

# Monitoring Report

Settlement Agreement

October 2024

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# Monitoring Team



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# TABLE OF CONTENTS

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INTRODUCTION.....	1
COMPLIANCE RATINGS .....	2
COMPLIANCE RATING SUMMARY .....	3
PROTECTION FROM HARM.....	6
General Provisions.....	6
28. GENERAL PROVISIONS .....	6
Staffing.....	12
29. STAFFING STUDY CONSULTANT.....	12
30. STAFFING STUDY CONSULTANT SELECTION.....	13
31. STAFFING STUDY FACTORS .....	14
32. STAFFING CHANGES.....	16
Physical Plant.....	20
33. PHYSICAL PLANT .....	20
34. SURVEILLANCE TOOLS TIMELINE PROPOSAL.....	22
35. SURVEILLANCE TOOLS TIMELINE REVIEW.....	23
37. VIDEO RETENTION .....	26
Rehabilitative Programming.....	28
38. REHABILITATIVE PROGRAMMING.....	28
39. REHABILITATIVE PROGRAMMING MIX.....	35
Approach to Behavior Management .....	41
40. APPROACH TO BEHAVIOR MANAGEMENT.....	41
41. POSITIVE BEHAVIOR MANAGEMENT TOOLS.....	42
42. CONSISTENTLY IMPLEMENT BEHAVIOR MANAGEMENT TOOLS.....	44
43. DE-ESCALATION STRATEGIES AND GRADUATED RESPONSES.....	47
44. ON-SITE COACHES.....	50
Use of Force .....	52
45. REVISE USE OF FORCE POLICIES & PROCEDURES.....	52
46. IMPLEMENT REVISED USE OF FORCE POLICIES AND PROCEDURES.....	53
47. LIMIT USES OF FORCE .....	56
48. REASONABLE EFFORTS.....	59
49. USE FORCE FOR THE MINIMUM AMOUNT OF TIME.....	61
50. PROHIBITION ON USE OF FORCE .....	63
51. ONLY TRAINED STAFF MAY USE APPROVED TECHNIQUES.....	66
52. USE OF FORCE DOCUMENTATION .....	68
53. MEDICAL EVALUATION FOLLOWING USE OF FORCE .....	70
54. MEDICAL EVALUATION PROCEDURES.....	72
55. MEDICAL EVALUATION REFUSAL PROCEDURES.....	74
Investigations of Physical Harm to Youth from Other Youth, Excessive or Unnecessary Use of Physical Force, or Improper Use of Isolation .....	76



56. REVISE INVESTIGATION POLICIES & PROCEDURES.....	76
57. IMPLEMENT REVISED INVESTIGATION POLICIES AND PROCEDURES.....	78
58. INITIAL REVIEW OF INCIDENTS.....	79
59. INVESTIGATION PROCEDURES.....	81
60. STAFF REVIEW OF INCIDENTS.....	83
61. PERMISSIBLE CONTACT FOLLOWING AN ALLEGATION.....	85
62. VIDEO REQUEST FOLLOWING AN ALLEGATION.....	87
63. RETENTION SCHEDULE.....	89
64. INVESTIGATIONS WITHOUT VIDEO.....	91
65. ACTION FOLLOWING A FINDING OF STAFF MISCONDUCT.....	93
66. INVESTIGATIONS WHEN A YOUTH WITHDRAWS AN ALLEGATION.....	95
Isolation.....	97
67. REVISE USE OF ISOLATION POLICIES & PROCEDURES.....	97
68. IMPLEMENT REVISED ISOLATION POLICIES AND PROCEDURES.....	99
69. REASONS FOR ISOLATION.....	102
70. PROHIBITIONS ON ISOLATION.....	105
71. LESS RESTRICTIVE TECHNIQUES REQUIREMENT.....	108
72. NOTIFICATION OF ISOLATION.....	110
Documentation of Isolation.....	112
73. DOCUMENTATION REQUIREMENTS.....	112
Duration of Isolation.....	114
74. DURATION OF ISOLATION.....	114
75. INTERVENTION WHILE IN ISOLATION.....	117
76. ISOLATION TIME LIMIT.....	119
77. ROLE OF QUALIFIED MENTAL HEALTH PROFESSIONAL.....	121
78. EXTENSION REQUIREMENTS.....	123
79. REPORTING REQUIREMENTS.....	125
80. REMOVAL FROM ISOLATION.....	127
Multidisciplinary Team to Review Isolation Placement.....	129
81. MULTIDISCIPLINARY TEAM.....	129
82. MULTIDISCIPLINARY TEAM PROCEDURES.....	131
83. MULTIDISCIPLINARY TEAM REVIEWS.....	134
84. REVIEW OF YOUTH ISOLATED TWO OR MORE TIMES.....	136
Development Of Appropriate Space for Isolation.....	138
85. PLAN FOR USING ALTERNATIVE SAFE SPACES FOR ISOLATING YOUTH.....	138
86. ALTERNATIVE SAFE SPACES FOR ISOLATING YOUTH TIMELINE APPROVAL.....	140
Conditions And Services While in Isolation.....	141
87. ISOLATION CONDITIONS.....	141
88. EDUCATIONAL SERVICES WHILE IN ISOLATION.....	143
Housing Vulnerable Youth.....	145

89. REVISED HOUSING CLASSIFICATION POLICIES .....	145
90. ADMISSION SCREENING PROTOCOLS.....	147
91. SPECIALIZED HOUSING FOR VULNERABLE YOUTH.....	149
92. ACCESS TO SERVICES .....	152
Youth On Suicide Watch.....	154
93. PROHIBITION ON ISOLATION .....	154
94. DMH AMENDED AGREEMENT.....	156
TRAINING.....	158
General Provisions.....	158
95. TRAINING CURRICULUM REVIEW.....	158
Behavior Management.....	160
96. COMPETENCY-BASED STAFF TRAINING.....	160
97. STAFF RETRAINING PROCEDURES.....	162
Use Of Physical Force .....	164
98. STAFF TRAINING ON UPDATED USE OF PHYSICAL FORCE POLICY.....	164
99. RETRAINING WITHIN 90 DAYS.....	166
Investigation.....	168
100. INVESTIGATIONS STAFF TRAINING.....	168
QUALITY ASSURANCE.....	170
General Provisions.....	170
101. QUALITY ASSURANCE SYSTEM .....	170
102. MONTHLY DATA REVIEW .....	173
103. DATA ELEMENT REQUIREMENTS .....	175
104. SAMPLE DATA REVIEW .....	178
105. OTHER DATA REVIEW RECOMMENDATIONS.....	180
106. QUALITY IMPROVEMENT COMMITTEE.....	182



## 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 offering recommendations, if any, to facilitate compliance. This report utilizes the term “monitoring team” to refer to the three individuals listed herein.

The settlement agreement terms are listed verbatim in the report, and 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 convenience.

The monitoring report assesses compliance as of September 6, 2024. The next report will document any progress or activities from that date. For this report, the team reviewed data in 12 categories covering 60 items, conducted two site visits, held virtual and in-person interviews, regularly met with DJJ leadership and BRRRC administration, provided technical assistance sessions for BRRRC staff to review compliance requirements, reviewed and responded to emails, and analyzed documents provided by DJJ. There were some delays in DJJ’s response to information requests during this reporting period following the resignation of the Director of Settlement Compliance in April. A liaison was appointed in the interim until a full-time replacement was appointed in July. A weekly notification process was initiated in August to improve the timeliness of information sharing and is being refined. DJJ has exhibited cooperation and willingness to work through issues throughout the monitoring activities.

THIS MONITORING REPORT  
ASSESSES COMPLIANCE AS  
OF **SEPTEMBER 6, 2024**

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

<sup>2</sup> BRRRC is a 270-bed youth correctional facility in Columbia, South Carolina. It currently operates 120 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 Virginia after serving in various positions, including DJJ Deputy Director of Community Programs and Norfolk Court Services Unit Director. She also served as Deputy Administrator for the Washington, DC, Youth Services Administration.

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

## COMPLIANCE RATINGS

### Ratings

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

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

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

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

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

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

## COMPLIANCE RATING SUMMARY

Parag. No.	Compliance Provision	Compliance Status
<b>PROTECTION FROM HARM</b>		
<b>General Provisions</b>		
28	General Provisions	Non-Compliance
<b>Staffing</b>		
29	Staffing Study Consultant	Substantial Compliance
30	Staffing Study Consultant Selection	Substantial Compliance
31	Staffing Study Factors	Substantial Compliance
32	Staffing Changes	Substantial Compliance
<b>Physical Plant</b>		
33	Physical Plant	Substantial Compliance
34	Surveillance Tools Timeline	Substantial Compliance
35	Surveillance Tools Timeline Review	Substantial Compliance
36	Surveillance Installation	Substantial Compliance
37	Video Retention	Substantial Compliance
<b>Rehabilitative Programming</b>		
38	Rehabilitative Programming	Partial Compliance
39	Rehabilitative Programming Mix	Partial Compliance
<b>Approach to Behavior Management</b>		
40	Approach to Behavior Management	Substantial Compliance
41	Positive Behavior Management Tools	Substantial Compliance
42	Consistently Implement Behavior Management Tools	Partial Compliance
43	De-escalation Strategies and Graduated Responses	Partial Compliance
44	On-Site Coaches	Non-Compliance
<b>Use of Force</b>		
45	Revise Use of Force Policies and Procedures	Substantial Compliance
46	Implement Revised Use of Force Policies and Procedures	Non-Compliance
47	Limit Use of Force	Non-Compliance
48	Reasonable Efforts	Partial Compliance
49	Use of Force for the Minimum Amount of Time	Non-Compliance
50	Prohibition on Use of Force	Non-Compliance
51	Only Trained Staff May Use Approved Techniques	Non-Compliance
52	Use of Force Documentation	Partial Compliance
53	Medical Evaluation Following Use of Force	Non-Compliance
54	Medical Evaluation Procedures	Non-Compliance
55	Medical Evaluation Refusal Procedures	Non-Compliance



