Isolated Two or More Times	Not Rated
<b>Development of Appropriate Space for Isolation</b>		
85	Plans for Using Alternative Safe Spaces for Isolating Youth	Substantial Compliance
86	Alternative Safe Spaces for Isolating Youth Timeline Approval	Substantial Compliance
<b>Conditions and Services While in Isolation</b>		
87	Isolation Conditions	Non-Compliance
88	Educational Services While in Isolation	Not Rated
<b>Housing Vulnerable Youth</b>		
89	Revised Housing Classification Policies	Partial Compliance
90	Admission Screening Protocols	Not Rated

91	Specialized Housing for Vulnerable Youth	Not Rated
92	Access to Services	Not Rated
<b>Youth on Suicide Watch</b>		
93	Prohibition on Isolation	Not Rated
94	DMH Amended Agreement	Partial Compliance
<b>TRAINING</b>		
<b>General Provisions</b>		
95	Training Curriculum Review	Partial Compliance
<b>Behavior Management</b>		
96	Competency-Based Staff Training	Partial Compliance
97	Staff Retraining Procedures	Not Rated
<b>Use of Physical Force</b>		
98	Staff Training on Updated Use of Physical Force Policy	Not Rated
99	Retraining Within 90 Days	Not Rated
<b>Investigation</b>		
100	Investigations Staff Training	Not Rated
<b>QUALITY ASSURANCE</b>		
<b>General Provisions</b>		
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 BRRC 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	
Findings & Analysis	<p>The monitoring team reviewed department policies and procedures, completed two BRRC facility site visits, conducted in-person interviews with BRRC staff and youth, conducted phone interviews with parents of BRRC youth, and reviewed emails and documents provided by the Director of Settlement Compliance.</p> <p>The department is not in compliance with the General Provisions but is working toward compliance on multiple fronts. It is important to understand the physical plant to comprehend the challenges DJJ faces in coming into compliance. The Broad River Road Complex (BRRC) is DJJ's long-term youth facility. It has a 270-bed capacity but currently houses 35-40 youths. The campus sits on over 200 acres and has over 30 buildings and structures, including youth living units, a school, vocational services, an infirmary, multiple gymnasiums, and buildings that house administrative functions. The grounds include a large pond, outdoor recreation spaces, wildlife, and trees.</p> <p>Two youth dorms, Poplar and Cypress, are currently under construction to add doors to resident sleeping rooms. When completed, each dorm will contain ten rooms, two "wet rooms" with a toilet and sink and eight "dry rooms." A calming room is planned. Once construction is complete, youth</p>

	<p>will be moved in and construction will begin on Maple and Holly to add doors. The entire project is scheduled to be completed by January 2024. The department is developing procedures and training for how staff will supervise youth in these units. Other capital improvement projects are also underway or scheduled. For example, the roof of the Birchwood gym was being replaced during the March monitoring visit.</p> <p>The campus includes a Transition Home, a renovated building similar to a group home. The home was opened in February 2023 as an honors unit for up to six residents on the highest behavioral level, allowing them to experience normalcy and independence in a home-like environment. It contains two bedrooms and a bathroom on each side, with a living room, dining room, and kitchen in the middle. It also includes a control room, staff offices, a group gathering space, and an outdoor covered patio with a barbeque grill. During the March monitoring visit, it was observed that the home was clean, and the rooms were tidy. Youth were moving freely about the home, engaging in friendly banter, and conducting themselves appropriately. Staff were seen positively engaging with the youth. The youth are temporarily sleeping on mattress on the floor, with bed frames on order.<sup>7</sup> It was noted that the youth had full-sized duplicate personal hygiene items, which would be expected in a home environment. Even though these youth are on the highest behavioral level, the bottles could be used to hide other liquids, be traded for favors, put into a pillowcase to be used as a weapon, or broken apart and fashioned into plastic cutting instruments or weapons to harm themselves or others. The department will need to employ measures to ensure this does not happen.</p> <p>The dorms in which youth are currently housed—Evergreen, Holly, Laurel, and Myrtle—are in subpar condition and need deep cleaning. All units have graffiti on the walls, including profanity and gang-related symbols. Nearly all youth rooms observed were messy, with unmade beds and personal items scattered. Some beds consisted of foam pads without a cover and cannot be wiped clean. Litter and empty food containers were also visible. In the Holly unit, some youths were allowed to have three to four mattresses stacked on each other. Rooms also contained numerous hygiene items such as toothpaste, deodorant, shampoo, and body wash. Storing multiple bottles in youths' rooms creates safety and security risks for youth and staff. Another security concern noted was youth being allowed to possess full-sized pencils rather than rubber pencils, which staff noted was not the norm. In Myrtle and the Transition Home, youth were allowed to hang blankets over the window openings in their doors. Staff and youth quickly removed these coverings when the monitoring team arrived but acknowledged it was a normal practice. When windows are covered, staff are unable to perform their security checks. More concerning is that youth self-harming behaviors may go unnoticed. Lax behavior toward security, such as not confiscating</p>
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<sup>7</sup> Beds were reported delivered on April 3, 2023.

unauthorized pencils, allowing windows to be covered, and permitting a messy environment, creates a rule-breaking unregulated environment.

Multiple buildings were in disrepair due to incidents in the last six months. In Laurel, the building used for isolation, youths destroyed several wings last fall, tearing out the lights in the ceiling, pulling out grates, and breaking the door flaps. Even though the wing had been damaged, one youth was observed residing there during the monitoring team's January site visit. The youth was identified as being under protective custody with a staff member present and the door open. Staff reported that a suicidal youth had been residing in another room, but not being isolated, in a different wing but had since been moved out. Upon inspecting the youth's room, the monitoring team pointed out to staff that a metal grate was twisted back and loose near the floor, its sharp edges creating a cutting risk. The ceiling light was still missing after being kicked out from a previous incident, and electrical wires were accessible. Such a room is unsafe to house any youth, even temporarily.

During the January site visit, the monitoring team visited Evergreen and observed that the dropped ceiling in one wing had been destroyed. The ceiling tiles had been removed, exposing wiring. The aluminum frame was hanging down and broken in many areas. Having a dropped ceiling is unusual for a secure facility because residents can hide contraband in the ceiling. They also allow direct access to electrical wiring that controls security functions. On January 20, shortly after the monitoring team's visit, the girls residing in Evergreen were relocated to the Coastal Evaluation Center. The center was made into an all-girls campus, and ten boys from the center were moved to BRRRC. BRRRC now only houses male residents. When the monitoring team returned in March, the damaged Evergreen wing remained closed and still had not been repaired. The wing housing youth had new ceiling damage. The most recent damage was attributed to a youth upset at losing a game. Graffiti was also noticed in some rooms and the floor was in need of repainting or resurfacing.

Two other dorms, Magnolia and Catawba, had boarded-up doors. The facility administrator indicated that the youths damaged the exterior doors when they repeatedly charged them. The extensive property damage observed throughout the campus could have only occurred if youth were unsupervised or poorly supervised and if staff were not trained to detect potential problems or could not intervene safely to prevent such destruction. The conditions of these units are in stark contrast to the team's first monitoring visit in September 2022. During that visit, most dorms were freshly painted and graffiti was minimal or absent. Understandably, DJJ is reluctant to invest in making repairs and painting over graffiti in units that will soon be remodeled. However, youth facility administrators are responsible for ensuring youth reside in a safe and clean environment. This expectation must be made clear to all youth and staff and consistently reinforced.

### Sufficient Staffing

DJJ's struggle to recruit and retain security staff is not unique; it is a nationwide challenge for all correctional agencies. DJJ contracted with an expert to conduct a staffing study which recommended a staff-to-youth ratio of 1:4. Meeting this suggestion compounds their staffing challenges. In May 2022, the juvenile correctional officer vacancy rate was 55%. These staff are essential for supervising youth and ensuring safe facility operations. The average turnover rate from May 2022 to January 2023 was 15%, with more than 40% of staff leaving the job for "personal" reasons. Another 32% abandoned the job, 10% were dismissed for unsatisfactory performance, 5% found another job, and 6% retired. Only 1% failed to meet certification requirements.<sup>8</sup> Retention figures ranged from a low of 73% in August 2022 to a high of 93% in May 2022, with an average retention rate of 85%.

The department is making progress with filling vacancies. From May 2022 to January 2023, the vacancy rate fell from 55% to 29%. The department attributes this decline to hiring a national recruiting firm and offering hiring bonuses. DJJ is also seeking a legislative appropriation to increase salaries for specific job classifications. Internal measures are focused on improving safe working conditions so staff will stay. DJJ hired a national consulting firm to implement a new behavior management system, formed a Rapid Response Team, and added a Captain position to the school. Staff interviewed about these changes expressed optimism that DJJ was moving in the right direction and that they did feel safer. Staff working in Evergreen where the new behavior management system was being piloted said the changes made the building a more desirable workplace.

Other safety measures implemented were less popular with staff. All security staff are now required to park outside the fence and complete a security screening before entering the BRRC campus to reduce contraband being brought in either inadvertently or intentionally. Any items brought in must be transported in clear bags. As of December 13, 2022, staff are prohibited from bringing into any secure facility personal wireless communication devices, including activity fitness trackers, personal cell phones, and smartwatches. The security screening and prohibition on wireless devices are common practices nationally. While these measures are unpopular with staff, the rationale for these changes was provided. Even so, staff questioned why these requirements are not applied equally. School teachers and administrative staff are still allowed to drive onto campus, but that will change once the parking lot expansion is complete.

Despite these efforts and noticed improvements, many staff still expressed concern for their personal safety. Staff referred to a campus incident on October 18, 2022, that required multiple outside law enforcement agencies to respond. The incident involved a youth attacking and severely injuring a teacher, then joining up with other youth. They roamed around campus with

<sup>8</sup> The numbers do not total 100% due to rounding. Not included are the deceased and ZL/99 figures which consisted of two employees.



weapons, damaging buildings and cars while searching for other youths with whom they had a conflict. The emotional impact of that day surfaced during staff interviews, with one staff shedding tears when describing their experience. Another staff, however, scoffed at the response to the incident, stating it was overblown as only a few youths were involved and not the entire population.

BRRC staff shared that one person cannot adequately supervise up to 8 youths in a dorm style living unit. Negative behaviors go unchecked or unnoticed. BRRC's turnover rate compounds the problem, placing newly hired and inexperienced staff in units on their own. Youth recognize that staff are vulnerable; some have threatened or bullied staff into providing them favors or ignoring certain behaviors. The administration noticed a pattern of staff being reluctant to intervene during incidents. On January 19, 2023, the Deputy Director of Security and Operations sent an email to BRRC Leadership and Management advising them that staff's failure to act "will not be tolerated" and that staff "who fail to act and utilize their training will be held accountable." When staff were questioned by the monitoring team about the memo, they shared that previous agency leadership told them they risked using their job if they used physical force, so they stood back and instead called for public safety officers. They also stated that the current 1:8 staff-to-youth ratio makes it dangerous for staff to intervene independently. Staff in other dorms cannot leave their post to assist as they risk leaving youth unsupervised, which is especially unsafe when youth are free to move about the dorm. The time between the call for help and help arriving is the primary reason some living units had such extensive damage.

DJJ's progress in filling vacancies is currently undermined by staffing needs elsewhere in the system. The nearby juvenile detention center is overcrowded and BRRC staff are being pulled to provide shift coverage. Until BRRC can reduce its staff-to-youth ratios, it will be difficult to achieve improvements in operations and rehabilitative programming.

#### **Surveillance Tools**

DJJ has made significant progress in this area. The department conducted a campus-wide review of security camera needs, developed a plan for addressing gaps, and now has more than 800 surveillance cameras installed. There remain approximately 80 cameras that are installed but not yet activated due to supply chain issues. As the parts are received, the department is prioritizing installation. DJJ has also been responsive to the monitoring team's recommendations for improving surveillance but must still ensure that staff who monitor the camera feeds are trained to track youth movements and identify and alert staff to potential problems.

Additionally, we encourage DJJ to complete the facility incident dashboard that will document incident locations and map trends. These data are critical to understanding areas that require different supervision or programming strategies so that incidents can be prevented in the first place. New policies and procedures that have been drafted have the potential to improve

	<p>campus safety and reduce incidents by setting clear expectations for staff and youth and by standardizing responses. Staff training, coaching, and monitoring are necessary for these policies to be effective.</p> <p><b>Structured Programming</b></p> <p>Over the last six months, the facility has struggled to maintain structured daily programming for youth. The school, career services, and vocational buildings were closed following the October 18, 2022, incident. The administration determined that it would be unsafe to have youth return to school since the conflict between youths in different living units remained unresolved. Instead, educational services were delivered in the dorms to groups and individual youth. No classroom instruction took place.</p> <p>Facility leadership understood that this learning model was not in the youths' best interest. However, the safety of youth, staff, and teachers took precedence. In January, part-time in-school instruction began with living units attending school and career services on different shifts to avoid interacting with each other. Full-day school resumed on February 13, 2023. Living units remained separated. A Captain was assigned to manage school security, and the Rapid Response Team made rounds to help increase safety and security.</p> <p>Most of the youth at BRRC at this time are on a GED track<sup>9</sup> rather than a diploma track.<sup>10</sup> They attend classes to assist them with passing the GED test. They also participate in vocational and career programs. During the March site visit, youth were observed operating forklifts as part of a certification program and building furniture and other items in a woodshop. While multiple staff were present in the shop, it was observed that inventory control was lacking. Youth could easily smuggle small parts out of the shop even though staff scan youth with a handheld metal detector when they leave. These items could be fashioned into weapons or devices such as a tattoo gun. A youth in the shop was observed as having what appeared to be a fresh tattoo. Another concern is that personal safety equipment was not in use. Youth and staff did not use eye or ear protection when operating loud machinery and machines that could spray small wooden particles into the air. This oversight must be corrected.</p> <p>Youth participation in educational services is difficult to monitor. The school district does not have a standardized method for tracking attendance. The state assumes that incarcerated youth are in attendance since school is mandatory at the facilities and does not require such records to be maintained. Yet, youth at BRRC can refuse to attend. When youth are absent, school staff attempt to visit with the youth if the youth is amenable and if it is safe to do so. Youth with an individualized educational plan (IEP) are visited by staff who document whether the youth engaged in services</p>
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<sup>9</sup> From April 2022 to January 2023, an average of 55% of youth are on the GED track. The monthly GED rate has been as low as 7% and as high as 94%. Eight youth earned their GED during this time period.

<sup>10</sup> Two youth graduated from high school from April 2022 to January 2023.

and for how long. Due to low high school enrollment, only a few youths are assessed as requiring an IEP. The number of IEP youth ranges from 0% in a month to 50% (6 youth). On average, 14% of high school youth have an IEP. These youth are given a curriculum-based measurement (CBM) every nine weeks to monitor their progress. Special education staff document the time spent with IEP youth and the youth's progress.

Only recently has the facility been using a facility calendar, but it needs to be posted for everyone to see. The weekday schedule begins at 5:45 am and concludes at 9:00 PM. It incorporates standard operational and security protocols with alternating education, work, treatment, and campus detail activities across the various dorms. Weekends are primarily unstructured and consist mostly of recreation time.

The department is tracking the number of crisis and collateral counseling sessions provided and individual consultations with youth. The frequency of these sessions varied, from no sessions provided in September 2022 or January 2023 to 151 crisis and collateral sessions and 285 individual sessions in November. Special volunteer and spiritual formation/growth activities averaged 1.7 and 18.5 per month, respectively.

Thinking for a Change (T4C) is the facility's primary treatment program and time is blocked off on the schedule every Wednesday. Staff training on T4C is an ongoing issue, so the program is not fully implemented to fidelity. Each youth also has an active treatment plan, either an Initial Supervision and Service Plan (ISSP) or an Updated Supervision and Service Plan (USSP). A sample of treatment plans reviewed showed that most recommended that the youth receive services for anger management, communication skills, decision making, and victim empathy. The two most common strategies for youth to meet their goals are individual counseling and groups. There are some references to cognitive interventions, but most activities involve the youth internalizing the required behaviors. Change theory suggests that behavior modification is unlikely without a focus on skill development and practice. Reintegration plans are sparse and focus on where the youth will reside rather than a more comprehensive plan for how they will maintain any gains made and continue with their treatment and/or relapse prevention. Progress is measured by a reclassification instrument that measures the youth's adjustment in the facility, campus dorm, program, and school. These are completed by staff in the respective areas. Youth receive negative points for poor behaviors and positive points for good behavior.

Youth are infrequently part of the treatment planning and review process. Only three of the 21 sample plans reviewed were signed by the youth. It did not appear that parents were involved. Parents interviewed indicated little awareness of their child's treatment plan and goals. One parent shared that she signed a plan but was unfamiliar with the programming her child was receiving. Parents stated that they did not know what was expected of them or their child at BRRC, and communication was minimal.

BRRC needs to place greater emphasis on structuring youth's time and increasing positive youth development activities. Large blocks of idle time represent a lost opportunity to engage youth in positive developmental activities that would assist them in making a successful transition to the community and into adulthood. When time is unstructured and youth are bored, the risk that they will engage in destructive behaviors is high. DJJ has added various programs and activities, but many are limited to only select youth. It is hopeful that as the new behavior management system expands, more youth will be able to participate in these programs, and they will eventually be for all youth.

#### **Positive Behavior Supports**

The department is making progress in this area. Last fall, DJJ hired the National Partnership for Juvenile Services (NPJS) to develop and implement a behavior management system (BMS) and embed coaches to work with staff. Two coaches are assigned to the facility, each working one week on and one week off, with one overlap day. Since the females were moved off campus in January 2023, Evergreen is now used to house youth transitioning from the evaluation center to BRRC. Because these youth are new to the campus, Evergreen was determined to be a good place to pilot the BMS as they do not have to transition from an old BMS to a new one. A unit-based staffing model provides continuity and increases relationship-building with the youth and their colleagues. This strategy also helps staff learn the BMS and develop the confidence to respond to behaviors in a more controlled environment. NPJS is involved in staff training and has developed a draft BMS manual. The department is also developing a draft policy to align with the new BMS. Information about the pending BMS has been shared with youth and staff in other living units to prepare them for future implementation.

The department tracks the number of incentives provided to youth to reward positive behavior. From April 2022 to January 2023, 183 incentives were provided, an average of 18 per month. These data, however, do not provide information about the types of incentives and how many youths received them. There was also limited data on the number of times staff engaged in de-escalation strategies and graduated array of responses and sanctions other than physical force or isolation to respond to negative behaviors. The department provided data from April 2022 to July 2022 on the number of requests for behavior intervention, the number of youths assigned to a behavior interventionist, and the number of group and counseling sessions held. The behavior interventionists were also the staff identified as on-site coaches for their colleagues and mentored them on behavior management. These positions, however, were eliminated by the end of 2022 and most were converted to youth engagement specialists.

The data provided are insufficient to measure whether staff are using de-escalation strategies and responses other than physical force. It will be necessary to develop a method for capturing this information to track and

monitor it more easily. The new behavior management system and its tiers, along with new policies and training, can aid in creating a framework for what information needs to be tracked and how the data can be used to measure the new program's effectiveness.

#### **Clear, Consistent, Appropriate Consequences**

The department is actively taking steps to address this area with the new BMS. The piloting of the BMS in Evergreen should be quite instructive in determining how to integrate it across the campus. New policies and procedures have also been drafted. Currently, there is little consistency in how consequences are delivered. Interviews with staff indicate that the consequences for negative behavior are not severe enough, especially if the incident involved a youth assaulting staff. Staff expected that youth would be sent to isolation for a long period of time. Youth reported that consequences were dependent on which youth and staff were involved. They suggested that some youth were treated more favorably by staff than others.

A review of isolation data from May 2022 to January 2023 found that youth were isolated from 1.6 hours to 1,102 hours for a staff assault. The average time spent in isolation was 151 hours or 6.3 days. It did not appear that hours were trending in a specific direction. For example, in April 2022 one youth was isolated for 18 hours for a staff assault. In July 2022, the average was 82 hours. Three months later, the average was 156 hours. In January 2023, the average was back to 82 hours. Youth isolated for threatening conduct, the most frequent reason for isolation, spent an average of 126 hours or 5.3 days isolated, with a low of 2 hours and a high of 882 hours. Again, the monthly averages varied. This data analysis does not take in consideration whether the staff assault resulted in minor or severe injuries to staff or the level of threatening conduct.

Training all staff in clear, consistent, and appropriate consequences will be critical to the success of the BMS. The department must ensure that all staff are trained and that supervisors are given the responsibility of ensuring that staff and youth are following the BMS consistently.

#### **Limiting Use of Force and Restraints**

The department is actively taking steps to address this area by requiring that all staff complete Safe Crisis Management (SCM) training, piloting a new BMS, and drafting new policies and procedures on using physical force and mechanical restraints. A review of incidents from April 2022 to January 2023 indicated that, on average, 6.2% of all incidents involved using physical, mechanical, or chemical force (or a combination). The data did not trend in a specific direction, remaining mostly flat across the time period, with a spike in January 2023 of 9.2%.

DJJ must finalize, implement, and train staff on the new policies and procedures. Frequent booster training sessions and annual recertification training on the skills learned in SCM will be necessary to ensure that staff are utilizing the new skills properly. This training is especially important to

	<p>assist veteran staff in transitioning to a new method for managing youth behaviors. Regular review of the data will help BRRRC administration identify areas where improvements are occurring so they can be reinforced and areas where further attention is needed.</p>
<p><b>Recommendations to Achieve Compliance</b></p>	<p>It is recommended that DJJ take the following steps to move toward substantial compliance.</p> <ul style="list-style-type: none"> <li>• 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 their effectiveness and making changes as necessary.</li> <li>• Continue to adhere to its surveillance tools installation timeline, prioritizing installation as parts become available.</li> <li>• 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"> <li>○ Follow the schedule consistently with exceptions for exigent circumstances.</li> </ul> </li> <li>• Include all special events on the schedule unless such events were unanticipated.</li> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> <li>• Establish consistent responses to youth behaviors by implementing the behavior management system campus wide 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"> <li>○ Evaluate the results from the pilot BMS implementation and work with NPJS to make any necessary adjustments.</li> <li>○ Develop an implementation plan for expanding the BMS until it is campuswide. The plan should include the tasks to be completed, who will be responsible for each task, and the timeframe for completion. The plan should include how and</li> </ul> </li> </ul>

	<p>when youth and staff will be informed of and trained on the BMS and related policies, key messaging and communication artifacts such as posters, data collection procedures, staff coaching protocols, and other related tasks.</p> <ul style="list-style-type: none"> <li>○ Identify staff as on-site coaches for colleagues and mentors on the use of the behavior management system.</li> <li>○ Implement the plan and monitor its effectiveness in reducing youth-on-youth violence and increasing positive behaviors.</li> </ul> <ul style="list-style-type: none"> <li>● Continue to ensure all staff are scheduled for and complete SCM training before working directly with youths and require staff to be trained annually thereafter.       <ul style="list-style-type: none"> <li>○ In instances where untrained staff are scheduled to work, they should be paired with SCM-trained staff.</li> <li>○ Only SCM-trained staff should be allowed to use restraint and physical force on youths consistent with policies.</li> </ul> </li> <li>● DJJ, the monitoring team, and the DOJ should continue to work collaboratively on revised policies related to the required elements of the settlement agreement.       <ul style="list-style-type: none"> <li>○ Once finalized, expedite the approval of the policies and make them effective upon approval, but no less than 30 days after approval.</li> <li>○ Require all staff to read and acknowledge the policies review.</li> <li>○ Monitor compliance with the new policies and take the appropriate disciplinary action when policies are not followed.</li> </ul> </li> <li>● 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"> <li>○ The use of physical force or restraint should be documented with sufficient detail, including:           <ul style="list-style-type: none"> <li>▪ A description of the youth action that created a serious and immediate danger to self or others necessitating the use of force or restraint.</li> <li>▪ A description of verbal directives and graduated interventions that were attempted to avoid or minimize the use of force or restraints; and</li> <li>▪ The type of force or restraint used, including naming the specific techniques on which officers are trained, and for how long it was used.</li> </ul> </li> </ul> </li> <li>● Whenever isolation is used, determine whether its use complies with policies and procedures. Take the appropriate disciplinary action when isolation is used inappropriately.       <ul style="list-style-type: none"> <li>○ Document with sufficient detail the use of isolation, including:</li> </ul> </li> </ul>
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	<ul style="list-style-type: none"> <li>▪ The youth action that created a serious and immediate danger to self or others necessitating the use of isolation.</li> <li>▪ The less restrictive techniques an officer used prior to using isolation.</li> </ul> <ul style="list-style-type: none"> <li>• Include in its Implementation Plan steps for ensuring that 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.</li> <li>• 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"> <li>○ Document the monthly data review meetings to verify it is occurring.</li> <li>○ Ensure DJJ’s data collection system includes the data elements required in item 103 of the settlement agreement.</li> <li>○ 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.</li> </ul> </li> </ul> <p>DJJ should also consider these recommended steps.</p> <ul style="list-style-type: none"> <li>• Complete the facility incident dashboard that will document incident location and map trends.</li> <li>• Train all campus staff, stakeholders, and family members on positive youth development and methods for reinforcing the BMS system 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.</li> <li>• Be vigilant in maintaining the condition of the dorms. <ul style="list-style-type: none"> <li>○ 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.</li> <li>○ Understandably, the department is reluctant to paint over the graffiti in some dorms since they are scheduled to be remodeled. Still, more effort should be put into preventing new graffiti by eliminating access to writing instruments.</li> <li>○ Dorms and living areas should be cleaned daily and deep cleaned at least weekly.</li> </ul> </li> </ul>
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## SOURCES

- December 7, 2023, email from the Director of Settlement Compliance, subject: Communication.
- December 13, 2022, Memo from Deputy Director of Security and Operations to All Secure Facility Staff – Security and Non-Security, subject: Personal Wireless Communication Devices
- *Staffing Study Findings and Recommendations Report* submitted to DJJ on December 30, 2022.
- January 19, 2023, email from Deputy Director of Security and Operations to BRRCE Leadership and Management Team, subject: Duty to Act
- January 20, 2023, Memo from Deputy Director of Security and Operations to SCDJJ Community Staff and Stakeholders, subject: Female Youth Transfer to Coastal Evaluation Center
- January 30, 2023, email from the Director Settlement Compliance, subject: BRRC Updates
- February 22, 2023, email from the Director of Settlement Compliance, subject: Security Upgrades – Dorm Doors Capital Project progress plans
- January 12-13 and March 6-8, 2023, monitoring site visits
- Data provided by the Office of Human Resources for the period of March 2022-January 2023
- Data provided by the Division of Education and Workforce Development for the period of April 2022-January 2023
- Data provided by the Division of Programs and Services for the period of April 2022 to January 2023
- March 17, 2023, Memo from Deputy Director of Education and Workforce Development Division, subject: Response to DOJ document list (D1 and D2) – Education
- Interviews (virtual) with parents/guardians of BRRC youth during the week of March 13, 2023

# Staffing

## 29. STAFFING STUDY CONSULTANT

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

**Compliance Rating**    **Substantial Compliance**

<b>Description of Monitoring Process</b>	The SME reviewed email communications between the SME, DJJ Compliance Monitor, and DOJ, and meeting notes from the November 8, 2022, quarterly meeting regarding selecting a consultant to conduct a new staffing study.
<b>Findings &amp; Analysis</b>	<p>DJJ is in substantial compliance.</p> <p>DJJ hired The Moss Group, Inc., a Washington, D.C.-based consulting firm that specializes in strategic solutions to issues facing correctional administrators to conduct a staffing study. The study was completed December 30, 2022, and its methodology and conclusions were accepted by all parties for implementation.</p>
<b>Recommendations to Sustain Compliance</b>	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

## 30. STAFFING STUDY CONSULTANT SELECTION

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

**Compliance Rating**    **Substantial Compliance**

<b>Description of Monitoring Process</b>	The SME reviewed email communications between the SME, DJJ Compliance Monitor, and DOJ, and meeting notes from the November 8, 2022, quarterly meeting regarding selecting a consultant to conduct a new staffing study.
<b>Findings &amp; Analysis</b>	<p>DJJ is in substantial compliance.</p> <p>DJJ hired The Moss Group, Inc., a Washington, D.C.-based consulting firm that specializes in strategic solutions to issues facing correctional administrators to conduct 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.</p>
<b>Recommendations to Sustain Compliance</b>	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

### 31. STAFFING STUDY FACTORS

The staffing study will consider factors including:

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

**Compliance Rating**    **Substantial Compliance**

<b>Description of Monitoring Process</b>	The monitoring team reviewed the <i>Staffing Study Findings and Recommendations Report</i> submitted to DJJ on December 30, 2022.
<b>Findings &amp; Analysis</b>	<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>

<b>Recommendations to Achieve Compliance</b>	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

Not Rated<sup>11</sup>

<p><b>Description of Monitoring Process</b></p>	<p>The monitoring team reviewed records from DJJ’s Office of Human Resources on employee hours, vacancies, turnover, and retention from May 2022 to January 2023. Emails regarding staffing were also reviewed.</p>
<p><b>Findings &amp; Analysis</b></p>	<p>Like many correctional agencies nationwide, DJJ struggles to recruit and retain correctional staff. In May 2022, the juvenile correctional officer vacancy rate was 55%. These staff are essential for supervising youth and ensuring safe facility operations. The average turnover rate from May 2022 to January 2023 was 15%, with more than 40% of staff leaving the job for “personal” reasons. Another 32% abandoned the job, 10% were dismissed for unsatisfactory performance, 5% found another job, and 6% retired. Only 1% failed to meet certification requirements.<sup>12</sup> Retention figures ranged from a low of 73% in August 2022 to a high of 93% in May 2022, with an average retention rate of 85%.</p> <p>The department is making progress with filling vacancies. From May 2022 to January 2023, the vacancy rate fell from 55% to 29%. The department attributes this decline to hiring a national recruiting firm and offering hiring bonuses while reviewing and refining its internal hiring practices and procedures. DJJ has also implemented several internal measures to improve retention, including longevity bonuses and improving work conditions, which staff have cited as why their coworkers left the job and why they are considering leaving. DJJ hired a national consulting firm to implement a new behavior management system, formed a Rapid Response Team, and now require most staff to park outside the facility to reduce contraband being brought in either inadvertently or intentionally. DJJ is also seeking a legislative appropriation to increase staff pay in specific job classifications.</p> <p>DJJ does not have a data report to show staff-to-youth ratios but states they currently schedule unit coverage at a 1:8 staff-to-youth ratio and have schedules and timesheets that reflect the ratio. Data was requested to determine how often staff work beyond their regular 12-hour shifts, which was something interviewed staff indicated they had experienced on multiple</p>

<sup>11</sup> This item is marked as Not Rated because DJJ has not exceeded the deadline to meet this requirement.

<sup>12</sup> The numbers do not total 100% due to rounding. Not included are the deceased and ZL/99 figures which consisted of two employees.

	<p>occasions. When staff are fatigued, there is an increased possibility that they will fail to detect potential problems. The department provided data on staff who worked above their scheduled time in a pay period. That data did not demonstrate that direct care staff are working beyond their allocated hours during a pay period. The data did reveal that a different group of staff were working overtime. From May 2022 to January 2023, 123 staff worked hours above their scheduled time. A data request to determine how often staff work beyond their regular 12-hour shifts revealed that 123 staff worked hours above their scheduled time from May 2022 to January 2023. Thirty-nine percent of the staff worked an excess of 100 or more hours, with 22% working 200 hours or more. This group included assistant facility administrators, captains, a food service specialist, and nurse managers. These positions are not involved in the direct supervision of youth but perform critical functions associated with operations. These excess hours indicate the high level of commitment staff place on their work responsibilities, but they can also lead to higher levels of staff stress, fatigue, and burnout.</p> <p>One concern that should be monitored to determine the impact on BRRC operations is the overcrowding at the nearby juvenile detention and evaluation center. It was reported by BRRC administration that the 70-bed detention center is now housing over 100 youths. Approximately 50 boys at the evaluation center are also waiting for placement, including those waiting to be transferred to BRRC. BRRC staff are being redeployed to help provide staffing coverage at these facilities, which moves BRRC further away from its goal of achieving a 1:4 staff-to-youth ratio.</p>
<p><b>Recommendations to Achieve Compliance</b></p>	<p>It is recommended that DJJ take the following steps to move toward substantial compliance.</p> <ul style="list-style-type: none"> <li>• Continue efforts to improve staffing levels, striving for a 1:4 staff-to-youth ratio in the living units and eventually an overlapping schedule in dorms with doors per the staffing study recommendations.</li> <li>• Add 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).</li> <li>• Document and evaluate the outcomes of each recruitment and retention strategy and adjust as needed.</li> <li>• Maintain records to verify staffing ratios.</li> </ul> <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"> <li>• Ensure staff have regular breaks and relief opportunities during their shift.</li> <li>• Identify opportunities for growth and a pathway for advancement in the department during annual staff performance reviews.</li> </ul>

	<ul style="list-style-type: none"><li>• Annually train security staff to consistently exercise positive behavioral approaches when working with youth.</li><li>• Provide security staff with support, coaching, and backup to de-escalate a situation and intervene safely with the least amount of force.</li><li>• Implement unit-based scheduling so staff can develop rapport with youth and maintain a consistent environment.</li></ul>
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## SOURCES

- *Staffing Study Findings and Recommendations Report* submitted to DJJ on December 30, 2022.
- January 12-13 and March 6-8, 2023, monitoring site visits
- Data provided by the Office of Human Resources for the period of March 2022-January 2023
- March 13, 2023 email from the Director of Settlement Compliance, subject: Separation and Exit Interview Data – JD Series



# Physical Plant

## 33. PHYSICAL PLANT

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

**Compliance Rating**    **Substantial Compliance**

<p><b>Description of Monitoring Process</b></p>	<p>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.</p>
<p><b>Findings &amp; Analysis</b></p>	<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>
<p><b>Recommendations to Achieve Compliance</b></p>	<p>Nothing further is required. However, DJJ should continue to evaluate areas without video surveillance to determine whether additional cameras are needed, including but not limited to busses and vehicles to transport youth and in the Willow gymnasium upstairs workout room.</p>

## SOURCES

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

## 34. SURVEILLANCE TOOLS TIMELINE PROPOSAL

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

### Compliance Rating    Substantial Compliance

<b>Description of Monitoring Process</b>	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.
<b>Findings &amp; Analysis</b>	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.
<b>Recommendations to Sustain Compliance</b>	To maintain substantial compliance, DJJ should provide monthly updates to the monitoring team and the DOJ regarding progress in obtaining and installing needed equipment.