<b>Investigations of Physical Harm to Youth from Other Youth, Executive or Unnecessary Use of Physical Force, or Improper Use of Isolation</b>		
56	Revise Investigation Policies and Procedures	Substantial Compliance
57	Implement Revised Investigation Policies and Procedures	Partial Compliance
58	Initial Review of Uses of Force	Partial Compliance
59	Investigation Procedures	Partial Compliance
60	Staff Review of Incidents	Non-Compliance
61	Permissible Contact Following an Allegation	Non-Compliance
62	Video Request Following an Incident	Substantial Compliance
63	Retention Schedule	Substantial Compliance
64	Investigations Without Video	Substantial Compliance
65	Action Following a Finding of Staff Misconduct	Non-Compliance
66	Investigations When a Youth Withdraws an Allegation	Substantial Compliance
<b>ISOLATION</b>		
<b>Use of Isolation</b>		
67	Revise Use of Isolation Policies and Procedures	Substantial Compliance
68	Implement Revised Isolation Policies and Procedures	Non-Compliance
69	Reasons for Isolation	Partial Compliance
70	Prohibitions on Isolation	Non-Compliance
71	Less Restrictive Techniques Requirement	Non-Compliance
72	Notification of Isolation	Non-Compliance
<b>Documentation of Isolation</b>		
73	Documentation Requirements	Partial Compliance
<b>Duration of Isolation</b>		
74	Duration of Isolation	Non-Compliance
75	Intervention While in Isolation	Non-Compliance
76	Isolation Time Limit	Non-Compliance
77	Role of Qualified Mental Health Professional	Non-Compliance
78	Extension Requirements	Non-Compliance
79	Reporting Requirements	Non-Compliance
80	Removal from Isolation	Non-Compliance
<b>Multidisciplinary Team to Review Isolation Placement</b>		
81	Multidisciplinary Team	Partial Compliance
82	Multidisciplinary Team Procedures	Non-Compliance
83	Multidisciplinary Team Reviews	Non-Compliance
84	Review of Youth Isolated Two or More Times	Non-Compliance
<b>Development of Appropriate Space for Isolation</b>		
85	Plans for Using Alternative Safe Spaces for Isolating Youth	Substantial Compliance
86	Alternative Safe Spaces for Isolating Youth Timeline Approval	Substantial Compliance
<b>Conditions and Services While in Isolation</b>		
87	Isolation Conditions	Partial Compliance
88	Educational Services While in Isolation	Partial Compliance

<b>Housing Vulnerable Youth</b>		
89	Revised Housing Classification Policies	Substantial Compliance
90	Admission Screening Protocols	Substantial Compliance
91	Specialized Housing for Vulnerable Youth	Non-Compliance
92	Access to Services	Substantial Compliance
<b>Youth on Suicide Watch</b>		
93	Prohibition on Isolation	Partial Compliance
94	DMH Amended Agreement	Substantial Compliance
<b>TRAINING</b>		
<b>General Provisions</b>		
95	Training Curriculum Review	Substantial Compliance
<b>Behavior Management</b>		
96	Competency-Based Staff Training	Substantial Compliance
97	Staff Retraining Procedures	Partial Compliance
<b>Use of Physical Force</b>		
98	Staff Training on Updated Use of Physical Force Policy	Non-Compliance
99	Retraining Within 90 Days	Partial Compliance
<b>Investigation</b>		
100	Investigations Staff Training	Substantial Compliance
<b>QUALITY ASSURANCE</b>		
<b>General Provisions</b>		
101	Quality Assurance System	Partial Compliance
102	Monthly Data Review	Partial Compliance
103	Data Element Requirements	Non-Compliance
104	Sample Data Review	Non-Compliance
105	Other Data Review Recommendations	Non-Compliance
106	Quality Improvement Committee	Partial Compliance

# PROTECTION FROM HARM

## General Provisions

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

## 28. GENERAL PROVISIONS

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

Compliance Rating    Non-Compliance

Description of the Monitoring Process	
Findings and Analysis	<p>The monitoring team reviewed department policies and procedures, completed two BRRRC facility site visits, conducted in-person and virtual interviews with DJJ staff and BRRRC youth, provided technical assistance, and reviewed emails, documents, and data provided to demonstrate compliance with the settlement agreement's provisions.</p> <p>The South Carolina Department of Juvenile Justice (DJJ) continues to work toward compliance with the provisions of the settlement agreement. During this monitoring period, DJJ improved in twelve areas, with nine items moving to partial compliance and three to substantial compliance. Five items moved from partial compliance to non-compliance, and one from substantial to partial compliance. The changes to ratings demonstrate the collective efforts of administration and staff to move the system toward a more safe and developmentally appropriate environment for youths.</p> <p>While improvements are noted and recognized, 31 areas of noncompliance remain. These areas include approaches to behavior management, use of force, investigations, isolation, and quality assurance—critical components of ensuring a safe and healthy environment for youth to thrive and staff to deliver services. A consistent theme that appears to be a barrier to implementing and sustaining change is staff turnover, especially at the facility leadership level. The facility administrator changed three times during this</p>

monitoring period. Such changes make it difficult to initiate and sustain change. Another challenge has been the lack of an implementation plan for this settlement agreement. Despite engaging in multiple technical assistance sessions with the monitoring team, the plans remain in draft. The lack of plans has adversely affected the staff's ability to implement the required changes effectively. DJJ hired a full-time Director of Settlement Compliance in July following the resignation of the previous director, who was a part-time consultant. With a full-time director in place, DJJ expects a more accelerated pace in improving practices. This remains to be seen.

When leadership changes, staff and youth experience changes as well. During this monitoring period, it was observed that some practices became more punitive. Facility administration utilized operational confinement extensively and beyond what is acceptable in the policy to maintain order and discipline. The confinement occurred in the early evening following dinner and sometimes extended through the youth's bedtime. Youth reported being confined to their room for an extended period. They were let out for showers, medication, and one-on-one programming.

Youth isolation events also increased during this monitoring period, with 138 in the last five months compared to 98 in the previous five months. The duration of isolation was also longer. Staff do not appear to be applying the appropriate criteria or following the established procedure to remove youth from isolation when they have regained self-control. Other interventions required by policy are also lacking, along with poor documentation.

There continues to be a disconnect with staff about addressing negative youth behaviors. The Legacy Behavior Management System is still utilized, and progress is seen in further integration into the facility culture. Disciplinary hearings are a separate process for more severe violations, but very few youths participate in the hearings. Having two approaches to behavior can reinforce each system. However, they lose their effectiveness if youth do not view one or the other as impactful. While some incentives are in place, they are not individualized enough to motivate some youths. Youth still consider the system overly punitive. The youth interviewed reported being threatened with isolation if they did not comply or being encouraged to resolve problems with other youth physically. There were multiple incidents in which youth were severely harmed and beaten by other youth, including a youth who was hospitalized with a traumatic brain injury. A youth classified as vulnerable was moved to a living unit for an intervention program despite him telling staff he did not feel safe. Three other youths beat him. These incidents could have likely been prevented if staff had worked more proactively and if systems had been implemented to ensure youth were housed safely.

Many instances of isolation and the need to use force could also be avoided. Since monitoring activities began, the monitoring team has recommended more comprehensive facility programming, services, and interventions, consistently delivered with greater frequency to

reduce idle time, boredom, and frustration. Although efforts have been made to increase activities, schedules still need to be maintained, and collaboration between programming and security staff must improve.

The clinical and treatment teams understand that counseling a youth is insufficient to impact behavior change. Skill development and cognitive restructuring are necessary. The team has attempted to offer cognitive behavioral programming but without much success. Schedule changes and other activities have disrupted these attempts. DJJ needs to consider how to prioritize activities better and create incentives for youth to actively engage in programming that has the potential to help them develop skills to cope better and respond to situations.

This next monitoring period must focus on operationalizing the various components of the settlement agreement. Implementation plans must be finalized, and oversight and accountability must be provided to ensure they are followed. Training must continue to ensure that staff understand policies and apply them correctly. As discussed in this report, there are too many instances in which staff fail to follow policy.

Recommendations to Achieve Compliance



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

- Finalize implementation plans to ensure compliance with the settlement agreement's provisions and hold staff accountable for implementation.
- Continue efforts to improve staffing levels, striving for a 1:4 staff ratio in the living units and, eventually, an overlapping schedule 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.
- Continuously evaluate the need for additional surveillance tools, using data on where incidents frequently occur and incidents that identify blind spots.
- Post and follow a facility schedule in all living units that accounts for all daily time blocks. The schedule can be daily, weekly, or monthly and should list all activities by day and time block. Follow the schedule consistently, with exceptions for exigent circumstances.
- Include all special events on the schedule unless such events were unanticipated.
- Provide structured and rehabilitative activities when youth are not attending school and at the end of the school day until they go to bed, coordinated with the youth's individual behavioral and treatment plans.
- Include rehabilitative programming on the schedule that is an appropriate mix of physical, recreational, and leisure activities. Programming should support positive behavior,

engage youth in constructive physical activity, and address general health and mental health needs.

- Offer rehabilitative programming in a setting appropriate for delivering the programming and by staff trained in the program or activity.
- Develop an alternate schedule for youth not in school to ensure they are engaged in structured activities that contribute to attaining prosocial skills and/or the youth's individual behavioral and treatment goals.
- Provide structured, developmental activities that contribute to the youth's attainment of prosocial skills and/or behavioral and treatment goals when school is not in session and during the weekends and holidays.
- Offer rehabilitative programming in a setting appropriate for delivering the programming and by staff trained in the program or activity.
- Establish consistent responses to youth behaviors by implementing the Legacy BMS consistently and with fidelity to provide staff with an array of responses and sanctions they can employ other than physical force or isolation.
  - Monitor the effectiveness of the Legacy BMS in reducing youth-on-youth violence and increasing positive behaviors and adjust as needed.
- Continue to ensure all staff are scheduled for and complete Safe Crisis Management (SCM) training before working directly with youths and require staff to be trained annually thereafter.
  - In instances where untrained staff are scheduled to work, they should be paired with SCM-trained staff.
  - Only SCM-trained staff should be allowed to use restraint and physical force on youths consistent with policies.
- Fully implement revised policies related to the required elements of the settlement agreement. Ensure all staff read and acknowledge the policies and have received training. Revise training to reflect the new policies and procedures and monitor policy compliance. Take appropriate disciplinary action when policies are not followed.
- Whenever physical force is used, determine whether its use complies with policies and procedures. Take the appropriate disciplinary action when staff use physical force inappropriately.
  - The use of physical force or restraint should be documented with sufficient detail, including:
    - A description of the youth action that created a serious and immediate danger to self or others necessitating the use of force or restraint.
    - A description of verbal directives and graduated interventions that were attempted

- to avoid or minimize the use of force or restraints; and
- The type of force or restraint used, including naming the specific techniques on which officers are trained, and for how long it was used.
- Whenever isolation is used, determine whether its use complies with policies and procedures. Take the appropriate disciplinary action when isolation is used inappropriately.
  - Document with sufficient detail the use of isolation, including:
    - The youth action that created a serious and immediate danger to self or others necessitating isolation.
    - The less restrictive techniques an officer used prior to using isolation.
- Finalize the action plan for implementing a quality assurance system. The system should include a mechanism for how DJJ will collect, review, and analyze data and information monthly to assess and identify trends in youth-on-youth physical harm, inappropriate use of force, and inappropriate use of isolation. The plan should identify who is responsible for identified tasks and include target deadlines for completing tasks.
- Collect, review, and analyze data and information monthly to assess and identify trends in youth-on-youth physical harm, inappropriate use of force, and inappropriate use of isolation.
  - Document the monthly data review meetings to verify it is occurring.
  - Ensure DJJ’s data collection system includes the data elements required in provision 103 of the settlement agreement.
  - Include a mechanism for how DJJ will review a sample of incident reports, isolation justification and continuation documents, and investigations. The process should include how the review and subsequent recommendations will be documented.

DJJ should also consider these recommended steps.

- Complete the facility incident dashboard that will document incident location and map trends.
- Train all campus staff, stakeholders, and family members on positive youth development and methods for reinforcing the Legacy BMS, even if they do not directly apply rewards and consequences. Changing culture from a punitive system to one invested in supporting youth in their social, emotional, physical, and intellectual development requires everyone's involvement.
- Increase youth’s movement outdoors on campus, including walking to and from school and programming activities, weather permitting.

- Be vigilant in maintaining the condition of living units.
  - 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. Sleeping rooms and living areas should be cleaned daily and deep cleaned at least weekly.
- Increase family engagement during a youth’s entire stay at BRRC, including involving the family in the youth’s treatment plans, participating in regular updates, and developing the youth’s reentry plan.
- Explore and select software that can assist with collecting and analyzing data related to the settlement agreement's provisions.

### *SOURCES*

- Staff and youth interviews and onsite observations during June 3-4 and September 4-5, 2024, monitoring site visits
- Verbal reports from DJJ administration during monthly meetings on May 15, July 17, August 21, and September 18, 2024
- June 7, 10, 11, 12, 27, and July 2, 9, 29, 2024, Technical Assistance meetings
- Master Schedules for Cypress and Poplar, February, April, and May 2024
- Programming Events – Recreation Attendance Records, April – August 2024
- Programming Events - Leisure Activities Summary Data, April – August 2024
- Programming Events - Leisure Attendance Records, April – August 2024
- YES Group Summary Forms, April - August 2024
- Therapeutic Service Log, April to August 2024
- Credible Messenger Group Summary Reports and Attendance Records, April - August 2024
- Recreation/Leisure Schedules, April – August 2024
- Birchwood School Group Schedule, June 18, 2024
- Youth-on-youth violence data from April to August 2024
- Daily Progress Review Sheets for the weeks of May 30-June 5, June 13-19, July 18-24, August 1-7, and August 22-28, 2024
- Disciplinary Hearing Data from April to August 2024
- Use of Force summary report data, April to August 2024
- April to August 2024 Youth Isolation Details data and Youth Isolation Commencement and Release forms
- Event reports and video reviews of selected incidents from April to August 2024
- August 8, 2024, meeting, SCDJJ Settlement Agreement - action plans and isolation
- April to August 2024, monthly vulnerable youth data
- April to August 2024, Quality Assurance data






## Staffing

### 29. STAFFING STUDY CONSULTANT

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

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

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

#### SOURCES

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

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

### 30. STAFFING STUDY CONSULTANT SELECTION

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


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

Description of the Monitoring Process



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

Findings and Analysis



DJJ is in substantial compliance.

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

Recommendations to Sustain Compliance



Nothing further is required.

#### SOURCES

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

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

### 31. STAFFING STUDY FACTORS

The staffing study will consider factors including:

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


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

Description of the Monitoring Process



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

Findings and Analysis



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

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

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

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



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

The study met the required factors.

Recommendations to Sustain Compliance



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

### *SOURCES*

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

## 32. STAFFING CHANGES

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


Compliance Rating    Substantial Compliance

Description of the Monitoring Process



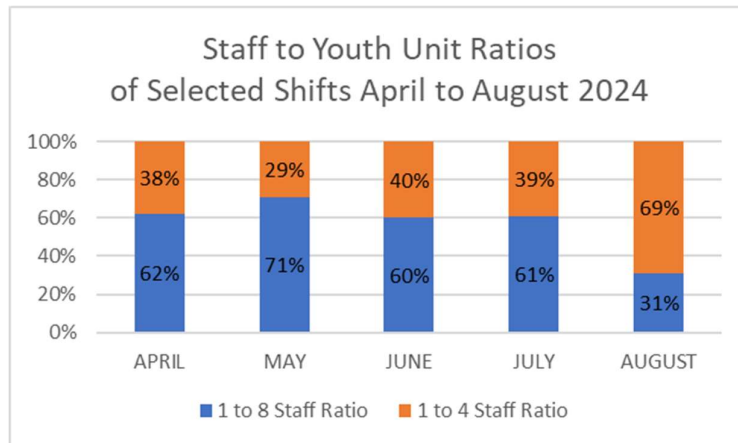
The monitoring team reviewed records provided by the Office of Human Resources on vacancies, turnover, and retention from April to August 2024. In addition, staff and consultant interviews, emails, and meetings were conducted with DJJ and BRRRC administration. Duty rosters were also reviewed for various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

Findings and Analysis



The staffing study recommended a 1:4 staff-to-youth ratio, which could lead to a drop in incidents. The study also suggested an “overlapping staffing deployment” strategy, which involves one direct care staff member in a living unit from 6 a.m. to 6 p.m. and another staff member reporting between 11 a.m. and 11 p.m., covering the most active time for youth in the unit.

A review of 77 shifts, which included both morning and evening coverage and represented 439 unit staffings from April to August, indicated that BRRRC was meeting the 1:4 staffing ratio 41% of the time, with 179 unit staffings meeting the ratio. The staff in this evaluation included juvenile correctional officers (JCOs) and other security personnel assigned to work in a unit, such as sergeants, lieutenants, or captains. These ratios did not include security staff assigned as unit/shift supervisors or trained non-security staff. The table below shows the variation in staffing from April to August.



During this period, the BRRRC population averaged 32 youth assigned to primarily six living units. In August, there were occasions when BRRRC operated only four units, which accounted for the increase in

unit staffing during that month. The population sizes within these units ranged from two to eight youths. During the September site visit, the administration shared that they are attempting to schedule two staff per unit during the second shift. The increase in staffing was observed in some units.

While double staffing is not necessary to achieve substantial compliance, BRRC acknowledges the benefits of having two staff members in a unit for programming, security, and support. Implementing this staffing level would require BRRC to reduce the JCO vacancy rate further, which averaged 21% from April to August—an improvement from the previous monitoring period when the vacancy rate was 26.5%.

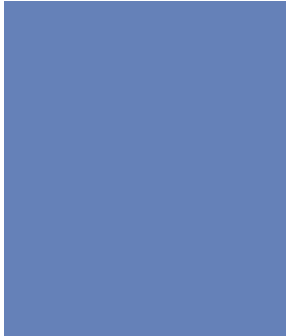
The improvements in JCO staffing levels are commendable, especially given the nationwide staffing shortages faced by correctional agencies. The department’s human resources staff continuously evaluates hiring data to ensure they attract suitable candidates. A consulting firm assisting them focuses on recruiting male candidates who are underrepresented, as well as individuals with experience working with youth. Additionally, they are developing strategies to enhance staff retention.