### 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

## 35. SURVEILLANCE TOOLS TIMELINE REVIEW

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

**Compliance Rating**    **Substantial Compliance**

<b>Description of Monitoring Process</b>	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.
<b>Findings &amp; Analysis</b>	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.
<b>Recommendations to Sustain Compliance</b>	Nothing further is required.

### 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

## 36. SURVEILLANCE INSTALLATION

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

	Compliance Rating	Not Rated <sup>13</sup>
<b>Description of Monitoring Process</b>	The monitoring team reviewed the <i>Camera Surveillance Project: Camera Coverage</i> Report submitted by DJJ to the DOJ and the SME on July 13, 2022, a September 12, 2022, installation priority chart, conducted two facility site visits, and reviewed emails from the Director of Settlement Compliance.	
<b>Findings &amp; Analysis</b>	<p>DJJ is installing and activating surveillance equipment identified in their report as parts become available. As of March 1, 2023, 83 installed cameras were pending activation. Port switches had been received for all but five of the cameras and activation began on March 20<sup>th</sup>. Because each switch needs to be configured, the installation will continue through April. The switches for the remaining cameras are on backorder.</p> <p>DJJ has also taken into consideration the monitoring team’s recommendations and made modifications as deemed necessary.</p>	
<b>Recommendations</b> <sup>14</sup>	<p>DJJ should adhere to its surveillance tools installation timeline, prioritizing installation as parts become available.</p> <p>DJJ should also consider the following recommended steps.</p> <ul style="list-style-type: none"> <li>• Continually evaluate whether additional surveillance equipment is necessary and adjust as necessary.</li> <li>• Ensure data are collected to help identify where and when incidents occur.</li> <li>• Review reliable data and consider feedback from the monitoring team to adjust surveillance strategies and equipment needs to address areas of concern.</li> <li>• Train 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.</li> </ul>	

<sup>13</sup> This item was reviewed but is marked as not rated due to DJJ and the DOJ working to resolve a disagreement about the requirements of this element.

<sup>14</sup> These recommendations may change based on the resolution of the disagreement.

	<ul style="list-style-type: none"><li>• Provide regular updates to staff on BRRC locations where incidents are more likely to occur so staffing or other surveillance strategies can be enhanced.</li></ul>
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## 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
- November 8, 2022, email from the Director of Settlement Compliance, subject: Camera Surveillance – Monthly Update
- 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

## 37. VIDEO RETENTION

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

**Compliance Rating**    **Substantial Compliance**

<p><b>Description of Monitoring Process</b></p>	<p>The monitoring team reviewed the camera surveillance equipment and interviewed staff during its January and March 2023, site visits. Draft policies related to camera surveillance and investigations were also reviewed.</p>
<p><b>Findings &amp; Analysis</b></p>	<p>According to the department, the camera surveillance equipment automatically retains video for a minimum of 30 days. If the video is bookmarked, it is retained indefinitely. Procedures require bookmarked videos to be copied and stored in another off-campus system. Draft policy 314, Camera Surveillance System, outlines how video will be obtained and retained. Draft policy 328, Investigations, states that investigative records, including video, will be maintained for seven years and then destroyed.</p> <p>A demonstration of DJJ’s video retention practices was provided and a member of the monitoring team was able to view video retained from various incidents. These videos were 30 or more days old.</p>
<p><b>Recommendations to Achieve Compliance</b></p>	<p>To maintain substantial compliance, it is recommended that DJJ take the following steps.</p> <ul style="list-style-type: none"> <li>• Follow its current practices to retain video for a minimum of 30 days to ensure it is available for investigations, regular oversight, and quality assurance reviews.</li> <li>• Bookmark video upon request to ensure it is available.</li> <li>• Monitor retention practices to ensure compliance.</li> </ul> <p>DJJ should also consider the following recommended steps.</p> <ul style="list-style-type: none"> <li>• Finalize, approve, and implement revised policies 314, Camera Surveillance, and 328, Investigations.</li> <li>• Require all staff to read and acknowledge the policies review.</li> <li>• 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.</li> </ul>

	<ul style="list-style-type: none"><li>• Monitor implementation to ensure the policies are having the desired impact and adjust as needed in consultation with the monitoring team and the DOJ.</li></ul>
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## SOURCES

- January 12-13 and March 6-8, 2023, monitoring site visits
- Draft policy 314, Camera Surveillance System
- Draft policy 328, Investigations



# 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
<b>Description of Monitoring Process</b>	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>Initial Implementation Plan</i> .	
<b>Findings &amp; Analysis</b>	<p>Per DJJ's <i>Initial 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 acknowledged challenges with developing and maintaining a facility calendar or a daily schedule; however, the facility introduced a new schedule in February. Staffing challenges continue to hamper the facility's ability to implement planned programming fully.</p> <p>During the March site visit, it was reported that attempts were being made to implement the new schedule on weekdays. An updated schedule for March was provided that includes limited, mostly leisure activities and visitation on weekends. The weekday schedule begins at 5:45 am and concludes at 9:00 PM. It incorporates a mixture of standard operational and security protocols with alternating education, work, treatment, and campus detail activities across the various dorms. The new schedule identifies time for the deployment of treatment groups across the campus with 11:30 am to 4:30 pm on Wednesdays designated for Thinking for a Change (T4C) which was identified as the primary treatment program for all youth. Youth are pulled from non-core educational programs when they are scheduled to receive group work. Staff training on T4C is an ongoing issue, so the program is not fully implemented to fidelity.</p> <p>Each youth also has an active treatment plan, either an Initial Supervision and Service Plan (ISSP) or an Updated Supervision and Service Plan (USSP). A review of sample treatment plans recommended that the youth receive services for anger management, communication skills, decision making, and</p>	

victim empathy. The most common way youth will meet their goals involves individual counseling and groups. There are some references to cognitive interventions, but most involve the youth internalizing the required behaviors. Change theory suggests that behavior modification is unlikely without a focus on skill development and practice. Reintegration plans are sparse and focus on where the youth will reside rather than a more comprehensive plan for how they will maintain any gains made and continue with their treatment and/or relapse prevention. A reentry specialist was recently hired to address this gap. Progress is measured by a reclassification instrument that measures the youth's adjustment in the facility, campus dorm, program, and school. These are completed by staff in the respective areas. Youth receive negative points for poor behaviors and positive points for good behavior.

While not a requirement of the settlement agreement, it was noted that youth are infrequently part of the treatment review process. Only three of the 21 sample plans reviewed were signed by the youth. It did not appear that parents were involved. Parents interviewed indicated little awareness of their child's treatment plan and goals. One parent shared that she signed a plan but was unfamiliar with the programming her child was receiving. Parents stated that they did not know what was expected of them or their child at BRRC, and communication was minimal.

Facility Clinical Services reported being fully staffed with social workers who have primary responsibility for delivering services identified in the youth's service plans. As of the March site visit, there were two psychologist vacancies.

DJJ recently filled a large number of activity staff positions which should increase the amount of structured leisure time. In the fall, they launched a campus basketball team coached by the Division of Programs and Services Deputy Director. The team, which participated in a church intramural league, finished second. This structured activity provided a recreational outlet while also promoting pro-social skill building. Participation required the youth to exhibit positive behavior or risk being dismissed from the team or sitting out games due to inappropriate behavior.

Versions of the facility schedule were posted in some of the dorms and staff appeared to have a general understanding of what activities would occur. Youth returned to full-day school attendance in mid-February on alternating wings by unit after it had been shifted to individual instruction, primarily in the dorms following a school incident in October where a teacher was seriously injured, and youth were wandering around the campus with weapons. The department's newly established Rapid Response Team (RRT) frequently visits the school and has created a greater sense of safety and calm as reported by teachers and students.

While the new schedule appears promising, episodes of disorder were reported during the rating period. Reports of youth damaging property

	<p>resulted in the closure of pods or full dormitories at times, including Laurel, Catawba, Magnolia, and wings within Evergreen. Youth also continue to be “out of place” and sometimes unsupervised around campus.</p>
<p><b>Recommendations to Achieve Compliance</b></p>	<p>It is recommended that DJJ take the following steps to move toward substantial compliance.</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• Follow the schedule consistently with exceptions for exigent circumstances.</li> <li>• Include all special events on the schedule unless such events were unanticipated.</li> <li>• 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.</li> <li>• 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.</li> <li>• Offer rehabilitative programming in a setting appropriate for delivering the programming and by staff trained in the program or activity.</li> <li>• 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.</li> <li>• 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.</li> </ul> <p>DJJ should also consider the following recommended steps to enhance rehabilitative programming.</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• Match rehabilitative programming to youths’ needs and interests and ensure they are developmentally appropriate.</li> <li>• Require youth to practice and apply skills learned to increase their likelihood of engaging in law-abiding behavior.</li> <li>• 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.</li> </ul>

	<ul style="list-style-type: none"> <li>● Implement the <i>Thinking for a Change</i> (T4C) curriculum with fidelity to achieve desired impact. <ul style="list-style-type: none"> <li>○ Require facilitators to complete facilitator training.</li> <li>○ 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.</li> <li>○ 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.</li> <li>○ 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.</li> </ul> </li> <li>● Review and possibly revise specialized staff scheduled 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.</li> <li>● Individualize each youth’s treatment and transition plan. <ul style="list-style-type: none"> <li>○ Use the results from a validated actuarial risk and needs assessment to determine each youth’s risk, criminogenic needs, strengths, and responsivity factors.</li> <li>○ 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.</li> <li>○ Provide cognitively based interventions at a sufficient dosage to increase the youth’s likelihood of engaging in law-abiding behaviors.</li> <li>○ 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.</li> </ul> </li> </ul>
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## SOURCES

- *Initial Implementation Plan: South Carolina Department of Juvenile Justice, Broad River Road Complex, August 12, 2022.*
- Documents provided by DJJ between October 2022 and March 20, 2023.
  - BRRC Master Schedule (February 27 and February / March 2023)

- Birchwood School Enrollment and Attendance Data
  - Sampling of Initial and Updated Supervision and Service Plan
  - Updated Supervision and Service Plan
- January 12-13 and March 6-8, 2023, monitoring site visits
- Interviews (virtual) with parents/guardians of BRRC youth during the week of March 13, 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
<b>Description of Monitoring Process</b>	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 <i>Initial Implementation Plan</i> .	
<b>Findings &amp; Analysis</b>	<p>An appropriate mix of rehabilitative programming has not been implemented; however, efforts are underway to improve the array of offerings. The new weekday schedule, when fully implemented, will provide a good mixture of activities. Staff and youth indicate that the weekends are not very structured and include mostly leisure time.</p> <p>Treatment programming includes social workers and clinical team members delivering individualized and group treatment services; however, time for treatment might be limited on the schedule. A review of a sampling of treatment plans provided by the facility does not clearly indicate if the services offered match the treatment plans and specific criminogenic needs of all youth; however, T4C was described as addressing several criminogenic needs. It is also noted that the RANA risk assessment measures risk and does not identify criminogenic needs which might make it more difficult to make an appropriate match.</p> <p>Group work seems to be increasing in the units. Staff are not reporting fear of going into the units to the extent previously reported. Concerns were still noted with single staff coverage in the units, which can limit control within the units and thus, successful programming. The department has plans to assign the newly established Youth Engagement Specialists (YES) staff to the unit staffing complement and have them participate in programming aspects. This approach has not been fully implemented.</p> <p>Staff involved in delivering rehabilitative programming expressed concern about the new requirement to park outside the facility and be transported by bus to their work location. Because these staff visit various buildings throughout the day, they felt their time was wasted waiting for a bus to</p>	

	<p>arrive. A dedicated shared vehicle for staff was provided, but not always available.</p> <p>DJJ has filled several activity staff vacancies in recent weeks, which should allow for a greater variety of recreational and leisure time activities. Youth currently report that playing basketball in the gym or courtyard and cards in the unit as their most frequent activities.</p> <p>Treatment staff reported offering AOD, Life Skills, and ART programming; however, it is not clear from the calendar the time and frequency of these offerings. Additional new programs include the implementation of the Credible Messenger mentoring program that began in March and a second session of the Empowerment Kings program. Transition readiness is now the focus for the higher-level youth residing in the Transition Home.</p> <p>Most youths (39 out of 49) are enrolled in GED preparatory programming. Only 10 youths were enrolled in regular education courses at the end of January 2023. BRRRC reports two youths receiving a high school diploma and eight youth receiving their GED since April 2022. The Birchwood school day has been adjusted in recent weeks. Youths are now back in school following a move to unit-based education in October. To control behavior and minimize conflict, the units are divided by academic and vocational services during the morning and afternoon sessions. They return to their units for lunch and go to the opposite school area when they return in the afternoon. Youth reported this arrangement to be going well.</p> <p>Several youths were observed participating in forklift operator training delivered by a volunteer instructor. Others were observed in the woodworking shop making ink pens and building furniture. Youths were actively engaged in these activities and followed instruction and direction well. The monitoring team observed, however, safety concerns with both activities. Youth and staff did not have eye or ear protection while operating loud equipment or machinery that could send small wood particles into the air. Inventory control was not apparent in the woodshop. Youth could easily smuggle out small parts, bypassing the handheld metal scanners. These items could be used to create weapons or devices like a tattoo gun. A youth in the shop was observed as having what appeared to be a fresh tattoo.</p> <p>Another addition to programming services is the recent hire of a Chaplain who transferred from another operations position. He has begun to develop religious programming that will eventually include various activities and provide options for youth to observe different faiths. This should increase weekend and weekday activities.</p>
<p><b>Recommendations to Achieve Compliance</b></p>	<p>It is recommended that DJJ take the following steps to move toward substantial compliance.</p> <ul style="list-style-type: none"> <li>• 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.</li> </ul>

	<ul style="list-style-type: none"> <li>• Follow the schedule consistently with exceptions for exigent circumstances.</li> <li>• Include all special events on the schedule unless such events were unanticipated.</li> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> <li>• Offer rehabilitative programming in a setting appropriate for delivering the programming and by staff trained in the program or activity.</li> <li>• Ensure sufficient staffing levels consistent with the recommendations of the staffing study so youth may realize the full benefits of programming.</li> </ul> <p>DJJ should also consider the following recommended steps to enhance rehabilitative programming.</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• Match rehabilitative programming to youths' needs and interests and ensure they are developmentally appropriate.</li> <li>• Require youth to practice and apply skills learned to increase their likelihood of engaging in law-abiding behavior.</li> <li>• 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.</li> <li>• Implement the <i>Thinking for a Change</i> (T4C) curriculum with fidelity to achieve desired impact. <ul style="list-style-type: none"> <li>○ Require facilitators to complete facilitator training.</li> <li>○ Upon completion of the training, implement quality assurance methods to ensure facilitators follow the model as intended. These methods could include session</li> </ul> </li> </ul>
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	<p>observations followed by facilitator coaching with someone with expertise in the curriculum.</p> <ul style="list-style-type: none"> <li>○ 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.</li> <li>○ 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.</li> </ul> <ul style="list-style-type: none"> <li>● 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.</li> <li>● Individualize each youth’s treatment and transition plan. <ul style="list-style-type: none"> <li>○ Use the results from a validated actuarial risk and needs assessment to determine each youth’s risk, criminogenic needs, strengths, and responsivity factors.</li> <li>○ 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.</li> <li>○ Provide cognitively based interventions at a sufficient dosage to increase the youth’s likelihood of engaging in law-abiding behaviors.</li> <li>○ 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.</li> </ul> </li> </ul>
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## SOURCES

- *Initial Implementation Plan: South Carolina Department of Juvenile Justice, Broad River Road Complex, August 12, 2022*
- Documents provided by DJJ between October 2022 and March 20, 2023
  - BRRC Master Schedule
  - Birchwood School Enrollment and Attendance Data
  - Sampling of Initial and Updated Supervision and Service Plan
  - Updated Supervision and Service Plan
- January 12-13 and March 6-8, 2023, monitoring site visits

# Approach to Behavior Management

## 40. APPROACH TO BEHAVIOR MANAGEMENT

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

**Compliance Rating**    **Substantial Compliance**

<b>Description of Monitoring Process</b>	The monitoring team reviewed the proposed consultant draft proposal and resumes and provided input to the Director of Settlement Compliance and the DOJ.
<b>Findings &amp; Analysis</b>	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.
<b>Recommendations to Achieve Compliance</b>	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

## 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><b>Description of Monitoring Process</b></p>	<p>The monitoring team met with consultants from NPJS during its January and March site visits to learn about the behavior management system being implemented. The team also reviewed draft BMS materials and observed training.</p>
<p><b>Findings &amp; Analysis</b></p>	<p>The department is making significant progress in this area. NPJS has developed a Back to Basics (B2B) Academy that contains five “packages.” The color-coded packages, beginning with the White Package – Basic/Starter, and ending with the Platinum Package, describe the activities staff will learn at each level. For example, in the White Package, staff will learn such things as how to observe and build positive rapport, establish and maintain appropriate boundaries, complete shift change/security checks, and work as a team. NPJS will monitor the implementation of White Package expectations and provide real-time mentorship and support. Mid-Level management will then be required to oversee and enforce the White Package. A manager’s progress report checklist is used to assess staff’s mastery of the skills. Once staff have demonstrated competencies in these areas, BRRC will move to the next package where staff will learn new skills such as getting youth back on track, behavior and reinforcement theories, de-escalation strategies, community circles, and trauma-informed theories.</p> <p>A draft staff manual was provided to the monitoring team. It contained information about the new Legacy behavior management program built on three elements: reinforcement theory and strategies to increase appropriate behaviors; extinction theory and strategies to decrease inappropriate behaviors, cognitive behavioral interventions and strategies to teach new pro-social skills. Youth progress through phases and tiers. The manual described youth and staff expectations and activities. Specific groups are listed, providing a structured approach to knowledge and skill acquisition. The manual contained numerous forms, described minor and major rule violations, and listed privileges associated with each phase.</p> <p>During the March monitoring visit, the team observed NPJS staff conduct a Back to Basic staff training. The segment observed included a scenario-based</p>

	<p>exercise and discussion about the most appropriate response to a youth who does not comply with a staff directive. The trainers kept the participants engaged and challenged their thinking, encouraging them to consider different ways to approach a situation.</p>
<p><b>Recommendations to Achieve Compliance</b></p>	<p>It is recommended that DJJ take the following steps to move toward substantial compliance.</p> <ul style="list-style-type: none"> <li>• Submit to the SME for review and approval, the BMS manual forms, and other related materials.</li> </ul> <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.</p>

## SOURCES

- January 12-13 and March 6-8, 2023, monitoring site visits
- Draft manual, forms, and training materials provided by NPJS

## 42. CONSISTENTLY IMPLEMENT BEHAVIOR MANAGEMENT TOOLS

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

	Compliance Rating	Not Rated
<b>Description of Monitoring Process</b>	The monitoring team will review incident data and reports to verify that DJJ consistently implements the established positive behavior management tools to reduce youth-on-youth violence.	
<b>Findings &amp; Analysis</b>	This element is not rated as the behavior management system (BMS) is not fully implemented. NPJS is currently piloting the BMS in Evergreen, training is being provided, a manual has been drafted, and coaches are onsite working with staff.	
<b>Recommendations to Achieve Compliance</b>	<p>It is recommended that DJJ take the following steps to move toward substantial compliance.</p> <ul style="list-style-type: none"> <li>• Evaluate the results from the pilot BMS implementation and work with NPJS to make any necessary adjustments.</li> <li>• Develop an implementation plan for expanding the BMS campuswide.</li> <li>• Implement the plan and monitor its effectiveness in reducing youth-on-youth violence and increasing positive behaviors.</li> <li>• Maintain records to verify the effectiveness of the BMS.</li> </ul> <p>DJJ should also consider the following recommended steps.</p> <ul style="list-style-type: none"> <li>• Include in the BMS implementation plan the tasks to be completed, who will be responsible for each task, and the timeframe for completion.</li> <li>• Describe in the plan how and when youth and staff will be informed of and trained on the BMS and related policies, key messaging and communication artifacts such as posters and infographics, data collection and evaluation procedures, staff coaching protocols, and other related tasks.</li> </ul>	

### SOURCES

- January 12-13 and March 6-8, 2023, monitoring site visits
- Draft manual, forms, and training materials provided by NPJS

## 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><b>Description of Monitoring Process</b></p>	<p>The monitoring team reviewed current policies and procedures, conducted two facility site visits in January and March 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><b>Findings &amp; Analysis</b></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. Significant progress has been made in this area. According to a March 2, 2023, report from the Training Division, 72 of the 106 active BRRC employees have completed SCM. Of the 34 employees who still need to complete the training, 16 are new employees or recently promoted to a position at BRRC, seven have previously been scheduled to attend SCM, and 11 have a reason denoted for not completing. The division reviews this information regularly and has a process for reminding employees and their supervisors about the required training.</p> <p>Training is one component of this requirement. The other component is having a behavior management system (BMS) in place campuswide that will equip staff with an array of strategies and tools to manage behavior other than use of physical force or isolation. The BMS is currently being piloted in Evergreen.</p> <p>From April 2022 to January 2023, there were a total of 1,348 incidents reported at BRRC. Of these, 83 involved the use of force (6.2%). By month, the percentage was as low as 4.5% in September 2022 and as high as 9.2% in January 2023. Most use of force incidents involved physical and mechanical restraint (46%). Isolation data reviewed for the same period indicated 302 isolation events, averaging 5,114 hours of isolation per month. Threatening conduct, damage to state property, Laurel hold<sup>15</sup>, group disturbance, and</p>

<sup>15</sup> Youth from other facilities may be temporarily held in Laurel pending another placement.

	<p>staff assaulted by youth were the top five reasons for isolation. It is too soon to determine whether some of the changes the department is making are having an impact on reducing the use of force and isolation. Use of force numbers are flat, and damage to the Laurel unit reduced the number of available beds which likely impacted the data.</p>
<p><b>Recommendations to Achieve Compliance</b></p>	<p>It is recommended that DJJ take the following steps to move toward substantial compliance.</p> <ul style="list-style-type: none"> <li>• Continue to ensure all staff are scheduled for and complete SCM training before working directly with youths and require staff to be trained annually thereafter. <ul style="list-style-type: none"> <li>○ In instances where untrained staff are scheduled to work, they should be paired with SCM-trained staff.</li> <li>○ Only SCM-trained staff should be allowed to use restraint and physical force on youths consistent with policies.</li> </ul> </li> <li>• Maintain training records to verify training completion and document actions taken with staff who fail to complete training requirements.</li> <li>• Continue with BMS implementation to provide staff with an array of responses and sanctions they can employ, other than physical force or isolation.</li> </ul> <p>DJJ should also consider the following recommended steps.</p> <ul style="list-style-type: none"> <li>• Monitor the BMS outcomes using incident, use of force, and isolation data to measure its effectiveness and continually improve it.</li> </ul>

## SOURCES

- January 12-13 and March 6-8, 2023, monitoring site visits
- Data provided on Use of Force and Isolation for April 2022—January 2023
- March 2, 2023, email from the Director of Settlement Compliance, subject: SCM Data for BRRC

## 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	Not Rated
<b>Description of Monitoring Process</b>	Once the coaches are identified by DJJ and the behavior management consultants, the monitoring team will review the criteria for their selection, their described role and responsibilities, and how they are deployed.	
<b>Findings &amp; Analysis</b>	The department is working towards compliance. The Behavior Management System (BMS) is being piloted in the Evergreen unit, BRRC staff are being trained, and youth are learning about the new BMS. On-site NPJS coaches are working directly with staff. Through this type of engagement, the NPJS coaches are in the process of identifying staff who could become on-site coaches and mentors on the use of behavior management.	
<b>Recommendations to Achieve Compliance</b>	<p>It is recommended that DJJ take the following steps to move toward substantial compliance.</p> <ul style="list-style-type: none"> <li>• Establish a timeline for selecting coaches, with benchmarks for the selection process that are consistent with the progress of BMS training.</li> <li>• Develop criteria for selecting coaches, define their roles and responsibilities, and describe how they will be deployed and how their activities will be documented.</li> </ul> <p>DJJ should also consider the following recommended steps.</p> <ul style="list-style-type: none"> <li>• Implement a process for coaching the coaches and conducting annual observations of coaches to support their growth and development.</li> </ul>	

### SOURCES

- Youth Engagement Specialist job description provided by the Director of Settlement Compliance on January 10, 2023



# 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

### Partial Compliance

<b>Description of Monitoring Process</b>	The monitoring team and the DOJ reviewed and provided input on the draft Use of Physical Force and Mechanical Restraint policies.
<b>Findings &amp; Analysis</b>	Significant progress has been made. The Use of Force and Mechanical Restraint policies have been drafted, and DJJ, the monitoring team, and the DOJ are collaboratively finalizing the policy. While the work exceeds the timeline, the complicated nature of the policies necessitates back-and-forth discussions to ensure sound policy development. DJJ has been proactive and timely in responding to questions, reviewing input, and editing the policy.
<b>Recommendations to Achieve Compliance</b>	<p>It is recommended that DJJ take the following steps to move toward substantial compliance.</p> <ul style="list-style-type: none"> <li>• DJJ, the monitoring team, and the DOJ should continue to work collaboratively on the revised policies without delay.</li> <li>• Once finalized, expedite the approval of the policies and make them effective upon approval, but no less than 30 days after approval.</li> </ul> <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"> <li>• Staff training on the new policies and procedures should include scenarios, a question-and-answer segment, and be competency-based, with staff required to complete and pass a test or quiz.</li> </ul>

**SOURCES**

- Draft policy 310, Mechanical Restraints
- Draft policy 315, Use of Physical Force
- January 12-13 and March 6-8, 2023, monitoring site visits
- Data provided on use of force and restraints for April 2022—January 2023

## 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	Not Rated
<b>Description of Monitoring Process</b>	The monitoring team will verify if DJJ implemented the revised use of force policies and procedures within the required time frame.	
<b>Findings &amp; Analysis</b>	The department is actively pursuing steps to comply with this requirement. Policies have been drafted and contain the required language. This element will be evaluated once new policies and procedures are implemented.	
<b>Recommendations to Achieve Compliance</b>	<p>It is recommended that DJJ take the following steps to move toward substantial compliance.</p> <ul style="list-style-type: none"> <li>• The approved policies should go into effect upon approval, but no less than 30 days after approval.</li> <li>• Require all staff to read and acknowledge the policies review.</li> <li>• Train all staff in the policies and their application.</li> <li>• Monitor implementation to ensure the policies have the desired impact.</li> </ul> <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"> <li>• Staff training on the new policies and procedures should include scenarios, a question-and-answer segment, and be competency-based, with staff required to complete and pass a test or quiz.</li> <li>• Adjust policies, practices, training, and implementation as needed in consultation with the monitoring team and the DOJ.</li> <li>• Require staff to be retrained on the policy should staff experience challenges with implementation.</li> </ul>	

### SOURCES

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

## 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.

	<b>Compliance Rating</b>	<b>Not Rated</b>
<b>Description of Monitoring Process</b>	The monitoring team will review data, incident reports, and investigations to verify whether staff are following the new policies once implemented.	
<b>Findings &amp; Analysis</b>	The department is actively pursuing steps to comply with this requirement. Policies have been drafted and contain the required language. This element will be evaluated once new policies and procedures are implemented.	
<b>Recommendations to Achieve Compliance</b>	<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"> <li>• Whenever physical force is used, determine whether its use complies with policies and procedures.</li> <li>• Take the appropriate disciplinary action when staff's use of physical force is not warranted.</li> </ul> <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"> <li>• Regularly review with staff previous incidents for training purposes to identify any missed opportunities in which the use of force could have been avoided.</li> <li>• Require staff to be retrained on the policy should staff experience challenges with implementation.</li> </ul>	

### SOURCES

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

## 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.

	<b>Compliance Rating</b>	<b>Not Rated</b>
<b>Description of Monitoring Process</b>	The monitoring team will review data, incident reports, and investigations to verify whether staff are following the new policies once implemented.	
<b>Findings &amp; Analysis</b>	The department is actively pursuing steps to comply with this requirement. Policies have been drafted and contain the required language. This element will be evaluated once new policies and procedures are implemented.	
<b>Recommendations to Achieve Compliance</b>	<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"> <li>• 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.</li> <li>• Take the appropriate disciplinary action when staff's use of physical force was not warranted.</li> </ul> <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"> <li>• Regularly review with staff previous incidents for training purposes to identify any missed opportunities in which the use of force could have been avoided.</li> <li>• Require staff to be retrained on the policy should staff experience challenges with implementation.</li> </ul>	

### SOURCES

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

## 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**

<b>Description of Monitoring Process</b>	The monitoring team will review data, incident reports, and investigations to verify whether staff are following the new policies once implemented.
<b>Findings &amp; Analysis</b>	The department is actively pursuing steps to comply with this requirement. Policies have been drafted and contain the required language. This element will be evaluated once new policies and procedures are implemented.
<b>Recommendations to Achieve Compliance</b>	<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"> <li>• 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.</li> <li>• Take the appropriate disciplinary action when staff’s use of physical force was not warranted.</li> </ul> <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"> <li>• Regularly review with staff previous incidents for training purposes to identify any missed opportunities in which the use of force could have been avoided.</li> <li>• Require staff to be retrained on the policy should staff experience challenges with implementation.</li> </ul>

### SOURCES

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

## 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**

<b>Description of Monitoring Process</b>	The monitoring team will review data, incident reports, and investigations to verify whether staff are following the new policies once implemented.
<b>Findings &amp; Analysis</b>	The department is actively pursuing steps to comply with this requirement. Policies have been drafted and contain the required language. This element will be evaluated once new policies and procedures are implemented.
<b>Recommendations to Achieve Compliance</b>	<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"> <li>• 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.</li> <li>• Take the appropriate disciplinary action when staff's use of physical force or restraint was not warranted.</li> </ul> <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"> <li>• 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.</li> <li>• Require staff to be retrained on the policy should staff experience challenges with implementation.</li> </ul>

### SOURCES

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

## 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**

**Not Rated**

<b>Description of Monitoring Process</b>	The monitoring team will review data, incident reports, and investigations to verify whether staff are following the new policies once implemented.
<b>Findings &amp; Analysis</b>	The department is actively pursuing steps to comply with this requirement. Policies have been drafted and contain the required language. The policy lists the techniques not approved including throwing youth, kicking, punching, or striking youth, pulling a youth's hair, using chokeholds or blows to the head, allowing others to strike or assault youth, or physically restraining youth in a prone position or any position that would restrict the youth's airway. This element will be evaluated once new policies and procedures are implemented.
<b>Recommendations to Achieve Compliance</b>	<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"> <li>• Prohibit untrained staff from using physical force or restraint.</li> <li>• 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.</li> <li>• Take the appropriate disciplinary action when untrained staff used force or trained staff used unapproved techniques.</li> </ul> <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"> <li>• 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.</li> <li>• 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.</li> </ul>



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

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

## 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**

**Not Rated**

<b>Description of Monitoring Process</b>	The monitoring team will review data, incident reports, and investigations to verify whether staff are following the new policies once implemented.
<b>Findings &amp; Analysis</b>	The department is actively pursuing steps to comply with this requirement. Policies have been drafted and contain the required language. This element will be evaluated once new policies and procedures are implemented.
<b>Recommendations to Achieve Compliance</b>	<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"> <li>• Include in the Event Reporting System and incident report forms a place for staff to enter items i, ii, and iii.</li> <li>• Train staff on how to complete the form correctly and thoroughly.</li> </ul> <p>DJJ should also consider the following recommended steps.</p> <ul style="list-style-type: none"> <li>• If the form is completed electronically, the system should require the staff member to enter the required information before finalizing the report.</li> <li>• Require staff to be retrained on the policy should staff experience challenges with implementation.</li> </ul>

### SOURCES

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

## 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

### Not Rated

<b>Description of Monitoring Process</b>	The monitoring team will review data, incident reports, and investigations to verify whether staff are following the new policies once implemented.
<b>Findings &amp; Analysis</b>	The department is actively pursuing steps to comply with this requirement. Policies have been drafted and contain the required language. This element will be evaluated once new policies and procedures are implemented.
<b>Recommendations to Achieve Compliance</b>	<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"> <li>• Whenever physical force or restraint is used, determine whether staff followed the appropriate steps to ensure a medical evaluation was conducted per the policy.</li> <li>• 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.</li> <li>• Take appropriate disciplinary action if staff did not follow policies and procedures.</li> </ul> <p>DJJ should also consider the following recommended steps.</p> <ul style="list-style-type: none"> <li>• DJJ should incorporate these required elements into its quality assurance system.</li> </ul>