Another recommendation from the staffing study is that each shift should be led by one Captain serving as the Shift Commander, accompanied by two Lieutenants acting as outside unit rovers and two Sergeants who will also take on roles as outside rovers and escorts. Supervisory staff play a crucial role in operations by providing additional support and intervention with youth, facilitating shift breaks, ensuring that paperwork is completed, making notifications related to isolation, and completing necessary documentation. The supervisory levels recommended in the study are more than necessary for two pods.

A review of 77 shifts from April to August revealed that unit shift supervisors, primarily sergeants, were present for 84% of the shifts. Nearly all shifts also had a lieutenant or Captain designated as the shift commander. On several occasions, more than one staff member was listed as the unit shift supervisor or the commander. Although this staffing level does not fully align with the recommendations of the staffing study, it still demonstrates a reasonable effort to maintain the presence of supervisory staff.


BRRC would need to enhance staff retention to boost supervisory staff presence. The average vacancy rates for these positions indicate a decline in staff retention compared to the previous five months.

Position	November 2024 to March 2023	April 2024 to August 2024
<b>Captain</b>	16%	28%
<b>Lieutenant</b>	39%	44%
<b>Sergeant</b>	28%	32%



DJJ has made reasonable efforts to implement the recommendations from the staffing study, with 41% of unit staffings reviewed achieving the recommended 1:4 staff-to-youth ratios. They are also taking steps to ensure that supervisory staff are scheduled appropriately. However, DJJ may need to reevaluate the recommendations from the study to assess their relevance to current operations, especially concerning supervisory staff. By maintaining and improving the percentage of 1:4 staff-to-youth ratios and ensuring adequate supervisory presence, DJJ can maintain substantial compliance.

Recommendations to Maintain Compliance



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

- Continue efforts to improve staffing levels, striving for a 1:4 staff-to-youth ratio in the living units with a rover and eventually an overlapping schedule, per the staffing study recommendations.
- Reevaluate the level of supervisory staff necessary to ensure adequate coverage per the staffing study for the number of pods in operation, and strive to meet those requirements.
- Document and evaluate the outcomes of each recruitment and retention strategy and adjust as needed.
- Maintain records to monitor staffing ratios and adjust as needed.

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

- Schedule a minimum of two staff per living unit during waking hours.
- Develop post orders for each post.
- Ensure staff have regular breaks and relief opportunities during their shift.
- Identify opportunities for growth and a pathway for advancement in the department during annual staff performance reviews.
- Annually train security staff to exercise positive behavioral approaches when working with youth.
- Provide security staff with support, coaching, and backup to de-escalate a situation and intervene safely with the least amount of force.
- Implement unit-based scheduling so staff can develop rapport with youth and maintain a consistent environment.
- Reevaluate the relevancy of the staffing study recommendations and consider what modifications may be appropriate given current operations.

### SOURCES

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

- Verbal reports from DJJ administration during monthly meetings on May 15, July 17, August 21, and September 18, 2024
- Staff interviews and onsite observations during June 3-4 and September 4-5, 2024, monitoring site visits
- June 10, 2024, Technical Assistance meeting with Human Resources
- BRRC Duty Rosters for April 7-20; May 5-7, 10-11, 19-25; June 10-15, June 24-29, July 7-13, July 25-31, August 6, 9, 10, 29, and 20, 2024
- Daily Population Reports, April 7-20; May 5-7, 10-11, 19-25; June 10-13, June 24, 26, and 28; July 8-12, July 25, 26, 29, 30, and 31; August 6, 9, 10, 29, and 30
- August 12, 2024, memo re: BRRC vacancy rates
- Email from the Director of Settlement Compliance, subject: Item 32: Staffing Changes, September 19, 2024



## Physical Plant

### 33. PHYSICAL PLANT

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


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

Description of the Monitoring Process



The monitoring team reviewed DJJ's Camera Surveillance Project: Camera Coverage Report submitted to the DOJ and the SME on July 13, 2022, and DJJ's *Initial Implementation Plan*. The team also conducted two facility site visits on January 12-13 and March 6-8, 2023.

Findings and Analysis



Per DJJ's *Camera Surveillance Project*, the department reviewed internal and external areas to determine whether video surveillance was necessary and created a camera installation plan based on that review. While reliable data were unavailable to identify areas where incidents have occurred or are likely to occur, DJJ's review was informed by staff knowledgeable about where and when incidents occur. This anecdotal information was the best source of information at the time of the review. DJJ also considered feedback from the monitoring team about other locations where surveillance tools may be necessary and adopted some recommendations. There are areas where additional surveillance tools may be necessary, such as vehicles used to transport youth and in the Willow gymnasium upstairs workout room.

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. No apparent progress has been made on either item.

More robust and accurate information will help DJJ more accurately strategize solutions.

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

Recommendations to Sustain Compliance



Nothing further is required. However, DJJ should continue to evaluate areas without video surveillance to determine whether additional cameras are needed, including, but not limited to, buses and vehicles used to transport youth and the upstairs workout room of the Willow gymnasium.

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*SOURCES*

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

### 34. SURVEILLANCE TOOLS TIMELINE PROPOSAL

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

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

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

#### SOURCES

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

<sup>11</sup> Substantial compliance was achieved during a previous monitoring period, and nothing further is required. The information provided here is from the April 2024 Monitoring Report.

### 35. SURVEILLANCE TOOLS TIMELINE REVIEW

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


Compliance Rating    Substantial Compliance<sup>12</sup>

Description of the Monitoring Process



The monitoring team reviewed the *Camera Surveillance Project: Camera Coverage Report* submitted by DJJ to the DOJ and the SME on July 13, 2022. Emails exchanged between DJJ and the DOJ were also reviewed. IT staff were also interviewed during the March 5-6, 2024, site visit to determine the status of equipment installation.

Findings and Analysis



Supply chain issues made it difficult for DJJ to provide the desired level of timeline specificity requested by the DOJ and SME. DJJ, however, continued to work toward installing and activating all surveillance equipment identified in their report. During the March 5-6, 2024, site visit, IT staff confirmed that all surveillance equipment identified in their plan had been installed.

Recommendations to Sustain Compliance



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
- Interviews with IT staff during the November 13-14, 2023, and March 5-6, 2024, monitoring site visits

<sup>12</sup> Substantial compliance was achieved during a previous monitoring period, and nothing further is required. The information provided here is from the April 2024 Monitoring Report.

## 36. SURVEILLANCE INSTALLATION

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

Compliance Rating **Substantial Compliance**

### Description of the Monitoring Process



The monitoring team previously reviewed the *Camera Surveillance Project: Camera Coverage Report* submitted by DJJ to the DOJ and the SME on July 13, 2022, and a September 12, 2022, installation priority chart. Two facility site visits were conducted, and camera operations were observed. Staff interviews were also conducted to confirm information.

### Findings and Analysis



In the previous monitoring report period, DJJ IT staff confirmed that all surveillance equipment identified in the plan had been installed. Since April 2022, DJJ has installed more than 800 cameras. During this monitoring period, approximately 200 additional lights were installed to ensure cameras could capture movement during the evening hours. DJJ considered bringing in a third-party security expert to evaluate their system but determined it was unnecessary since they continuously assess the system.

In June, DJJ developed a Blind Spot Identification Plan checklist to assist with identifying areas where additional camera coverage may be needed and the steps for fulfilling the need. The checklist is used when an incident occurs and a blind spot is identified or when staff reports a problem. DJJ also developed a written curriculum for control room staff on April 8, 2024. Training was completed for staff on May 15 and 22 and is now ongoing as needed for new staff.

These efforts demonstrate continued substantial compliance.

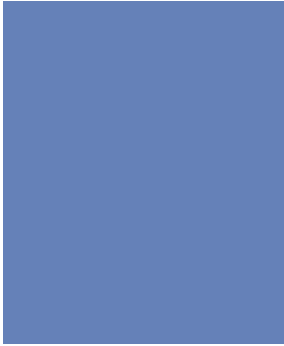
### Recommendations to Sustain Compliance



Nothing further is required.

DJJ should consider the following recommended steps:

- Require initial and annual refresher training for control room staff to ensure they demonstrate appropriate camera monitoring procedures, including being able to identify suspicious activity and following youth as they move from their dorms to other campus locations.
- Implement descriptive BRRC location information (building name and area) in the Event Reporting System to track where incidents occur.
- Complete the data dashboard to support the continual evaluation of whether additional surveillance equipment is necessary and adjust.
- Implement an annual review of incident data to determine whether surveillance tools are sufficient to capture incidents



and whether additional tools may deter or enhance youth and staff safety.

- Consider feedback from the monitoring team to adjust surveillance strategies and equipment needs to address areas of concern.
- Provide regular updates to staff on BRRC locations where incidents are more likely to occur so staffing or other surveillance strategies can be enhanced.
- When a new/remodeled housing unit opens, thoroughly evaluate camera coverage and adjust as needed.

### *SOURCES*

- Camera Surveillance Project: Camera Coverage Report, submitted by DJJ to DOJ and SME on July 13, 2022
- Staff interviews and onsite observations during June 3-4 and September 4-5, 2024, monitoring site visits
- Blind Spot Identification Plan, June 2024
- July 2, 2024, Technical Assistance Meeting
- September 16, 2024, emails from the Director of Settlement Compliance, re: Item 36: Surveillance Installation

## 37. VIDEO RETENTION

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

Compliance Rating    Substantial Compliance

### Description of the Monitoring Process



During June and September site visits, the monitoring team observed and tested the camera surveillance equipment with staff assistance. Information was also gathered from staff interviews.