### SOURCES

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

## 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	Not Rated
<b>Description of Monitoring Process</b>	The monitoring team will review data, incident reports, and investigations to verify whether staff are following the new policies once implemented.	
<b>Findings &amp; Analysis</b>	The department is actively pursuing steps to comply with this requirement. Policies have been drafted and contain the required language. Medical staff are currently following similar procedures. This element will be evaluated once new policies and procedures are implemented.	
<b>Recommendations to Achieve Compliance</b>	<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"> <li>• Implement a process to ensure that medical staff are adhering to the policy.</li> <li>• Take appropriate disciplinary action if staff did not follow policies and procedures.</li> </ul> <p>DJJ should also consider the following recommended steps.</p> <ul style="list-style-type: none"> <li>• DJJ should incorporate these required elements into its quality assurance system.</li> </ul>	

### SOURCES

- Draft policy 310, Mechanical Restraints
- Draft policy 315, Use of Physical Force
- Interviews with medical staff during the January 12-13 and March 6-8, 20223, 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**

**Not Rated**

<b>Description of Monitoring Process</b>	The monitoring team will review data, incident reports, and investigations to verify whether staff are following the new policies once implemented.
<b>Findings &amp; Analysis</b>	The department is actively pursuing steps to comply with this requirement. Policies have been drafted and contain the required language. Medical staff are currently following similar procedures. This element will be evaluated once new policies and procedures are implemented.
<b>Recommendations to Achieve Compliance</b>	<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"> <li>• Implement a process to ensure that medical staff are adhering to the policy.</li> <li>• Take appropriate disciplinary action if staff did not follow policies and procedures.</li> </ul> <p>DJJ should also consider the following recommended steps.</p> <ul style="list-style-type: none"> <li>• DJJ should incorporate these required elements into its quality assurance system.</li> </ul>

### SOURCES

- Draft policy 310, Mechanical Restraints
- Draft policy 315, Use of Physical Force
- Interviews with medical staff during the January 12-13 and March 6-8, 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

<b>Description of Monitoring Process</b>	The monitoring team and the DOJ reviewed and provided input on the draft Investigations policy.
<b>Findings &amp; Analysis</b>	Significant progress has been made. The Investigations policy has been drafted, and DJJ, the monitoring team, and the DOJ are collaboratively finalizing the policy. While the work exceeds the timeline, the complicated nature of the new policy necessitates back-and-forth discussions to ensure sound policy development. DJJ has been proactive and timely in responding to questions, reviewing input, and editing the policy.
<b>Recommendations to Achieve Compliance</b>	<p>It is recommended that DJJ take the following steps to move toward substantial compliance.</p> <ul style="list-style-type: none"> <li>• DJJ, the monitoring team, and the DOJ should continue to work collaboratively on the revised policies without delay.</li> <li>• Once finalized, expedite the approval of the policies and make them effective upon approval, but no less than 30 days after approval.</li> </ul>

	<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"><li>• Staff training on the new policies and procedures should include scenarios, a question-and-answer segment, and be competency-based, with staff required to complete and pass a test or quiz.</li></ul>
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## SOURCES

- Draft policy 328, Investigations

## 57. IMPLEMENT REVISED INVESTIGATION POLICIES AND PROCEDURES

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

**Compliance Rating**

**Not Rated**

<b>Description of Monitoring Process</b>	The monitoring team will verify if DJJ implemented the revised policy within the required time frame.
<b>Findings &amp; Analysis</b>	The department is actively pursuing steps to comply with this requirement. A policy has been drafted and contains the required language. This element will be evaluated once new policies and procedures are implemented.
<b>Recommendations to Achieve Compliance</b>	<p>It is recommended that DJJ take the following steps to move toward substantial compliance.</p> <ul style="list-style-type: none"> <li>• The approved policy should go into effect upon approval, but no less than 30 days after approval.</li> <li>• Require all staff to read and acknowledge the policies review.</li> <li>• Train all staff in the policies and their application.</li> <li>• Monitor implementation to ensure the policies have the desired impact.</li> </ul> <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"> <li>• Staff training on the new policies and procedures should include scenarios, a question-and-answer segment, and be competency-based, with staff required to complete and pass a test or quiz.</li> <li>• Adjust policies, practices, training, and implementation as needed in consultation with the monitoring team and the DOJ.</li> <li>• Require staff to be retrained on the policy should staff experience challenges with implementation.</li> </ul>

### 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

### Not Rated

<b>Description of Monitoring Process</b>	<p>The monitoring team will review data, incident reports, and investigations to verify whether staff are following the new policy once implemented.</p>
<b>Findings &amp; Analysis</b>	<p>The department is actively pursuing steps to comply with this requirement. A policy has been drafted and contains the required language. This element will be evaluated once new policies and procedures are implemented.</p> <p>There currently exists a very similar process for reviewing incidents and video footage. Such a process is not documented in an operation manual but described in a two-page standard operating procedures flowchart and references the names of current staff in the division. Were staff to change, this chart would require updating.</p>
<b>Recommendations to Achieve Compliance</b>	<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"> <li>• 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.</li> <li>• 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.</li> <li>• Take appropriate disciplinary action if staff did not follow policies and procedures.</li> </ul> <p>DJJ should also consider the following recommended steps due to the importance of these policies to the settlement agreement.</p> <ul style="list-style-type: none"> <li>• Create an operations manual that outlines the details and roles for all investigations.</li> </ul>

**SOURCES**

- Draft policy 328, Investigations
- Investigations Division Standard Operating Procedure Flowchart
- Interviews with investigations staff during the January 12-13 and March 6-8, 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**

**Not Rated**

<b>Description of Monitoring Process</b>	The monitoring team will review data, incident reports, and investigations to verify whether staff are following the new policy once implemented.
<b>Findings &amp; Analysis</b>	<p>The department is actively pursuing steps to comply with this requirement. A policy has been drafted and contains the required language. This element will be evaluated once new policies and procedures are implemented.</p> <p>Currently, staff are following similar procedures in handling grievances and complaints. One area where improvement could occur is sharing the conclusion of any investigation involving a grievance with the Grievance Coordinator so there can be follow-up with the youth who filed the grievance.</p>
<b>Recommendations to Achieve Compliance</b>	<p>Once policies and procedures are implemented, it is recommended that DJJ take the following steps to move toward substantial compliance.</p> <ul style="list-style-type: none"> <li>• 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.</li> </ul>

	<ul style="list-style-type: none"><li>• Take appropriate disciplinary action if staff did not follow policies and procedures.</li></ul> <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"><li>• Create an operations manual that outlines the details and roles for all investigations.</li></ul>
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## SOURCES

- Draft policy 328, Investigations
- Draft policy 920, Youth Grievance Process
- Interviews with investigations and grievance staff during the January 12-13 and March 6-8, 2023, monitoring site visits
- Interviews (virtual) with parents/guardians of BRRC youth during the week of March 13, 2023

## 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**

**Not Rated**

<p><b>Description of Monitoring Process</b></p>	<p>The monitoring team will review data, incident reports, and investigations to verify whether staff are following the new policy once implemented.</p>
<p><b>Findings &amp; Analysis</b></p>	<p>The department is actively pursuing steps to comply with this requirement. A policy has been drafted and contains the required language. This element will be evaluated once new policies and procedures are implemented. Currently, staff are following similar procedures.</p>
<p><b>Recommendations to Achieve Compliance</b></p>	<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"> <li>• 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).</li> <li>• 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.</li> <li>• Verify and document the Senior Manager provided staff feedback as appropriate to reinforce or correct staff.</li> <li>• Take appropriate disciplinary action if staff did not follow policies and procedures.</li> </ul> <p>DJJ should also consider the following recommended steps due to the importance of these policies to the settlement agreement.</p> <ul style="list-style-type: none"> <li>• 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.</li> </ul>

**SOURCES**

- Draft policy 328, Investigations
- Interviews with investigations staff during the January 12-13 and March 6-8, 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**

<b>Description of Monitoring Process</b>	The monitoring team will review data, incident reports, and investigations to verify whether staff are following the new policy once implemented.
<b>Findings &amp; Analysis</b>	The department is actively pursuing steps to comply with this requirement. A policy has been drafted and contains the required language. This element will be evaluated once new policies and procedures are implemented. Currently, staff under investigation are suspended without pay. If the allegation is unfounded, backpay is provided.
<b>Recommendations to Achieve Compliance</b>	<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"> <li>• 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.</li> <li>• Ensure that no-contact orders are communicated to relevant staff and followed.</li> <li>• Maintain records of no-contact orders, including the date they are effective and when/if the order is lifted.</li> <li>• Take appropriate disciplinary action if staff did not follow policies and procedures.</li> </ul> <p>DJJ should also consider the following recommended steps due to the importance of these policies to the settlement agreement.</p> <ul style="list-style-type: none"> <li>• 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"> <li>○ The decision should be made within one business day of the incident.</li> </ul> </li> </ul>

	<ul style="list-style-type: none"><li>○ Pending the outcome of the decision, the alleged perpetrator should be prohibited from having any contact with the youth.</li><li>● 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.</li><li>● Implement a method for identifying staff and youth who are not permitted to have contact and tracking compliance.</li></ul>
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## SOURCES

- Draft policy 328, Investigations
- Interviews with investigations staff and administration during the January 12-13 and March 6-8, 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**

**Not Rated**

<b>Description of Monitoring Process</b>	The monitoring team will review data, incident reports, and investigations to verify whether staff are following the new policy once implemented.
<b>Findings &amp; Analysis</b>	The department is actively pursuing steps to comply with this requirement. A policy has been drafted and contains the required language. This element will be evaluated once new policies and procedures are implemented.
<b>Recommendations to Achieve Compliance</b>	<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"> <li>• Ensure that a video of the incident, if one exists, is requested within three days of receiving the allegation.</li> <li>• Maintain records to verify the process was followed.</li> <li>• Take appropriate disciplinary action if staff did not follow policies and procedures.</li> </ul> <p>DJJ should also consider the following recommended steps due to the importance of these policies to the settlement agreement.</p> <ul style="list-style-type: none"> <li>• Create an operations manual that outlines the details and roles for all investigations and identifies the process for requesting and obtaining video.</li> <li>• 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.</li> </ul>

### SOURCES

- Draft policy 328, Investigations
- Interviews with investigations staff and administration during the January 12-13 and March 6-8, 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	Not Rated
<b>Description of Monitoring Process</b>	The monitoring team will review data, incident reports, and investigations to verify whether staff are following the new policy once implemented.	
<b>Findings &amp; Analysis</b>	<p>The department is actively pursuing steps to comply with this requirement. Policies have been drafted and contain the required language. This element will be evaluated once new policies and procedures are implemented.</p> <p>The current surveillance system automatically retains video for a minimum of 30 days. If video is bookmarked, it is retained indefinitely and copied to another off-campus system.</p>	
<b>Recommendations to Achieve Compliance</b>	<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"> <li>• Retain all investigation documents, including video and interview notes, for at least one year.</li> <li>• Maintain records to verify retention practices.</li> <li>• Take appropriate disciplinary action if staff did not follow policies and procedures.</li> </ul> <p>DJJ should also consider the following recommended steps due to the importance of these policies to the settlement agreement.</p> <ul style="list-style-type: none"> <li>• Create an operations manual that outlines the details and roles for all investigations and describes the process for retaining and storing investigations documents.</li> <li>• Store all investigation documents in a central, secure location with access restricted to authorized staff.</li> <li>• Electronically catalogue investigations documents to enable them to be searched and located by incident number, youth name, staff name, date, and location.</li> </ul>	

### SOURCES

- Draft policy 314, Camera Surveillance System

- Draft policy 328, Investigations
- Interviews with investigations staff and administration during the January 12-13 and March 6-8, 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	Not Rated
<b>Description of Monitoring Process</b>	The monitoring team will review data, incident reports, and investigations to verify whether staff are following the new policy once implemented.	
<b>Findings &amp; Analysis</b>	The department is actively pursuing steps to comply with this requirement. A policy has been drafted and contains the required language. This element will be evaluated once new policies and procedures are implemented.	
<b>Recommendations to Achieve Compliance</b>	<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"> <li>• Ensure an investigation is completed even where no video exists of the incident.</li> <li>• Maintain records to verify that investigations are conducted as required.</li> <li>• Take appropriate disciplinary action if staff did not follow policies and procedures.</li> </ul> <p>DJJ should also consider the following recommended steps due to the importance of these policies to the settlement agreement.</p> <ul style="list-style-type: none"> <li>• Create an operations manual that outlines the details and roles for all investigations, including how to investigate incidents without video.</li> <li>• Track the number of investigations where video does not exist to determine whether additional surveillance equipment may be necessary to assist with future investigations.</li> </ul>	

### SOURCES

- Draft policy 328, Investigations
- Interviews with investigations staff and administration during the January 12-13 and March 6-8, 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**

<b>Description of Monitoring Process</b>	The monitoring team will review data, incident reports, and investigations to verify whether staff are following the new policy once implemented.
<b>Findings &amp; Analysis</b>	The department is actively pursuing steps to comply with this requirement. A policy has been drafted and contains the required language. This element will be evaluated once new policies and procedures are implemented.
<b>Recommendations to Achieve Compliance</b>	<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"> <li>• 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.</li> <li>• Properly document all staff corrective and disciplinary measures taken in response to a finding of misconduct.</li> <li>• Maintain records to verify that responses are consistently and appropriately applied.</li> </ul> <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"> <li>• 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.</li> </ul>

### SOURCES

- Draft policy 328, Investigations

- Interviews with investigations staff and administration during the January 12-13 and March 6-8, 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

<b>Description of Monitoring Process</b>	The monitoring team will review data, incident reports, and investigations to verify whether staff are following the new policy once implemented.
<b>Findings &amp; Analysis</b>	The department is actively pursuing steps to comply with this requirement. A policy has been drafted and contains the required language. This element will be evaluated once new policies and procedures are implemented.
<b>Recommendations to Achieve Compliance</b>	<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"> <li>• Ensure that an investigation will not be terminated in cases where a youth withdraws an allegation, states a desire not to prosecute a criminal matter, declines to be interviewed about an allegation, or refuses to write a statement, this will not be used as the sole reason to terminate an investigation.</li> <li>• 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.</li> <li>• Maintain records to verify that efforts were made and the outcomes of those efforts.</li> <li>• Take appropriate disciplinary action if staff did not follow policies and procedures.</li> </ul> <p>DJJ should also consider the following recommended steps due to the importance of these policies to the settlement agreement.</p> <ul style="list-style-type: none"> <li>• Create an operations manual that outlines the details and roles for all investigations, including how to investigate incidents when a youth withdraws an allegation or refuses to cooperate.</li> </ul>

**SOURCES**

- Draft policy 328, Investigations
- Interviews with investigations staff and administration during the January 12-13 and March 6-8, 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**

<b>Description of Monitoring Process</b>	The monitoring team and the DOJ reviewed and provided input on the draft policy 323, Isolation of Youth.
<b>Findings &amp; Analysis</b>	Significant progress has been made. The Isolation of Youth policy has been drafted, and DJJ, the monitoring team, and the DOJ are collaboratively finalizing the policy. While the work exceeds the timeline, the complicated nature of the policies necessitates back-and-forth discussions to ensure sound policy development. DJJ has been proactive and timely in responding to questions, reviewing input, and editing the policy.
<b>Recommendations to Achieve Compliance</b>	<p>It is recommended that DJJ take the following steps to move toward substantial compliance.</p> <ul style="list-style-type: none"> <li>• DJJ, the monitoring team, and the DOJ should continue to work collaboratively on the revised policies without delay.</li> <li>• Once finalized, expedite the approval of the policies and make them effective upon approval, but no less than 30 days after approval.</li> </ul> <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"> <li>• Staff training on the new policies and procedures should include scenarios, a question-and-answer segment, and be competency-based, with staff required to complete and pass a test or quiz.</li> </ul>

**SOURCES**

- *Initial Implementation Plan: South Carolina Department of Juvenile Justice, Broad River Road Complex, August 12, 2022 (finalized on January 3, 2023)*
- Draft policy 323, Isolation of Youth
- January 13, 2023, email from the Director of Settlement Compliance, subject: re: Draft Jan 13 Policies – SME and DOJ review complete
- 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

## 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	Not Rated
<b>Description of Monitoring Process</b>	The monitoring team will verify if DJJ implemented the revised Isolation of Youth policy within the required time frame.	
<b>Findings &amp; Analysis</b>	The department is actively pursuing steps to comply with this requirement. A policy has been drafted and contains the required language. This element will be evaluated once new policies and procedures are implemented.	
<b>Recommendations to Achieve Compliance</b>	<p>It is recommended that DJJ take the following steps to move toward substantial compliance.</p> <ul style="list-style-type: none"> <li>• The approved policy should go into effect upon approval, but no less than 30 days after approval.</li> <li>• Require all staff to read and acknowledge the policies review.</li> <li>• Train all staff in the policies and their application.</li> <li>• Monitor implementation to ensure the policies have the desired impact.</li> </ul> <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"> <li>• Staff training should include scenarios, a question-and-answer segment, and be competency-based, with staff required to complete and pass a test or quiz about the policies.</li> <li>• Adjust policies, practices, training, and implementation as needed in consultation with the monitoring team and the DOJ.</li> <li>• Require staff to be retrained on the policy should staff experience challenges with implementation.</li> </ul>	