### Findings and Analysis



During the June and September site visits, the monitoring team re-tested the surveillance system's ability to retrieve various incidents within the last 30 days or longer. Staff members could access videos from the previous 30 days and longer, including videos that were bookmarked for investigations. They could also pull up video footage from various campus locations on random days that had not been bookmarked. Staff reported that they regularly test the system's capabilities to ensure it is functioning properly.

### Recommendations to Sustain Compliance



To maintain substantial compliance, it is recommended that DJJ take the following steps.

- 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.
- Ensure authorized staff bookmark video upon request to ensure it is available.
- Monitor retention practices to ensure compliance.
- Regularly test and maintain equipment to ensure functionality.

DJJ should also consider the following recommended steps.

- Finalize, approve, and implement revised policy 314, Camera Surveillance.
- Require all staff to read and acknowledge Policy 328, Investigations, and Policy 314, Camera Surveillance, once it is approved.
- Train all staff on the policies and their application. The training should include scenarios, a question-and-answer segment, and be competency-based, with staff required to complete and pass a test or quiz about the policies.



- Monitor implementation to ensure the policies have the desired impact and adjust as needed in consultation with the monitoring team and the DOJ.

### *SOURCES*

- Staff interviews and observations during June 3-4 and September 4-5, 2024, monitoring site visits
- July 2, 2024, Technical Assistance Meeting



## Rehabilitative Programming

### 38. REHABILITATIVE PROGRAMMING

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

Compliance Rating **Partial Compliance**

#### Description of the Monitoring Process



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

#### Findings and Analysis



The facility offers multiple opportunities for youth to participate in rehabilitative programming. These activities include work, clinical and life skills groups, recreation, special events, and other leisure activities. Progress continues with attempts to provide a broad array of recreational and rehabilitative program activities. Challenges remain with scheduling, consistency, fidelity in delivery, and staffing to a lesser degree.

Developing and maintaining a master facility calendar or a daily schedule remains an issue for BRR. During the September 2024 monitoring visit, Recreation Calendars for the month were observed in the living units, and a Master Schedule dated February 9, 2024, was observed posted in some units; however, DJJ had shared schedules with the Monitoring Team updated March 29 and May 14. It does not appear that these calendars differ from the February calendar. However, the scheduling changed during the summer months. A revised Group calendar for the school was published on June 18. It was reported that IT staff were working on digitizing the schedule.

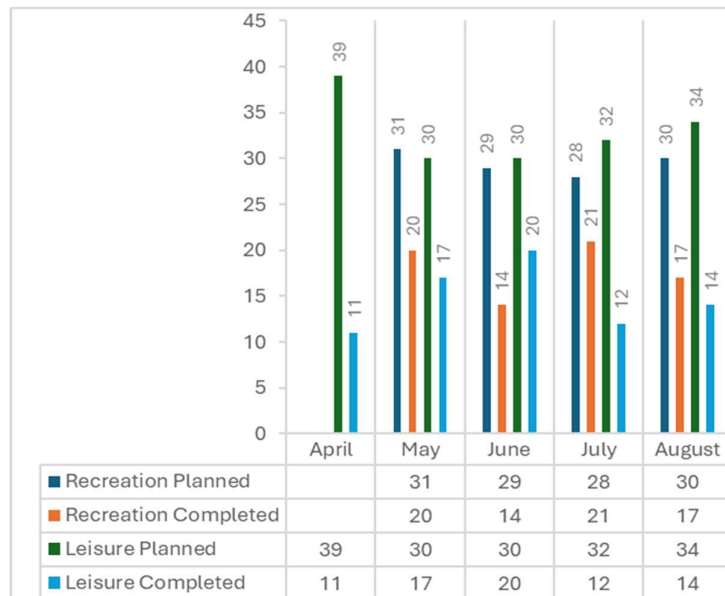
The Programming staff provided calendars for planned recreation and leisure activities for each month of the monitoring period. Five different calendars were developed during the summer school break. It was explained that the youths' move from Cypress and Poplar to Maple and Holly, along with the emergency closure of the Willow gym due to needed repairs, required several adjustments to the summer programming. The Programming staff pivoted and attempted to incorporate various recreational options given the limited recreational spaces.

Between April and August, DJJ provided data documenting 118 planned recreational activities, 64 of which were completed. They

also showed 165 planned, structured leisure activities, 74 completed during this period. The reasons for non-completion largely included inclement weather, security changes, and programming changes. It is noted that they reported no documentation for 53 planned events.

A sampling of activities included basketball, dodgeball, Pass Routes, 3X 3 basketball, King of Court, flag football, whiffle ball, and Slip-and-Slide. Leisure activities included walking with staff, card games, board games, crafts, outdoor Jenga, and group conversation. DJJ also provided some one-time special activities—one event involved twenty youths playing flag football with the Carolina Panthers this past spring.

**BRRC Recreation and Leisure Chart**



Multiple facility leadership changes occurred during the monitoring period, including appointing a new Facility Administrator at the end of May. BRRC lost two managers involved in rehabilitative programming who left the department during the monitoring period. The Associate Deputy for Programs and the Clinical Supervisor positions became vacant, and those duties were assumed by the Deputy Director for Programs and the Associate Deputy for Treatment, at least temporarily. These changes directly impact programming, as security and programs must collaborate and coordinate to deliver programs. There were minimal additional vacancies in the program area during the monitoring period. DJJ reported a new record in program staff by mid-summer and reported being able to adequately staff activities and groups and provide three staff on the weekends and six staff on duty on Tuesdays and Thursdays. DJJ continued to report adequate staffing in September.

Behavioral incidents led to a “no movement” status for youth for multiple days during the spring months. DJJ also reported that the behavioral problems led to scheduling a facility-wide all-resident meeting and one with all parents to get better control of youth behavior. Incidents also led to the school having to modify the school

attendance plan with two groups attending for half the day. Circumstances had improved, and DJJ began the new school year in August with all youth attending on the same schedule.

BRRC programming continues to be supported by Chaplaincy staff and volunteers, along with the Credible Messengers, to ensure that youth have a variety of groups and other activities. It was noted that youths were consulted in selecting the activities and had options for participation on some occasions. Programming staff reported conducting a social climate survey to gain insight into what the youth like to do. Making ice cream is an example of an activity added because of the survey. During site visits, the Monitoring Team observed YES staff and Credible Messengers in the units and engaged with youths playing board games and one-to-one coaching. Programming staff were also witnessed on campus and visiting the units.

It was also noted that, on occasion, recreation and group conflicted. On at least one occasion, the youths refused to participate in a group because their recreation had been suspended for the day. Procurement issues were cited early in the reporting period, hampering the ability to purchase replacement games and equipment.

The following data was reported regarding programming groups and special activities from April to August. The special one-time activities included recreational events with volunteers, such as flag football and the Alpine Climb. The YES staff and the Credible Messengers (CM) provided a variety of life skills groups, ranging from communication to values, decision-making, and the GROW model covering Goals, Realities, Obstacles, and Will.

**BRRC Programming Groups and Activities**

Month	Special Activity	YES Groups	CM Groups	CM 1:1Mentoring
April	3	12	178	no data
May	3	9	193	132
June	2*	9	123	164
July	2*	17	no data	no data
August	0**	8	142	73

*\*3 planned, 1 canceled*

*\*\*3 planned: 1 volunteer no show; 1 planning problem; 1 vendor change*

No specific data was reported for the Chaplains. It was later reported that this data was captured but inadvertently not shared by the due date. The Program Coordinators were reported to have delivered nine groups in June, but no additional data was submitted for the other months.

The clinical staff reported continued challenges in offering rehabilitative programming consistently and with fidelity. Attempts were made to provide *Thinking for a Change* (T4C) and the *Phoenix*

*New Freedom* in partnership with the school. T4C was to be offered on Wednesdays and *Phoenix New Freedom* on all school days except Wednesday, during blocks within the school day from 8:00 am – 2:00 pm. Two clinicians were assigned to deliver each group. The staff were unable to deliver the curricula with fidelity due to different configurations of attendees and disruptions with school attendance. A decision was made to deliver the groups in the units again when school reopened after the summer break. The school had operated on at least two shifts for much of the period but reopened for all youth in August. Behavioral issues had stopped the youth movement to the school at times, and all clinical groups were stopped during the summer break. Groups resumed when school reopened in late August, with *Phoenix New Freedom* now delivered in the units from 3:30 – 6:30 p.m. Monday through Friday. DBT Skills for Adolescents will be delivered to all youth on Saturday and Sunday. The work schedules of the treatment staff have now been adjusted to provide these groups. The Monitoring Team observed clinicians conducting a group session in the school during the June visit and in a unit during the September visit. Youth were partially engaged in both sessions.

It was previously reported that BRRC introduced the new ACE program in mid-March. This program involves a highly supervised, cross-disciplinary team working with the youth of Poplar A throughout the day to address their behavioral issues. The program eligibility criteria included multiple behavioral concerns, including Level 3 behavioral infractions and not attending school. The program was designed to take about 90 days to complete and was described as having the same incentives as Legacy. Youth lose their level upon admission and must achieve Level 2 to transition back to another living unit. When the program began, all services came to the youth, including education, clinical, and programming, including the New Phoenix curriculum, mentoring, and recreation. The program was being modified during the initial rollout, and one reported change included the second cohort attending school in the science building.