### SOURCES

- Draft policy 323, Isolation of Youth

## 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	Not Rated
<b>Description of Monitoring Process</b>	The monitoring team will document that DJJ is isolating youth per the new policy once it is adopted.	
<b>Findings &amp; Analysis</b>	The department is actively pursuing steps to comply with this requirement. A policy has been drafted and contains the required language. This element will be evaluated once new policies and procedures are implemented.	
<b>Recommendations to Achieve Compliance</b>	<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"> <li>• Monitor adherence to the policy to ensure that youth are only isolated when they pose a serious and immediate danger to self and others.</li> <li>• Require staff to articulate and document the reasonable efforts and de-escalation strategies attempted and exhausted before isolating a youth.</li> <li>• Any policy violations should be reported, investigated, and addressed per the policy.</li> </ul> <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"> <li>• Require staff to be retrained on the policy should staff experience challenges with implementation.</li> </ul>	

### SOURCES

- Draft policy 323, Isolation of Youth

## 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.

	<b>Compliance Rating</b>	<b>Not Rated</b>
<b>Description of Monitoring Process</b>	The monitoring team will review data and incident reports to document that DJJ is following its new isolation policy once it is implemented.	
<b>Findings &amp; Analysis</b>	The department is actively pursuing steps to comply with this requirement. A policy has been drafted and contains the required language. This element will be evaluated once new policies and procedures are implemented.	
<b>Recommendations to Achieve Compliance</b>	<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"> <li>• 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.</li> <li>• Require staff to articulate and document the reasonable efforts and de-escalation strategies attempted and exhausted before isolating a youth.</li> <li>• Any policy violations should be reported, investigated, and addressed per the policy.</li> </ul> <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"> <li>• Require staff to be retrained on the policy should staff experience challenges with implementation.</li> </ul>	

### SOURCES

- Draft policy 323, Isolation of Youth

## 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

### Not Rated

<b>Description of Monitoring Process</b>	The monitoring team will review data and incident reports to document that DJJ is following its new isolation policy once it is implemented.
<b>Findings &amp; Analysis</b>	The department is actively pursuing steps to comply with this requirement. A policy has been drafted and contains the required language. This element will be evaluated once new policies and procedures are implemented.
<b>Recommendations to Achieve Compliance</b>	<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"> <li>• Monitor adherence to the policy to ensure that youth are only isolated when they pose a serious and immediate danger to self and others.</li> <li>• Require staff to articulate and document the less restrictive techniques they used and provide an explanation of how the techniques failed before isolating a youth.</li> <li>• Any policy violations should be reported, investigated, and addressed per the policy.</li> </ul> <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"> <li>• Require staff to be retrained on the policy should staff experience challenges with implementation.</li> </ul>

### SOURCES

- Draft policy 323, Isolation of Youth

## 72. NOTIFICATION OF ISOLATION

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

	<b>Compliance Rating</b>	<b>Not Rated</b>
<b>Description of Monitoring Process</b>	The monitoring team will review data and incident reports to document that DJJ is following its new isolation policy once it is implemented.	
<b>Findings &amp; Analysis</b>	The department is actively pursuing steps to comply with this requirement. A policy has been drafted and contains the required language. This element will be evaluated once new policies and procedures are implemented.	
<b>Recommendations to Achieve Compliance</b>	<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"> <li>• Monitor adherence to the policy and document that whenever a youth is isolated that staff immediately notify the Facility Administrator or the Assistant Facility Administrator.</li> <li>• Any policy violations should be reported, investigated, and addressed per the policy.</li> </ul> <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"> <li>• Require staff to be retrained on the policy should staff experience challenges with implementation.</li> </ul>	

### SOURCES

- Draft policy 323, Isolation of Youth

# 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	Not Rated
<b>Description of Monitoring Process</b>	The monitoring team will review data and incident reports to document that DJJ is following its new isolation policy once it is implemented.	
<b>Findings &amp; Analysis</b>	The department is actively pursuing steps to comply with this requirement. A policy has been drafted and contains the required language. This element will be evaluated once new policies and procedures are implemented.	
<b>Recommendations to Achieve Compliance</b>	<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"> <li>• Monitor adherence to the policy 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.</li> <li>• Any policy violations should be reported, investigated, and addressed per the policy.</li> </ul> <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"> <li>• Require staff to be retrained on the policy should staff experience challenges with implementation.</li> </ul>	

### SOURCES

- Draft policy 323, Isolation of Youth



# 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	Not Rated
<b>Description of Monitoring Process</b>	The monitoring team will review data, incident reports, and investigations to verify whether staff are following the new policy once implemented.	
<b>Findings &amp; Analysis</b>	The department is actively pursuing steps to comply with this requirement. A policy has been drafted and contains the required language. This element will be evaluated once new policies and procedures are implemented.	
<b>Recommendations to Achieve Compliance</b>	<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"> <li>• Monitor adherence to the policy 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.</li> <li>• 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.</li> <li>• Require staff to actively assess youth's readiness for release from isolation.</li> <li>• Maintain records to verify staff are following policy.</li> <li>• Any policy violations should be reported, investigated, and addressed per the policy.</li> </ul> <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"> <li>• Require staff to be retrained on the policy should staff experience challenges with implementation.</li> </ul>	

**SOURCES**

- Draft policy 323, Isolation of Youth

## 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	Not Rated
<b>Description of Monitoring Process</b>	The monitoring team will review data, incident reports, and investigations to verify whether staff are following the new policy once implemented.	
<b>Findings &amp; Analysis</b>	The department is actively pursuing steps to comply with this requirement. A policy has been drafted and contains the required language. The S.T.A.R. program (Seeing Through Another Reality) was also implemented to reduce isolation by motivating youth to learn new skills that will enable them to return to their living unit safely. The clinical team leads the program and takes a therapeutic approach. This element will be evaluated once new policies and procedures are implemented.	
<b>Recommendations to Achieve Compliance</b>	<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"> <li>• Monitor adherence to the policy 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.</li> <li>• Maintain records to verify staff activities.</li> <li>• Any policy violations should be reported, investigated, and addressed per the policy.</li> </ul> <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"> <li>• Implement different approaches to facilitate youth's readiness for release from isolation should evidence suggest that youth are failing to respond to current practices.</li> <li>• Require staff to be retrained on the policy should staff experience challenges with implementation.</li> </ul>	

### SOURCES

- Draft policy 323, Isolation of Youth
- November 4, 2022, email from the Director of Settlement Compliance, subject: Fwd: S.T.A.R. PROGRAM

## 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**

**Not Rated**

<p><b>Description of Monitoring Process</b></p>	<p>The monitoring team will review data, incident reports, and investigations to verify whether staff are following the new policy once implemented.</p>
<p><b>Findings &amp; Analysis</b></p>	<p>The department is actively pursuing steps to comply with this requirement. A policy has been drafted and contains the required language. This element will be evaluated once new policies and procedures are implemented.</p>
<p><b>Recommendations to Achieve Compliance</b></p>	<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"> <li>• Monitor adherence to the policy to ensure that youth will not remain in isolation for longer than four hours.</li> <li>• If staff determine a youth still poses an immediate danger to self or others and must remain in isolation beyond four hours, the request to extend isolation should be approved by security leadership in the chain of command from the Assistant Facility Administrator to the Deputy Director.</li> <li>• Require staff to document in writing the reasons why a youth must remain in isolation for longer than four hours, the efforts attempted to de-escalate the youth and prepare them for release, and why alternatives to isolation are inappropriate.</li> <li>• When considering whether to approve an extension of isolation, security leadership should             <ul style="list-style-type: none"> <li>○ visit the youth in person</li> <li>○ review any completed findings of the qualified mental health professional</li> <li>○ talk to relevant staff</li> <li>○ document that staff used less restrictive measures prior to using isolation and the effectiveness of those measures</li> <li>○ verify the youth poses a serious and immediate danger to self and others</li> </ul> </li> <li>• Document steps taken by security leadership.</li> <li>• Any policy violations should be reported, investigated, and addressed per the policy.</li> </ul>

	<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"><li>• Implement different approaches to facilitate youth’s readiness for release from isolation should evidence suggest that youth are failing to respond to current practices.</li><li>• Require staff to be retrained on the policy should staff experience challenges with implementation.</li></ul>
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## SOURCES

- Draft policy 323, Isolation of Youth

## 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

### Not Rated

<b>Description of Monitoring Process</b>	The monitoring team will review data, incident reports, and investigations to verify whether staff are following the new policy once implemented.
<b>Findings &amp; Analysis</b>	The department is actively pursuing steps to comply with this requirement. A policy has been drafted and contains the required language. This element will be evaluated once new policies and procedures are implemented.
<b>Recommendations to Achieve Compliance</b>	<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"> <li>• Monitor adherence to the policy to ensure that youth are seen by a qualified mental health professional within the required time frame.</li> <li>• Require the qualified mental health professional to evaluate the youth for items i-iii.</li> <li>• Consider the recommendations of the qualified mental health professional when determining if the youth should remain in isolation.</li> <li>• Maintain records to verify staff followed the required steps.</li> <li>• Any policy violations should be reported, investigated, and addressed per the policy.</li> </ul> <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"> <li>• Require staff to be retrained on the policy should staff experience challenges with implementation.</li> </ul>

**SOURCES**

- Draft policy 323, Isolation of Youth

## 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.

	<b>Compliance Rating</b>	<b>Not Rated</b>
<b>Description of Monitoring Process</b>	The monitoring team will review data, incident reports, and investigations to verify whether staff are following the new policy once implemented.	
<b>Findings &amp; Analysis</b>	The department is actively pursuing steps to comply with this requirement. A policy has been drafted and contains the required language. This element will be evaluated once new policies and procedures are implemented.	
<b>Recommendations to Achieve Compliance</b>	<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"> <li>• When considering whether to approve an extension of isolation, security leadership should               <ul style="list-style-type: none"> <li>○ visit the youth in person</li> <li>○ review any completed findings of the qualified mental health professional</li> <li>○ talk to relevant staff</li> <li>○ document that staff used less restrictive measures prior to using isolation and the effectiveness of those measures</li> <li>○ verify the youth poses a serious and immediate danger to self and others</li> </ul> </li> <li>• Steps taken by security leadership should be documented.</li> <li>• Any policy violations should be reported, investigated, and addressed per the policy.</li> </ul> <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"> <li>• Require staff to be retrained on the policy should staff experience challenges with implementation.</li> </ul>	



**SOURCES**

- Draft policy 323, Isolation of Youth

## 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.

	<b>Compliance Rating</b>	<b>Not Rated</b>
<b>Description of Monitoring Process</b>	The monitoring team will review data and incident reports to document that DJJ is following its new isolation policy once it is implemented.	
<b>Findings &amp; Analysis</b>	The department is actively pursuing steps to comply with this requirement. A policy has been drafted and contains the required language. This element will be evaluated once new policies and procedures are implemented.	
<b>Recommendations to Achieve Compliance</b>	<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"> <li>• Document the steps taken by security leadership when approving an extension of isolation beyond four hours.</li> <li>• Require security leadership to repeat the steps and document the results when requesting approval to continue isolating a youth every day thereafter.</li> <li>• Any policy violations should be reported, investigated, and addressed per the policy.</li> </ul> <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"> <li>• Require staff to be retrained on the policy should staff experience challenges with implementation.</li> </ul>	

### SOURCES

- Draft policy 323, Isolation of Youth

## 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**

**Not Rated**

<b>Description of Monitoring Process</b>	The monitoring team will review data and incident reports to document that DJJ is following its new isolation policy once it is implemented.
<b>Findings &amp; Analysis</b>	The department is actively pursuing steps to comply with this requirement. A policy has been drafted and contains the required language. This element will be evaluated once new policies and procedures are implemented.
<b>Recommendations to Achieve Compliance</b>	<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"> <li>• Document the date and time when security leadership determines that a youth is no longer a serious and immediate danger to self or others and must be released from isolation.</li> <li>• Document the date and time the youth is released from isolation and returns to the general population or other appropriate living unit/placement.</li> <li>• Any policy violations should be reported, investigated, and addressed per the policy.</li> </ul> <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"> <li>• Require staff to be retrained on the policy should staff experience challenges with implementation.</li> </ul>

### SOURCES

- Draft policy 323, Isolation of Youth

# Multidisciplinary Team to Review Isolation Placement

## 81. MULTIDISCIPLINARY TEAM

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

	Compliance Rating	Not Rated
<b>Description of Monitoring Process</b>	The monitoring team will review data and incident reports to document that DJJ is following its new isolation policy once it is implemented.	
<b>Findings &amp; Analysis</b>	The department is actively pursuing steps to comply with this requirement. A policy has been drafted and contains the required language. This element will be evaluated once new policies and procedures are implemented.	
<b>Recommendations to Achieve Compliance</b>	<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"> <li>• Train all staff in the policies and their application.</li> <li>• Develop a multi-disciplinary team to review placements of youth in isolation.</li> <li>• 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.</li> <li>• Any policy violations should be reported, investigated, and addressed per the policy.</li> <li>• Monitor implementation to ensure the policies have the desired impact.</li> </ul> <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"> <li>• Staff training should include scenarios, a question-and-answer segment, and be competency-based, with staff required to complete and pass a test or quiz about the policies.</li> </ul>	

	<ul style="list-style-type: none"><li>• 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.</li><li>• Adjust policies, practices, training, and implementation as needed in consultation with the monitoring team and the DOJ.</li><li>• Require staff to be retrained on the policy should staff experience challenges with implementation.</li></ul>
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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**

**Not Rated**

<b>Description of Monitoring Process</b>	The monitoring team will review data and incident reports to document that DJJ is following its new isolation policy once it is implemented.
<b>Findings &amp; Analysis</b>	The department is actively pursuing steps to comply with this requirement. A policy has been drafted and contains the required language. This element will be evaluated once new policies and procedures are implemented.
<b>Recommendations to Achieve Compliance</b>	Once the policies are implemented, it is recommended that DJJ take the following steps to move toward substantial compliance. <ul style="list-style-type: none"> <li>• The multi-disciplinary 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.</li> </ul>

	<ul style="list-style-type: none"><li>• 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.</li><li>• Any policy violations should be reported, investigated, and addressed per the policy.</li></ul> <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"><li>• 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.</li><li>• Require staff to be retrained on the policy should staff experience challenges with implementation.</li></ul>
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## SOURCES

- Draft policy 323, Isolation of Youth

## 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**

**Not Rated**

<b>Description of Monitoring Process</b>	The monitoring team will review data and incident reports to document that DJJ is following its new isolation policy once it is implemented.
<b>Findings &amp; Analysis</b>	The department is actively pursuing steps to comply with this requirement. A policy has been drafted and contains the required language. This element will be evaluated once new policies and procedures are implemented.
<b>Recommendations to Achieve Compliance</b>	<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"> <li>• The multi-disciplinary team should meet every three days to document and discuss items i-iii.</li> <li>• Any policy violations should be reported, investigated, and addressed per the policy.</li> </ul> <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"> <li>• 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.</li> <li>• Require staff to be retrained on the policy should staff experience challenges with implementation.</li> </ul>

### SOURCES

- Draft policy 323, Isolation of Youth



## 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

### Not Rated

<b>Description of Monitoring Process</b>	The monitoring team will review data and incident reports to document that DJJ is following its new isolation policy once it is implemented.
<b>Findings &amp; Analysis</b>	The department is actively pursuing steps to comply with this requirement. A policy has been drafted and contains the required language. This element will be evaluated once new policies and procedures are implemented.
<b>Recommendations to Achieve Compliance</b>	<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"> <li>• 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.</li> <li>• 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.</li> <li>• The team should discuss and document items i and ii.</li> <li>• Maintain records to verify monthly reviews are occurring for all youth who meet the criteria for a review.</li> <li>• Any policy violations should be reported, investigated, and addressed per the policy.</li> </ul> <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"> <li>• Develop a procedures manual on how the unit team will conduct their monthly reviews and document their work, the steps for</li> </ul>

	<p>determining whether a youth’s need can be met in the facility, and interventions that exist to address a youth’s behavior.</p> <ul style="list-style-type: none"><li>• Continually monitor the services provided and employ new strategies and interventions as needed to address specific behaviors contributing to youth isolation.</li><li>• Require staff to be retrained on the policy should staff experience challenges with implementation.</li></ul>
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## SOURCES

- Draft policy 323, Isolation of Youth

# 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**

<b>Description of Monitoring Process</b>	The monitoring team conducted two site visits, interviewed staff, and review DJJ's <i>Initial Implementation Plan</i> .
<b>Findings &amp; Analysis</b>	The department made substantial progress in this area. At the request of the DOJ and SME, DJJ reevaluated their proposed timeline, evaluated SME recommendations for alternatives to Laurel, and adopted some new strategies to reduce reliance on Laurel. The construction work to add doors the dorms is actively underway, with the first dorms scheduled to be completed by June 2023.
<b>Recommendations to Achieve Compliance</b>	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 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

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

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

**Compliance Rating**    **Substantial Compliance**

<b>Description of Monitoring Process</b>	The monitoring team conducted two site visits, interviewed staff, and review DJJ's <i>Initial Implementation Plan</i> .
<b>Findings &amp; Analysis</b>	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.
<b>Recommendations to Achieve Compliance</b>	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 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

# 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
<b>Description of Monitoring Process</b>	The monitoring team conducted two site visits, interviewed youth in isolation and in other units at BRRC, and reviewed grievances filed and logbook entries.	
<b>Findings &amp; Analysis</b>	<p>The department has made efforts to comply with this requirement, including replacing the damaged windows in Laurel with clear Lexan glass and committing to more closely track youth's access to showers and outdoor recreation. To improve data collection, they are testing an electronic room check and activity program called Youth Activity Management (YAMS) to document and track when a youth leaves their isolation cell and for what purpose, such as a shower, recreation, and education. Once testing is completed, the intent is to implement YAMS in Laurel. The S.T.A.R. program (Seeing Through Another Reality) was also implemented to reduce isolation by motivating youth to learn new skills that will enable them to return to their living unit safely. The clinical team leads the program and takes a therapeutic approach.</p> <p>However, these good efforts are undermined by inconsistent service documentation, insufficient staffing, and the overall poor condition of Laurel. Graffiti was observed in most rooms. Debris and food littered the floor and unoccupied rooms. Foam mattresses were missing their cover and appeared dirty. The monitoring team tested the sinks and toilets in several unoccupied rooms and found that many were not working or may have been turned off. Visiting Laurel the next day, youth were observed in some of these rooms. The outdoor recreation yard also contained litter and empty food containers. Multiple old, deflated basketballs were stuck in the concertina wire atop the fence. No usable basketballs were seen in the yard. Youth can do little but walk around.</p>	

There have been incidents of youth destroying or escaping their rooms and causing extensive damage to the units, including broken door flaps, pulled-down light fixtures, and holes in the ceiling. The destruction observed by the monitoring team would have had to take place over an extended period. An example of how this destruction can occur was documented in the December 9, 2022, logbook. The following logbook entries describe a youth banging with an unknown object for over six hours until staff moved the youth to a different room.

- 14:13 Banging of unknown object is being heard from [youth name and #]; youth is hitting the wall.
- 14:27 Banging continuously being heard from [youth]
- 14:48 Contacted [Captain] to inform her that [youth] is attempting to create a bigger hole in ceiling with unknown object.
- 14:50 Per [Captain] contacted Central to assist with ongoing situation.
- 17:54 Juveniles beating with what sounds like metal, specifically [youth]
- 18:09 [youth] still beating trying to get in ceiling
- 18:39 [youth] still beating
- 19:10 [youth] still beating the ceiling
- 20:34 [youth] moved from 39 to 38

While the department is actively working to restore Laurel, they are using less damaged wings and units. Youths interviewed complained about the conditions, stating they could not go outside or have showers and phone calls as frequently as they would like. One youth filed a grievance in November 2022 indicating that drinking water was not being provided with sufficient frequency. His grievance was substantiated and BRRC leadership took corrective action.

A review of unit logs of four random weeks during the 6-month monitoring period (one week each in October, November and December of 2022 and January of 2023) indicated that recreation (either inside or outside) was provided only 43 percent of the time over the four weeks or ten out of 23 days when youth were in Laurel. Some entries were less clear about whether recreation was indoors or outdoors, as the entry merely stated the youth was “out for rec.” Some entries did specify youth being outside or in the recreation yard. With BRRC’s commitment to better document youth activity in Laurel, more specificity was expected.

Access to showers was also inconsistent, and it is unknown whether it was poor documentation or youth not being given the opportunity to shower. Over the same four-week period, it was documented that youth refused or had showers 52% of the time, or 12 out of the 23 days youth were in Laurel. On at least one occasion, the logbook indicated that staff were instructed not to release youth for showers or recreation due to the youths’ behavior.

	<p>Logbook entry, December 9, 2022: “Per FA Fletcher [youth] and [youth] are not to come out the room for anything (showers or rec) youth threaten to assault staff.”</p> <p>Staff interviewed indicated that Laurel youth received the same food as youth in the other living units. It was difficult to determine if the meal and snack frequency was similar to the other living units, as BRRC staff do not consistently document meal and snack delivery. A review of unit logs for the same four-week period in Laurel indicated the following percent of times meals were recorded as being delivered:</p> <ul style="list-style-type: none"> <li>• 88.9% Breakfast</li> <li>• 14.3% Morning snack</li> <li>• 78.1% Lunch</li> <li>• 46.8% Dinner</li> <li>• 19.8% Evening snack</li> </ul> <p>By comparison, a review of unit logs in Holly had a lower frequency of documentation. For example, during the week of October 9, 2022, breakfast was documented 43% of the time, lunch 71%, and dinner 29%. A morning snack was provided once, and no evening snacks were provided. During the week of January 8, 2023, breakfast was documented 57% of the time, lunch 29%, and dinner 57%. A morning and evening snack were provided once.</p> <p>The lack of documentation is not evidence that meals were not delivered or that youth were not fed. None of the youth interviewed in Laurel, Holly, or elsewhere at BRRC said that meals were not being provided. However, the lack of documentation makes it difficult to determine whether youth in isolation receive the same meals and snacks as other BRCC youth. The current state of the logbook entries does point to the need for staff training on better documentation of unit activities. The proposed YAMS system could also improve the documentation of services provided to youth in Laurel.</p> <p>Even though youth are responsible for the unit’s current physical condition, basic cleanliness should still be maintained. Trash and debris should be routinely removed. Sinks and toilets should also be cleaned and regularly inspected to ensure they are operable. The department should also consider whether youths’ destructive behaviors are due to having minimal interaction with others and few activities to pass the time or reduce the stress of isolation and how they might address the issue constructively.</p>
<p><b>Recommendations to Achieve Compliance</b></p>	<p>It is recommended that DJJ take the following steps to move toward substantial compliance.</p> <ul style="list-style-type: none"> <li>• Maintain clean and orderly living units.</li> <li>• Train staff on keeping detailed and accurate records.</li> <li>• 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.</li> </ul>

	<ul style="list-style-type: none"> <li>• Routinely record and monitor youth’s participation in recreation and showers, including documenting their refusal to participate.</li> </ul> <p>DJJ should also consider the following recommended steps.</p> <ul style="list-style-type: none"> <li>• Clear the recreation yard of debris and replace worn or broken recreational equipment.</li> <li>• Provide varied recreational activities.</li> <li>• Provide youths with books, worksheets, activities, or other materials to help them de-escalate and pass the time in isolation.</li> </ul>
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## SOURCES

- October 26, 2022, email from the Director of Settlement Compliance, subject: Laurel windows replacement update
- October 31, 2022, email from the Director of Settlement Compliance, subject: FW: Laurel cell window replacement
- November 4, 2022, email from the Director of Settlement Compliance, subject: Fwd: S.T.A.R. PROGRAM
- March 16, 2023, email from the Director of Settlement Compliance, subject: FW: YAMS pilot/training
- Youth interviews and sample unit logs reviewed during the January 12-13 and March 6-8, 2023, monitoring site visits
- Interviews (virtual) with parents/guardians of BRRC youth during the week of March 13, 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**

**Not Rated**

<p><b>Description of Monitoring Process</b></p>	<p>The monitoring team will review educational logs, isolation logs data and isolation logs to document that DJJ is following its new isolation policy once it is implemented.</p>
<p><b>Findings &amp; Analysis</b></p>	<p>The department is actively pursuing steps to comply with this requirement. A draft policy contains the required language. This element will be evaluated once new policies and procedures are implemented.</p> <p>Currently, efforts are being made to provide one-on-one educational services to youth in isolation but are not always successful. The conditions in which services are delivered are not conducive to learning as youth are isolated in their room and mostly communicate to education staff through their door flap.</p>
<p><b>Recommendations to Achieve Compliance</b></p>	<p>Once the isolation policy is implemented, it is recommended that DJJ take the following steps to move toward substantial compliance.</p> <ul style="list-style-type: none"> <li>• Require all BRRC education staff and administration to read and acknowledge the new policy.</li> <li>• 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.</li> <li>• 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.</li> <li>• Document when a youth refuses services and reason(s).</li> <li>• Convene the multi-disciplinary team to discuss temporary alternatives to in-person education if a youth refuses services or cannot participate in education services.</li> </ul>

	<ul style="list-style-type: none"><li>• Notes from the multidisciplinary team meeting, including attendees, and the temporary individual alternative plan should be maintained and available for review by the monitoring team and the DOJ.</li></ul> <p>DJJ should also consider the following recommended steps.</p> <ul style="list-style-type: none"><li>• Develop a procedures manual on how the multidisciplinary team will be convene and how temporary individual alternative plans will be developed and implemented.</li><li>• Require staff to be retrained on the policy should staff experience challenges with implementation.</li></ul>
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## SOURCES

- Draft policy 323, Isolation of Youth

# 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**      **Partial Compliance**

<p><b>Description of Monitoring Process</b></p>	<p>The monitoring team and the DOJ reviewed and provided input on draft policies 337 - Protective Custody, 503 - Admission and Orientation of Youth at BRRC, 505 - Classification of Youth at BRRC.</p>
<p><b>Findings &amp; Analysis</b></p>	<p>Significant progress has been made. The policies have been drafted, and DJJ, the monitoring team, and the DOJ are collaboratively finalizing them. While the work exceeds the timeline, the complicated nature of the new policies necessitates back-and-forth discussions to ensure sound policy development and coordination among interrelated policies. DJJ has been proactive and timely in responding to questions, reviewing input, and editing the policy.</p>
<p><b>Recommendations to Achieve Compliance</b></p>	<p>It is recommended that DJJ take the following steps to move toward substantial compliance.</p> <ul style="list-style-type: none"> <li>• The approved policies should go into effect upon approval, but no less than 30 days after approval.</li> <li>• All staff should be required to read and acknowledge the policies review.</li> <li>• Train all staff in the policies and their application.</li> <li>• Monitor implementation to ensure the policies have the desired impact.</li> </ul> <p>DJJ should also consider the following recommended steps due to the importance of the policies to the settlement agreement.</p> <ul style="list-style-type: none"> <li>• Staff training should include scenarios, a question-and-answer segment, and be competency-based, with staff required to complete and pass a test or quiz about the policies.</li> <li>• Adjust policies, practices, training, and implementation as needed in consultation with the monitoring team and the DOJ.</li> </ul>

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

- Draft policy 337, Protective Custody
- Draft policy 503, Admission and Orientation of Youth at BRR
- Draft policy 505, Classification of Youth at BRR

## 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	Not Rated
<b>Description of Monitoring Process</b>	The monitoring team will document that DJJ has revised its admission screening protocols per the new policy once it is adopted.	
<b>Findings &amp; Analysis</b>	The department is actively pursuing steps to comply with this requirement. Policies have been drafted. This element will be evaluated once new policies and procedures are implemented.	
<b>Recommendations to Achieve Compliance</b>	<p>Once the policies are approved and implemented, it is recommended that DJJ take the following steps to move toward substantial compliance.</p> <ul style="list-style-type: none"> <li>• Use appropriate screening instruments and protocols to identify youth who are vulnerable to victimization by other youth in the facility.</li> <li>• Take appropriate measures once a youth is identified as vulnerable, to reduce the youth’s risk of victimization, including, but not limited to, housing classification, staff notification, supervision, and support services.</li> <li>• Maintain records to verify that every youth was appropriately screened for vulnerability.</li> <li>• Take appropriate disciplinary action if staff did not follow policies and procedures.</li> </ul> <p>DJJ should also consider the following recommended steps due to the importance of the policy to the settlement agreement.</p> <ul style="list-style-type: none"> <li>• Require staff to be retrained on the policies should staff experience challenges with implementation.</li> </ul>	

### SOURCES

- Draft policy 337, Protective Custody
- Draft policy 503, Admission and Orientation of Youth at BRRC
- Draft policy 505, Classification of Youth at BRRC

## 9I. SPECIALIZED HOUSING FOR VULNERABLE YOUTH

Youth who are not screened as vulnerable to victimization upon admission to BRRRC, 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**

**Not Rated**

<p><b>Description of Monitoring Process</b></p>	<p>The monitoring team will document that DJJ’s new policies have protocols to address specialized housing for youth who are later identified as vulnerable.</p>
<p><b>Findings &amp; Analysis</b></p>	<p>The department is actively pursuing steps to comply with this requirement. Policies have been drafted. This element will be evaluated once new policies and procedures are implemented.</p>
<p><b>Recommendations to Achieve Compliance</b></p>	<p>Once the policies are approved and implemented, it is recommended that DJJ take the following steps to move toward substantial compliance.</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• Maintain records to document when a youth is classified as being vulnerable to victimization and the circumstances.</li> <li>• Take appropriate disciplinary action if staff did not follow policies and procedures.</li> <li>• 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.</li> </ul> <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"> <li>• Require staff to be retrained on the policies should staff experience challenges with implementation.</li> </ul>

**SOURCES**

- Draft policy 337, Protective Custody
- Draft policy 503, Admission and Orientation of Youth at BRRC
- Draft policy 505, Classification of Youth at BRRC

## 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	Not Rated
<b>Description of Monitoring Process</b>	The monitoring team will verify that youth in specialized housing have access to the identified services.	
<b>Findings &amp; Analysis</b>	The department is actively pursuing steps to comply with this requirement. Policies have been drafted. This element will be evaluated once new policies and procedures are implemented.	
<b>Recommendations to Achieve Compliance</b>	<p>Once the policies are approved and implemented, it is recommended that DJJ take the following steps to move toward substantial compliance.</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• Document the services provided to youth in specialized housing to verify adherence to this requirement.</li> <li>• 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.</li> </ul> <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"> <li>• Require staff to be retrained on the policies should staff experience challenges with implementation.</li> </ul>	

### SOURCES

- Draft policy 337, Protective Custody
- Draft policy 503, Admission and Orientation of Youth at BRRRC
- Draft policy 505, Classification of Youth at BRRRC



# Youth On Suicide Watch

## 93. PROHIBITION ON ISOLATION

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

**Compliance Rating**

**Not Rated**

<p><b>Description of Monitoring Process</b></p>	<p>The monitoring team will review isolation data, log books, and other supporting documentation to determine if suicidal youth are being placed in isolation.</p>
<p><b>Findings &amp; Analysis</b></p>	<p>DJJ has been working toward this requirement. An October 13, 2022, memo from the Deputy Director of the Division of Security and Operations directed, “Effective immediately, youth deemed to be suicidal or placed on mental health observation will not be housed on the Laurel Unit or place in any type of observation.” This directive was followed for the most part, with a few exceptions.</p> <p>On November 7, 2022, a male youth on full suicide watch (FSW) was placed in Laurel at 3:45 pm and released on November 9, 2022, at 12:38 pm for a total of 44.88 hours in Laurel. DJJ reported that even though this youth was placed in Laurel in violation of the memo’s directive, “it was the only housing option for him for his safety and the safety of other youth.” During the youth’s time in Laurel, DJJ stated that “his door was open and remained open” during this stay.</p> <p>In January 2023, two females were listed as being in isolation for “mental health observation.” One female spent 16.58 hours in isolation. DJJ reported that she was mistakenly placed in isolation due to staff miscommunication. Once staff were aware that the youth had made a suicidal comment, the youth was released from in-room isolation. Another female spent 173.52 hours in isolation. DJJ reported that this youth was in Laurel, but the door was open.</p> <p>The monitoring team also reviewed the placement records of a male youth placed in and out of Laurel over several days. The youth had been on FSW status and taken to the hospital. Upon the youth’s return, he was placed in Laurel due to housing safety concerns despite the memo’s prohibition about placing FSW youth in Laurel. DJJ indicated it was unclear if the youth was still</p>

	<p>on FSW status. DJJ stated that the youth’s door remained open while he was in Laurel.</p> <p>The monitoring team could not corroborate DJJ’s explanation of these exceptions because BRRRC uses the same log to monitor youth in Laurel, regardless of why they are there. BRRRC plans to begin logging these youth on a separate form.</p> <p>The department also plans to use its in-house Youth Activity Monitoring System (YAMS) to track isolated youth activity. The electronic system places a QR code on each door that can be scanned to document room checks and note what the youth was doing at the time, such as sleeping or eating. The system can also log why a youth leaves the room, including showering, recreation, education, or isolation. Training on the system was scheduled for mid-March, with the pilot to begin in Laurel D wing. This system would eliminate the paper logs being kept and should improve data quality and the ability to analyze data.</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 proposed policy also prohibits isolation for Precautionary Mental Health Observation youth. These restrictions, once implemented, put into policy the memo directive.</p>
<p><b>Recommendations to Achieve Compliance</b></p>	<p>It is recommended that DJJ take the following steps to move toward substantial compliance.</p> <ul style="list-style-type: none"> <li>• DJJ, the monitoring team, and the DOJ should continue to work collaboratively on the revised policies without delay.</li> <li>• Once finalized, expedite the approval of the policies and make it effective upon approval, but no less than 30 days after approval.</li> <li>• Require all staff to read and acknowledge the policies review.</li> <li>• Train all staff in the policies and their application.</li> <li>• Monitor each instance of isolation to verify that youth who are suicidal are not placed in isolation.</li> <li>• Any policy violations should be reported, investigated, and appropriately addressed.</li> </ul> <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"> <li>• 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.</li> <li>• 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.</li> </ul>

## 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
- Isolation data provided by the department from April 2022 to January 2023.
- Suicide Watch Log for youth Z.V., in Laurel Unit on Full Suicide Watch, January 12, 2023
- March 1, 2023, email from the Director of Settlement Compliance, subject: Isolation documentation – electronic YAMS system update
- January 12-13 and March 6-8, 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

Partial Compliance

<b>Description of Monitoring Process</b>	The monitoring team reviewed email communications from DJJ about their efforts to fund a psychiatric residential treatment facility for justice involved youth with a serious mental illness.
<b>Findings &amp; Analysis</b>	DJJ began negotiations with DMH last year. In February 2023, DMH sent to DJJ their edits to the agreement. DJJ responded in March with additional edits. The director testified before the state Fiscal Accountability Authority in January 2023 about the contracting method for designing and constructing a projected \$90 million 32-bed facility for justice-involved youth. The request was approved.
<b>Recommendations to Achieve Compliance</b>	DJJ should continue to negotiate in good faith with DMH.