DJJ reported in May that they had experienced success with the pilot ACE program. Two of the four youths in the first cohort had passed parole and been released home, and the other two continued to participate. In July, a serious incident occurred between youths, with one youth hospitalized and another transferred to the adult system. It was reported in late August that the ACE program was paused. Space became an issue as youths moved from Cypress and Poplar to Holly and Maple with the loss of one unit. It was reported that the clinicians would individually provide the services offered in ACE to the youth in need. The Honors Dorm has also been closed, and it was reported that the Willow Home for transition-eligible youth will not reopen.

BRRC introduced a new program for graduates at the beginning of the school year, the Birchwood Vocational Work Program. Youth who have completed high school or passed the GED class may now participate in this program, which involves rotating through classes

on finances, leadership, and a half-day optional paid work program. An online certificate can be provided for some of these programs.

During the monitoring period, BRRC's program offerings improved. However, substantial compliance was not achieved because these offerings were not consistently available throughout the monitoring period. Performance was also inconsistent due to scheduling issues, resulting in excessive idle time reported by youth.

Recommendations to  
Achieve  
Compliance

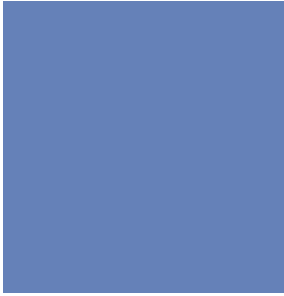


It is recommended that DJJ take the following steps to move toward substantial compliance.

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

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

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



- Update treatment and transition plan monthly, involving the youth and their parent(s)/guardian(s). The updates should include documenting dosage in programs and services, acknowledging the youth's effort and progress, addressing barriers to success, and adjusting goals and activities to motivate the youth's continued engagement in the plan.

### *SOURCES*

- Master Schedules for Cypress and Poplar, February, April, and May 2024
- Programming Events – Recreation Attendance Records, April – August 2024
- Programming Events - Leisure Activities Summary Data, April – August 2024
- Programming Events - Leisure Attendance Records, April – August 2024
- YES Group Summary Forms, April - August 2024
- Therapeutic Service Log, April to August 2024
- Credible Messenger Group Summary Reports and Attendance Records, April - August 2024
- Recreation/Leisure Schedules, April – August 2024
- Verbal reports from BRRC administration during meetings on April 17, May 28, June 25, July 17, and August 21, 2024
- Programming Events - Recreation Activities Summary Data, May-August 2024
- Staff and youth interviews and observations during June 3-15, 2024, and September 4-5, 2024, monitoring site visits.
- Technical Assistance Session with BRRC staff, June 12 and July 29, 2024
- Birchwood School Group Schedule, June 18, 2024

### 39. REHABILITATIVE PROGRAMMING MIX

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

Compliance Rating **Partial Compliance**

<p>Description of the Monitoring Process</p> 	<p>The monitoring team conducted two site visits, reviewed facility activity schedules, youth treatment plans, and records documenting programming activity and attendance, and interviewed programming staff and youth.</p>
<p>Findings and Analysis</p> 	<p>BRRC continues to make efforts to meet the requirements of this provision. While there has been progress, BRRC still struggles to fully implement a suitable range of rehabilitative programs. The composition of program staff has improved significantly, with recreation staff now available on weekends and multiple staff present during the week. BRRC treatment staff have adjusted their working hours to be available until 6 p.m. on weekdays and provide rotating weekend coverage for treatment groups. Action planning that began two monitoring periods ago has continued during this period, but the plans have not yet been finalized.</p> <p>This requirement expects the treatment, clinical, and program staff to provide a variety of activities for youth after school hours on weekdays and during the entire weekend. These activities should encourage positive behavior, involve the youth in beneficial physical activities, and address their general health and mental health needs. These activities must be carried out in coordination with security staff to ensure safe operations and the delivery of the services. BRRC's service delivery also requires coordination with the school. Initially, the school was the planned site for clinical groups from April until its closure for summer break in July. During the prior academic year, the school operated on a modified schedule, which was adjusted based on conflicts between youths. Due to behavioral issues, the school was closed for a period, which led to the confinement of youths to their units, resulting in the inability to deliver planned groups. Engaging youth in other constructive programming is crucial when the school's operations are disrupted. Behavioral problems also led to restrictions on service delivery within the units and across the campus. Furthermore, the closure of the Willow Gym limited recreational resources and necessitated changes in planned activities.</p>



The array of planned recreational activities has remained consistent with a few new offerings. The Alpine Climb and the Carolina Panthers flag football game are new. The Credible Messengers are introducing the GROW (Goals, Reality, Obstacles, Will) groups to help youth plan for their future. The clinical group offerings changed with BRRC discontinuing the intensive work that had begun in the ACE Unit. All clinical group work ceased during the summer break. BRRC is now focusing on delivering the *Phoenix New Freedom* program during afternoons in the unit and DBT Adolescent Skills on the weekends. The table below provides information on the number of delivered activities by type, number of sessions, and hours (if available).

Activity Type	April	May	June	July	August
Recreation	106	128	131	no data	125
Leisure	84	106	136	no data	148
Special Activities	no data	Alpine Climb Kickball with Volunteers (canceled)  Family Feud	Flag Football with Carolina Panthers  Share One Love  Community Group	Flag Football with Carolina Panthers  Share One Love (no show)  Water Relay (postponed)	Share One Love (no show)  Career Day (canceled)  Walking Tacos (vendor change)
YES Groups	12*	12	9	17	8
CM 1:1 Mentoring	178 no hrs.	472 592 hrs.	no data 247 hrs.	no data 481 hrs.	73 517 hrs.
CM Group	178 no hrs.	193 147 hrs.	164 123 hrs.	no data 250 hrs.	142 303 hrs.
CM Recreation Support	no data no hrs.	no data 68 hrs.	no data 51 hrs.	no data 54 hrs.	no data 142 hrs.
CM Education Support	no data no hrs.	no data 127 hrs.	no data 91 hrs.	no data 95 hrs.	no data 22 hrs.

\*9 Group sessions provided by Program Coordinators

\*\* The Credible Messengers record their time in hours instead of the number of youth.

This provision requires that programming be coordinated with the youth’s behavioral and treatment plan. Eleven treatment plans developed or updated between April and August 2024 were reviewed. The plans are created after admission and reviewed quarterly. Out of the eleven plans, it was documented that nine youths participated in the multi-disciplinary team meetings. It was unclear from the documentation whether the other two youths participated in their plan reviews. Documentation indicated that one parent participated in developing her son’s treatment plan. While not explicitly required by the settlement agreement, involving youth and

family members in developing and reviewing youth's treatment plans can increase engagement and commitment toward achieving plan goals and objectives, including programming goals. Family involvement also supports the creation and implementation of a solid reentry plan.

The plans outline the youth's behavioral issues, the goals to address these issues, and the methods to achieve and measure progress. Generally, the plans appear to include more detail than noted in previous monitoring periods. Risk and needs assessment data are not currently included in the treatment plan, but staff continue to attempt to determine each youth's criminogenic needs by reviewing the youth's history. DJJ is working on obtaining information regarding the youth's needs from the RANA assessment to inform the treatment plan development.


Of the eleven plans reviewed, they each identified specific treatment services that the youth either had received or would be enrolled in at BRRC. The plans mainly included individual and group counseling, and during this period, more specific groups were identified. There is increasing evidence that youths were placed in groups based on their plans; however, the BRRC groups are still open to all youth and some youths are placed in groups regardless of their needs. As previously shared, providing groups for everyone is not harmful, but this universal approach is not the best practice. It was also noted that many youths were participating in Anger Management and Alcohol and Other Drug treatment, with an increase in completions from the last monitoring period. In most cases, when a program had been completed, there was occasionally a reference to continue to work on building skills but not always specific follow-up while at BRRC. Only one plan identified a specific recreational group activity to support an area of need. The Treatment Team Form does not explicitly request this, so staff must consciously follow up.

Staff or volunteers have offered several clinical groups, with stops and starts during the monitoring period. The T4C group and *Phoenix New Freedom*, which could address criminogenic needs, were offered but without consistency and fidelity, as reported by staff, due to youth access (i.e., youth not in school or security concerns) and buy-in. Although it has been reported that youth were participating in T4C groups, delivering this group was challenging, making it difficult to determine how much has been received. There was, however, one notation in a treatment plan of T4C completed, which seems inconsistent with the reported challenges in delivering that program unless it was completed prior to placement at BRRC.

BRRC is applauded for its concerted focus on improving the treatment plans and expanding the programs offered. It is encouraged to continue with implementation efforts to ensure that youth are continually engaged in pro-social activities and treatment that will directly respond to their individual needs. To achieve substantial compliance, more effort is needed in this area, as well as



Recommendations to Achieve Compliance



consistency in service delivery in providing a mix of services and supports to meet this requirement.

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

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

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

- Give youth a voice in selecting the mix of rehabilitative programming they would like to have included in the schedule. This mix should be reviewed regularly with youths to maintain their interest.
- Match rehabilitative programming to youths’ needs and interests and ensure they are developmentally appropriate.
- Require youth to practice and apply skills learned to increase their likelihood of engaging in law-abiding behavior.
- Involve security staff in observing or participating in programming so they can model the behaviors or skills

learned for youth and encourage them to practice the newly acquired skills.

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

### SOURCES

- Master Schedules for Cypress and Poplar, February, April, and May 2024
- Sampling of Initial and Updated Supervision and Service Plans, April to August 2024




- Programming Events – Recreation Attendance Records, April – August 2024
- Programming Events - Leisure Activities Summary Data, April – August 2024
- Programming Events - Leisure Attendance Records, April – August 2024
- Therapeutic Service Log, April to August 2024
- YES Group Summary Forms, April - August 2024
- Credible Messenger Group Summary Reports and Attendance Records, April - August 2024
- Recreation/Leisure Schedules, April – August 2024
- Verbal reports from BRRRC administration during meetings on April 17, May 28, June 25, July 17, and August 21, 2024
- Programming Events - Recreation Activities Summary Data, May – August 2024
- Staff and youth interviews and observations during June 3-15, 2024, and September 4-5, 2024, monitoring site visits.
- Technical Assistance Session with BRRRC staff, June 12, and July 29, 2024
- Birchwood School Group Schedule, June 18, 2024

## Approach to Behavior Management

### 40. APPROACH TO BEHAVIOR MANAGEMENT

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

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

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

#### SOURCES

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

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

## 41. POSITIVE BEHAVIOR MANAGEMENT TOOLS

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

Compliance Rating    Substantial Compliance

### Description of the Monitoring Process



The monitoring team reviewed and provided feedback on the Legacy Behavior Management tools and forms, interviewed youth and staff about the program and the tools in use, and interviewed the NPJS consultants.

### Findings and Analysis



The monitoring team previously reviewed the Legacy Behavioral Management System (BMS) manual, tools, and forms and provided feedback. DJJ and the NPJS consultants considered the feedback when finalizing the materials. Although the tools were not submitted for review and approval before use, they have since undergone the review process. The manual explains how the Legacy Behavior Management program should operate, how youths can earn rewards and privileges, and how to respond to negative behaviors. Supporting tools and forms assist staff and youth in understanding the program and reinforcing the system. The tools and forms have been used for several monitoring periods, and during this monitoring period, there was a noticeable effort to improve consistency in their use (see Item 42). The development and use of these materials place this item in substantial compliance.

### Recommendations to Sustain Compliance



To maintain substantial compliance, it is recommended that DJJ take the following steps.

- Prior to using any new or modified tools related to BRRC’s behavior management system, submit them to the SME for review and approval.

DJJ should also consider the following recommendations.

- Update the Motivational Store form, eliminating references to Willow Home.
- Convert BMS paper forms to electronic forms to assist with evaluating the impact of the BMS on staff and youth behaviors and the rates of incidents, use of force, and isolation. For example, data can help determine how consistently staff follow the BMS, how often youth prosocial behaviors are being acknowledged and rewarded, whether responses to negative behaviors achieve the desired result of



extinguishing the behavior, and whether the rate of incidents, use of force and isolation are declining, staying the same, or increasing. Such data can be used to provide additional coaching or training, positive feedback, and accountability.

### *SOURCES*

- *Legacy Behavior Management System* manual, June 29, 2023
- Revised *Legacy Behavior Management Program Trauma-Informed Effective Reinforcement “T.I.E.R” Program Guide*, dated January 9, 2024
- Forms: Community Groups Questionnaire Petition; Legacy Petition Feedback Form; Petition Form
- Verbal reports from DJJ administration during monthly meetings on May 15, July 17, August 21, and September 18, 2024
- Staff and NPJS consultant interviews and onsite observations during June 3-4 and September 4-5, 2024, monitoring site visits



## 42. CONSISTENTLY IMPLEMENT BEHAVIOR MANAGEMENT TOOLS

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

Compliance Rating **Partial Compliance**

### Description of the Monitoring Process



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

### Findings and Analysis



BRRC still faces difficulties implementing the Legacy Behavior Management System (BMS). However, they are making ongoing efforts, and the facility has adopted the system. To better understand the challenges staff are experiencing, DJJ conducted a staff survey in July. The results of the survey were mixed. Despite more than 70% of the staff being trained, a gap exists in understanding how to assess youth and recognizing when youth membership levels have changed. This difference in understanding may be due to the roles of the survey respondents. Of the 107 staff members who responded, 48% were from security and operations, while the remaining 52% were from clinical, medical, programs, education, and workforce development. Staff from security and operations have primary responsibility for the Legacy behavior rating sheets, while the other groups have a less involved role in rating youth. Analyzing the survey based on the respondents' roles may provide better insight into improving understanding of the Legacy system and enhancing its fidelity.

In response to the identified issues, DJJ made several improvements. These include ensuring that only eligible youth participated in earned incentive activities, moving the rating sheets to the units in June so staff could complete them during shifts, and better coordinating disciplinary hearings. A 5-step check was also implemented to improve fidelity, involving daily, weekly, and random reviews of Legacy documentation. However, while the rating sheets are being reviewed daily, staff infrequently entered notes on the Daily Progress Review form. These notes are essential for justifying the ratings and reinforcing the youth's desired and unacceptable behaviors. Most sheets had only one or two comments for the week, missing the opportunity to guide youth and help them understand how they earned their rating for the day. This lack of insight risks weakening the system and undermines the goal of improving youth behavior.

Analysis of rating sheets from five different weeks showed that on average:

- 29% of the sheets had at least one negative comment entered and no positives.
- 19% had at least one positive comment and no negative comment.
- 26% had both positive and negative comments.
- 26% were blank.

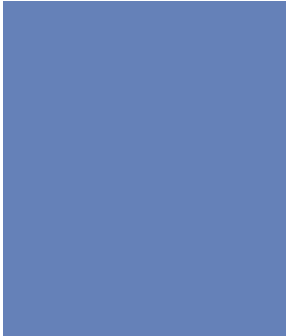
These figures indicate an improvement in note entry from the previous reporting period, except for the number of negative comments.

Type of Note	Oct 2023 to Feb 2024	May 2024 to Aug 2024
<b>Negative only</b>	20.7%	28.6%
<b>Positive only</b>	10.7%	19.2%
<b>Negative &amp; Positive</b>	11.0%	25.6%
<b>No comments</b>	37.6%	25.7%

A review of positive incentives implemented shows that DJJ is making efforts to offer more incentives beyond just snacks. These incentives include time in a game room, attending a Legacy party, or participating in events like a BBQ. Most of the interviewed youth demonstrated an understanding of the Legacy system, were aware of their level, and could describe some of the incentives. Some mentioned that incentives had expanded to include increased phone calls and activities. However, some youth felt that the system did not effectively motivate them to change their behavior because incentives were not consistently given and sometimes given to youth who did not earn them. One youth mentioned that Legacy did not influence his behavior because the incentives were not meaningful enough to him.

Staff interviews revealed that the disciplinary hearing process still aligns with Legacy, a change implemented during the last monitoring period. Between April and August, 114 hearings resulted in 283 sanctions. It is important to note that each hearing can involve multiple violations. The most common sanctions imposed were extra duties, a written assignment, and counseling by appropriate staff regarding their behavior. Finalizing revisions to the disciplinary hearing policy would help to further solidify the alignment of these behavior approaches. The policy has been under review since the last monitoring period.

DJJ reported that overall incidents have decreased. However, the number of youth-on-youth violence incidents has more than doubled compared to the previous period. From October 2023 to March 2024, there were 12 youth-on-youth incidents, while from April to August 2024, there were 24 such incidents. Data for September is still pending. Notably, the youth population was higher during the previous period, ranging from 24 to 42 youths, with an average of 33.



In the current reporting period, the average number of youths was 31, ranging from a low of 24 in August to a high of 37 in April.

During the rating period, DJJ showed more consistent implementation of the Legacy program, but there were still performance inconsistencies. Rating sheets were not consistently completed, and improvements are still needed. Although incentives have become more varied and available, youth and staff reported inconsistency in their application, undermining the system. As a result, this item is only partially compliant.

Recommendations to Achieve Compliance



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

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

*SOURCES*

- Youth-on-youth violence data from April to August 2024
- Daily Progress Review Sheets for the weeks of May 30-June 5, June 13-19, July 18-24, August 1-7, and August 22-28, 2024
- Disciplinary Hearing Data from April to August 2024
- June 7, 2024, BMS Technical Assistance Meeting
- Verbal reports from DJJ administration during monthly meetings on May 15, July 17, August 21, and September 18, 2024
- Staff, consultant, and youth interviews and onsite observations during June 3-4 and September 4-5, 2024, monitoring site visits

## 43. DE-ESCALATION STRATEGIES AND GRADUATED RESPONSES

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

Compliance Rating **Partial Compliance**

### Description of the Monitoring Process



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

### Findings and Analysis



All security staff are required to complete Safe Crisis Management (SCM) de-escalation and restraint training. All education staff must complete the de-escalation portion. Completion rates improved during this reporting period, from 85% in April to 95% in August. When removing new employees scheduled to attend training from the equation, the completion rate is as high as 97%. These rates show improvement from previous reporting periods when rates were 68% in March 2023, 78% in September 2023, and 84% in January 2024. Education staff completion rates dropped during this reporting period. In April 2024, 91% of education staff completed SCM training. The rate declined to 66% in August, with only 20 of 30 staff trained. Five untrained educators were recent agency hires, with two starting in June, one in July, and two in August. The other five included a person hired by the agency in 2014.

DJJ also required Rapid Response Team members to be certified in SCM. During this reporting period, training completion was 100% in most months. Two employees were not trained and failed to attend training as required.

DJJ's policy does not prohibit untrained staff from working directly with youth. However, the BRRC administration indicated that the standard practice is to assign untrained staff to work alongside trained staff until they complete their training. A review of staff rosters, cross-referenced with training records for selected shifts from April to August, identified only one instance on August 8 where an individual had not completed SCM training but was scheduled to work with another JCO who had completed the training. This review seems to confirm BRRC's practice.