### SOURCES

- January 31, 2023, email from the Director of Settlement Agreement, subject: SCDJJ/DMH info

# 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**

**Partial Compliance**

<b>Description of Monitoring Process</b>	The monitoring team reviewed DJJ's current training curriculum and met with members from the Training Division.
<b>Findings &amp; Analysis</b>	<p>Per DJJ's <i>Initial Implementation Plan</i>, all training materials and curricula were filed in a secure file and available for review. The SME reviewed the content and provided general feedback to training staff during the January 12-13, 2023, monitoring visit and also learned how the Training Division is meeting the required elements. The department's learning management system tracks each employee's required training courses and completion status. System-generated notices are sent to supervisors if employees are overdue in their training. Most training is competency-based, with staff required to pass a test or assessment to demonstrate they understand the course materials and/or acquire the skills.</p> <p>New policies are still being finalized and training will need to be updated to reflect these new policies. When the curricula are updated, the monitoring team will review the content and ensure that they meet the requirements.</p>
<b>Recommendations to Achieve Compliance</b>	<p>It is recommended that DJJ take the following steps to move toward substantial compliance.</p> <ul style="list-style-type: none"> <li>• 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.</li> </ul>

## SOURCES

- Initial Implementation Plan: South Carolina Department of Juvenile Justice, Broad River Road Complex, August 12, 2022
- Training Division meeting during the January 12-13, 2023, site visit
- Training curricula
  - Youth Behavior Management Training
  - RECLAIM Positive Youth Development Training
  - Interview and Interrogation Techniques Columbia PD
  - Mental Health Training for Juvenile Justice
  - Shield of Care
  - Professional Boundaries
  - Mechanical Restraints: What Are They and How to Properly Apply Them
  - Safe Crisis Management

# 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

Partial Compliance

<b>Description of Monitoring Process</b>	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.
<b>Findings &amp; Analysis</b>	The department began training staff on de-escalation and appropriate restraint tactics through the mandatory SCM training in April 2022. As of March 2023, 72 out of 106 active BRRRC employees have completed the training (70%). Of the 34 who still need to complete the training, nearly half (16) are new employees or recently promoted to a position at BRRRC, seven have previously been scheduled to attend SCM, and 11 have a reason denoted for not completing. 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.
<b>Recommendations to Achieve Compliance</b>	It is recommended that DJJ take the following steps to move toward substantial compliance. <ul style="list-style-type: none"> <li>• Continue to ensure all staff are scheduled for and complete SCM training before working directly with youths, and require staff to be trained annually thereafter. <ul style="list-style-type: none"> <li>○ In instances where untrained staff are scheduled to work, they should be paired with SCM-trained staff.</li> <li>○ Only SCM-trained staff should be allowed to use restraint and physical force on youths consistent with policies.</li> </ul> </li> </ul>

### SOURCES

- Data provided by the Training Division as part of the March 2023 data request

## 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**

**Not Rated**

<b>Description of Monitoring Process</b>	The monitoring team and the DOJ reviewed and provided input on draft policy 315, Use of Physical Force.
<b>Findings &amp; Analysis</b>	The department is actively pursuing steps to comply with this requirement. A policy has been drafted and contains the required language. This element will be evaluated once new policies and procedures are implemented.
<b>Recommendations to Achieve Compliance</b>	<p>It is recommended that DJJ take the following steps to move toward substantial compliance.</p> <ul style="list-style-type: none"> <li>• DJJ, the monitoring team, and the DOJ should continue to work collaboratively on the revised policy without delay.</li> <li>• Once finalized, expedite the approval of the policy and make it effective upon approval, but no less than 30 days after approval.</li> <li>• Require all staff to read and acknowledge the policy review.</li> <li>• Any policy violations should be reported, investigated, and addressed per the policy.</li> <li>• Once a staff member is identified as needing to be retrained, BRRRC should schedule the staff member for training as soon as possible, but within the 90-day timeframe.</li> <li>• Maintain records to verify that staff complete training within 90 days as required.</li> <li>• If the staff member continues to fail to use appropriate de-escalation techniques, DJJ should address the staff member's failure through discipline.</li> </ul> <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"> <li>• Implement a method for tracking staff who require training within 90 days to ensure they complete the training within the required timeframe.</li> <li>• Staff who require retraining should not work directly with youths until they are retrained.</li> </ul>



	<ul style="list-style-type: none"><li>• Once retrained, staff should be paired with a coach who can reinforce the training provided and offer support and guidance.</li><li>• Implement a method for tracking staff who did not use appropriate de-escalation techniques following retraining so appropriate disciplinary action can be taken.</li><li>• 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.</li></ul>
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### SOURCES

- Draft policy 315, Use of Physical Force

# 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**

**Not Rated**

<p><b>Description of Monitoring Process</b></p>	<p>The monitoring team will review the training curricula, competency requirements, and attendance records to verify compliance with this requirement.</p>
<p><b>Findings &amp; Analysis</b></p>	<p>The department is actively pursuing steps to comply with this requirement. A policy has been drafted and contains the required language. The department began training staff on de-escalation and appropriate restraint tactics through the mandatory SCM training in April 2022. As of March 2023, 72 out of 106 active BRRC employees have completed the training (70%). Of the 34 who still need to complete the training, nearly half (16) are new employees or recently promoted to a position at BRRC, seven have previously been scheduled to attend SCM, and 11 have a reason denoted for not completing. 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 reviews this information regularly and their learning management system automatically generates reminders to employees and their supervisor about required training and their due date.</p>
<p><b>Recommendations to Achieve Compliance</b></p>	<p>It is recommended that DJJ take the following steps to move toward substantial compliance.</p> <ul style="list-style-type: none"> <li>• DJJ, the monitoring team, and the DOJ should continue to work collaboratively on the revised policy without delay.</li> <li>• Once finalized, expedite the approval of the policy and make it effective upon approval, but no less than 30 days after approval.</li> <li>• Require all staff to read and acknowledge the policy review.</li> </ul>

	<ul style="list-style-type: none"> <li>• Continue to ensure all staff are scheduled for and complete SCM training before working directly with youths. <ul style="list-style-type: none"> <li>○ In instances where untrained staff are scheduled to work, they should be paired with SCM-trained staff.</li> <li>○ Only SCM-trained staff should be allowed to use restraint and physical force on youths consistent with policies.</li> </ul> </li> <li>• Maintain records to verify that staff completed the required training.</li> </ul> <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"> <li>• DJJ should 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.</li> </ul>
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## SOURCES

- January 12-13 and March 6-8, 2023, monitoring site visits
- Draft policy 315, Use of Physical Force
- March 2, 2023, email from the Director of Settlement Compliance, subject: SCM Data for BRRC

## 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**

**Not Rated**

<p><b>Description of Monitoring Process</b></p>	<p>The monitoring team will review the updated policy as well as training and incident records to ensure staff are retrained per the policy once it is adopted.</p>
<p><b>Findings &amp; Analysis</b></p>	<p>The department is actively pursuing steps to comply with this requirement. The Use of Physical Force policy has been drafted, and DJJ, the monitoring team, and the DOJ are collaboratively finalizing the policy. The Training Division’s learning management system can track staff who must complete the required training and the completion timeframe.</p>
<p><b>Recommendations to Achieve Compliance</b></p>	<p>It is recommended that DJJ take the following steps to move toward substantial compliance.</p> <ul style="list-style-type: none"> <li>• DJJ, the monitoring team, and the DOJ should continue to work collaboratively on the revised policy without delay.</li> <li>• Once finalized, expedite the approval of the policy and make it effective upon approval, but no less than 30 days after approval.</li> <li>• Require all staff to read and acknowledge the policy review.</li> <li>• Any policy violations should be reported, investigated, and addressed per the policy.</li> <li>• 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.</li> <li>• Maintain records to verify that staff complete training within 90 days as required.</li> <li>• Staff members identified as needing retraining should be prohibited from using force until they pass the retraining requirements by demonstrating proficiency in the proper technique(s).</li> <li>• If the staff member continues to violate policy, DJJ should address the staff member’s failure through discipline.</li> </ul>

	<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"><li>• DJJ should implement a method for tracking staff who require training within 90 days to ensure they complete the training within the required timeframe.</li><li>• Staff who require retraining should not work directly with youths until they are retrained.</li><li>• Once retrained, staff should be paired with a coach who can reinforce the training provided and offer support and guidance.</li><li>• DJJ should implement a method for tracking staff who use inappropriate or excessive force following retraining so appropriate disciplinary action can be taken.</li><li>• DJJ should 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.</li></ul>
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#### **SOURCES**

- January 12-13 and March 6-8, 2023, monitoring site visits
- Draft policy 315, Use of Physical Force

# 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**

**Not Rated**

<b>Description of Monitoring Process</b>	The monitoring team will review the updated policy as well as training and records to ensure staff are retrained per the policy once it is adopted.
<b>Findings &amp; Analysis</b>	The department is actively pursuing steps to comply with this requirement. The Investigations policy has been drafted, and DJJ, the monitoring team, and the DOJ are collaboratively finalizing the policy. The Training Division’s learning management system can track staff who must complete the required training and the completion timeframe.
<b>Recommendations to Achieve Compliance</b>	<p>It is recommended that DJJ take the following steps to move toward substantial compliance.</p> <ul style="list-style-type: none"> <li>• DJJ, the monitoring team, and the DOJ should continue to work collaboratively on the revised policy without delay.</li> <li>• Once finalized, expedite the approval of the policy and make it effective upon approval, but no less than 30 days after approval.</li> <li>• Require all staff to read and acknowledge the policies review.</li> <li>• 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.</li> <li>• Train the BRRRC facility administrator and other facility security supervisory staff in the investigation process and the importance of thorough documentation of incidents and video retention. Training should be provided annually.</li> </ul>

	<ul style="list-style-type: none"><li>• Maintain records to verify that staff completed the required training.</li></ul> <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"><li>• 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.</li><li>• 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.</li><li>• 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.</li></ul>
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## SOURCES

- Draft policy 328, Investigations

# 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**

<b>Description of Monitoring Process</b>	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.
<b>Findings &amp; Analysis</b>	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.
<b>Recommendations to Achieve Compliance</b>	It is recommended that DJJ take the following steps to move toward substantial compliance. <ul style="list-style-type: none"> <li>• Include in its Implementation Plan steps for ensuring that a quality assurance system is in place by April 2024.</li> </ul>



	<p>DJJ should also consider the following recommended steps when developing the quality assurance system.</p> <ul style="list-style-type: none"><li>• 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"><li>○ conduct a review of how data are collected to determine whether collection can be centralized and to identify and correct potentially conflicting processes</li><li>○ Identify required data elements and source data, including data that identifies trends related to safety and security and the use of isolation at BRRC</li><li>○ Establish definitions for each data element</li><li>○ Identify a method for maintaining data quality</li><li>○ Recommend how the department should use data to trigger responses or inform decision making, including a monthly review of data.</li></ul></li></ul>
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## SOURCES

- Notes from a January 13, 2023, site visit with DJJ related to their data quality assurance process
- Notes from a March 23, 2023, meeting with DJJ to review a preliminary data dashboard

## 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**

<p><b>Description of Monitoring Process</b></p>	<p>The monitoring team will review DJJ’s monthly data collection reports to determine compliance with this requirement.</p>
<p><b>Findings &amp; Analysis</b></p>	<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. 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><b>Recommendations to Achieve Compliance</b></p>	<p>It is recommended that DJJ take the following steps to move toward substantial compliance.</p> <ul style="list-style-type: none"> <li>• Include in 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.</li> <li>• Formally document monthly data review meetings.</li> </ul> <p>DJJ should also consider the following recommended steps.</p> <ul style="list-style-type: none"> <li>• Develop a written process for the monthly data review, including a description of how the department will respond to trends.</li> <li>• Establish baseline data for each data element to measure whether incidents increase, decrease, or stay the same over time.</li> </ul>

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

- Notes from a January 13, 2023, site visit with DJJ related to their data quality assurance process
- Notes from a March 23, 2023, meeting with DJJ to review a preliminary data dashboard

## 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**

<b>Description of Monitoring Process</b>	The monitoring team will review DJJ's monthly data collection reports to determine compliance with this requirement.
<b>Findings &amp; Analysis</b>	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.

	<p>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><b>Recommendations to Achieve Compliance</b></p>	<p>It is recommended that DJJ take the following steps to move toward substantial compliance.</p> <ul style="list-style-type: none"> <li>• Include in 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.</li> </ul> <p>DJJ should also consider the following recommended steps.</p> <ul style="list-style-type: none"> <li>• Develop a written process for the monthly data review, including a description of how the department will respond to trends.</li> <li>• Establish baseline data for each data element to measure whether incidents increase, decrease, or stay the same over time.</li> <li>• Establish benchmarks or targets for each data element to determine whether efforts to address a particular area have the desired impact.</li> <li>• 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.</li> <li>• For data elements i-xvii, include location and time stamps to evaluate whether certain locations or time of day is related to incident rates.</li> <li>• For data elements i-v, include whether camera footage was available, and whether the footage was retained for investigative purposes.</li> <li>• 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.</li> <li>• For data element ix-xi, track the outcome of grievances and investigations.</li> </ul>

	<ul style="list-style-type: none"><li>• For data elements xiii-xviii, include why youth were isolated.</li><li>• For data elements xiii-xvii, add the frequency at which the same youth is isolated.</li></ul>
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## SOURCES

- Notes from a January 13, 2023, site visit with DJJ related to their data quality assurance process
- Notes from a March 23, 2023, meeting with DJJ to review a preliminary data dashboard

## 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
<b>Description of Monitoring Process</b>	This item will be assessed when DJJ has a quality assurance system in place that includes a sample data review process.	
<b>Findings &amp; Analysis</b>	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. These multiple systems can make it challenging for BRRC to see the “big picture” and analyze its progress and areas for improvement.	
<b>Recommendations to Achieve Compliance</b>	<p>It is recommended that DJJ take the following steps to move toward substantial compliance.</p> <ul style="list-style-type: none"> <li>• Include in 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.</li> </ul> <p>DJJ should also consider the following recommended steps.</p> <ul style="list-style-type: none"> <li>• DJJ should define what constitutes a “sample.”</li> </ul>	

### SOURCES

- Notes from a January 13, 2023, site visit with DJJ related to their data quality assurance process
- Notes from a March 23, 2023, meeting with DJJ to review a preliminary data dashboard

## 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.

	<b>Compliance Rating</b>	<b>Not Rated</b>
<b>Description of Monitoring Process</b>	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.	
<b>Findings &amp; Analysis</b>	This item was not assessed. DJJ is working toward improving its data collection processes, including developing a data dashboard.	
<b>Recommendations to Achieve Compliance</b>	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**

<b>Description of Monitoring Process</b>	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.
<b>Findings &amp; Analysis</b>	This item was not assessed.
<b>Recommendations to Achieve Compliance</b>	This item was not assessed.

### SOURCES

- Not applicable