To determine whether this training is effective, use of force and isolation data and event reports were examined. An analysis of use of force incidents shows an increase in the use of force, with 95

incidents involving force from April to August 2024. In the previous reporting period, there were 78 instances of use of force, covering six months from October 2023 to March 2024. Youth-on-youth harm incidents also increased during this reporting period, from 12 incidents from October 2023 to March 2024 to 24 incidents from April to August 2024. Isolation data also indicated an upward trend, with 132 isolation events from April to August 2024, compared to 98 events from October 2023 to March 2024. These figures suggest that BRRC needs to analyze why incidents have increased, whether additional training in de-escalation is necessary, and what other measures may be required, including strengthening their approach to behavior management.

The policy requires staff to make reasonable efforts to exhaust a graduated set of interventions before resorting to the use of force. These interventions may include giving a verbal directive, allowing the youth time and space to calm down, or involving another staff member with whom the youth has established rapport.

There has been a noticeable improvement in how staff complete event reports. As noted in item 48, in 84% of event reports staff described the strategies attempted before using force when the situation permitted. One report highlighted a scenario in which an alternative approach was not tried, stating, “Verbal direction was not given; the youth was actively assaulting [staff name].” In most other reports, staff documented that they issued primarily verbal directives—often multiple times—before resorting to force. In high-emotion situations, a verbal directive may not be sufficient to de-escalate the conflict, as the youth may not be fully attentive or willing to cooperate. However, in many of the incidents reviewed, the circumstances did not always allow staff to attempt additional strategies, as they had to take immediate and proactive measures to ensure their safety and that of the youth involved.

A planned update to the event reporting system will prompt staff for more explicit details whenever force is used. This update may help identify whether staff missed opportunities to try alternative strategies and whether further training is necessary. The release date for this update has yet to be determined.

Furthermore, as mentioned in item 47, DJJ reported no investigations regarding excessive use of force or that force was used as punishment from April to August 2024. However, investigation referrals and logs indicate otherwise. During this period, 33 investigations related to the use of force were conducted, but the outcomes were not provided. Additionally, nine youth grievances linked to the use of force were reported, four of which were investigated, yet their outcomes remained undisclosed.

This item is rated as partially compliant. Credit is given for the improved SCM training completion rates and the more detailed reporting. While there are situations where the use of force is unavoidable, the rise in its application and the missing investigation outcomes are concerning.

Recommendations to Achieve Compliance



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

- Continue to ensure all staff are scheduled for and complete SCM training before working directly with youths and require staff to be trained annually thereafter.
  - Do not permit any staff who are not SCM-trained to work directly with youth. When untrained staff are scheduled to work, they should be paired with SCM-trained staff.
  - Only SCM-trained staff should be allowed to use restraint and physical force on youths consistent with policies.
- Maintain training records to verify training completion and document actions taken with staff who fail to complete training requirements.
- Continue with BMS implementation to provide staff with an array of responses and sanctions they can employ other than physical force or isolation.

DJJ should also consider the following recommended steps.

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

*SOURCES*

- Use of Force data and event reports, October 2023 to August 2024
- Use of Isolation data and events reports, October 2023 to August 2024
- Monthly training records, April to August 2024, for security, education, and Rapid Response Team members
- Verbal reports from DJJ administration during monthly meetings on May 15, July 17, August 21, and September 18, 2024
- Staff and youth interviews and onsite observations during June 3-4 and September 4-5, 2024, monitoring site visits
- June 7 and 10, 2024, Technical Assistance Meetings

## 44. ON-SITE COACHES

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


Compliance Rating Non-Compliance

Description of the Monitoring Process



Documents listing named coaches were reviewed, and interviews were conducted with BRRC staff and NPJS consultants to determine their roles, responsibilities, and deployment. The SME also reviewed the draft Legacy Coaching Standard Operating Procedures and Coaching Form.

Findings and Analysis



DJJ has been working on developing the coaching program since March 2023. Initially, a list of coaches was provided to the SME. However, attempts to establish the program have been challenging due to staff turnover and a lack of written guidelines. Recently, DJJ created written standard operating procedures and a form to document coaching activities. These documents were submitted to the SME for feedback and are in the process of being finalized. DJJ’s Lead Legacy Coach stated that staff coaching will commence once the documents are finalized. In the meantime, NPJS consultants are providing staff coaching.

DJJ’s efforts to establish the program are commendable. However, until staff coaches actively coach staff and youth, DJJ will remain non-compliant with this item.

Recommendations to Achieve Compliance



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

- Finalize and adopt the draft Legacy Coaching Standard Operating Procedures (SOP) and Coaching form.
- Include in the SOP how coaches are identified, recruited, screened, and supported.
- Include in the SOP how coaches are deployed, how often they will engage in coaching staff, and how these coaching interactions will be documented.
- Document and report the number of coaching hours provided.

DJJ should also consider the following recommended steps.

- Implement a process for coaching the coaches and conducting annual observations of coaches to support their growth and development.



- Develop a process for evaluating the impact of coaching on staff skills and whether incidents are declining, staying the same, or increasing as a result.

### *SOURCES*

- Verbal reports from DJJ administration during monthly meetings on May 15, July 17, August 21, and September 18, 2024
- Staff and consultant interviews during June 3-4 and September 4-5, 2024, monitoring site visits
- DJJ monthly data collection memo regarding coaching utilization, March to August 2024
- June 7, 2024, Technical Assistance Meeting
- Draft Legacy Coaching Standard Operating Procedures
- Draft Coaching form






## Use of Force

### 45. REVISE USE OF FORCE POLICIES & PROCEDURES

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

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

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

#### SOURCES

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

<sup>14</sup> Substantial compliance was achieved during a previous monitoring period, and nothing further is required. The information provided here is from the October 2023 Monitoring Report.

## 46. IMPLEMENT REVISED USE OF FORCE POLICIES AND PROCEDURES

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


Compliance Rating    Non-Compliance

Description of the Monitoring Process



Policies 310, Mechanical Restraints, and 315, Use of Physical Force, became effective October 15, 2023. The monitoring team evaluated the implementation process, including reviewing staff training procedures and use of force data to determine whether staff followed the policy. The team also interviewed staff and youth.

Findings and Analysis

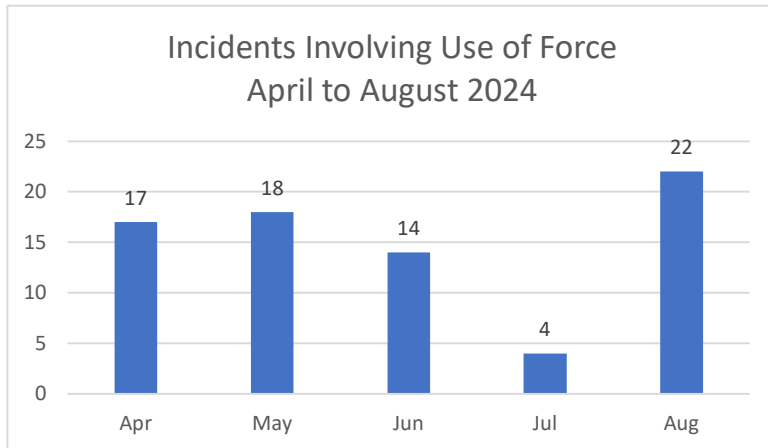


When DJJ issues a new policy, staff must acknowledge receipt and review the policy through the department’s Power DMS system. This review indicates that staff are aware of a new policy and are expected to implement it. DJJ provided department-wide data on the receipt and review, indicating that 67% of staff completed this requirement. They are unable to pull the data out by facility location. However, they reported that the updated policies are included in the required Safe Crisis Management (SCM) basic and recertification training. Curricula were updated in November 2023 to reflect the policy changes.

All security staff are required to complete SCM de-escalation and restraint training. Completion rates improved during this reporting period, from 85% in April to 95% in August. When new employees scheduled to attend are removed from the equation, the completion rate is as high as 97%. These rates show improvement from previous reporting periods, when rates were 68% in March 2023, 78% in September 2023, and 84% in January 2024. Staff who are unsuccessful are separated from employment with the agency.

DJJ reported that staff who had already completed SCM training did not receive training on the new policies until August 2024, nearly ten months after the policy went into effect. The training was delayed until the Event Reporting System was updated to capture data relevant to the policy. Training records indicated that 88 staff were trained.

From April to August 2024, 75 incidents involving 346 instances of use of force were reported. An incident can involve more than one youth and staff member.



When asked for documentation demonstrating the effectiveness and desired impact of the revised policy, DJJ reported they had no data for April, May, July, or August. For June, they reported a security staff meeting where the policy and procedure were reviewed and “staff signed off on.”

DJJ is recognized for improving the completion rates of SCM training. However, there were delays in providing training on the new policy to staff previously trained in SCM, and a low rate of employee review and acknowledgment of the policy. Additionally, an increase in the use of force incidents during this monitoring period suggests that staff may not be following the policy as intended and are not exhausting alternatives to force when trying to deescalate situations. As outlined in items 47, 49, 50, 51, 53, 54, and 55, DJJ is non-compliant with seven of the nine components in this section and partially compliant with items 48 and 52. These ratings highlight implementation failures, leading to a non-compliance rating.

Recommendations to Achieve Compliance



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

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

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

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



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

### *SOURCES*

- Policy 310, Mechanical Restraints
- Policy 315, Use of Physical Force
- Use of Force summary report data, April to August 2024
- Staff interviews during the June 3-5, 2024, and September 4-5, 2024, monitoring site visits
- July 9, 2024, Technical Assistance Meeting
- Agency-wide policy review and acknowledgment records, August 2024

## 47. LIMIT USES OF FORCE

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

Compliance Rating    Non-Compliance

Description of the Monitoring Process

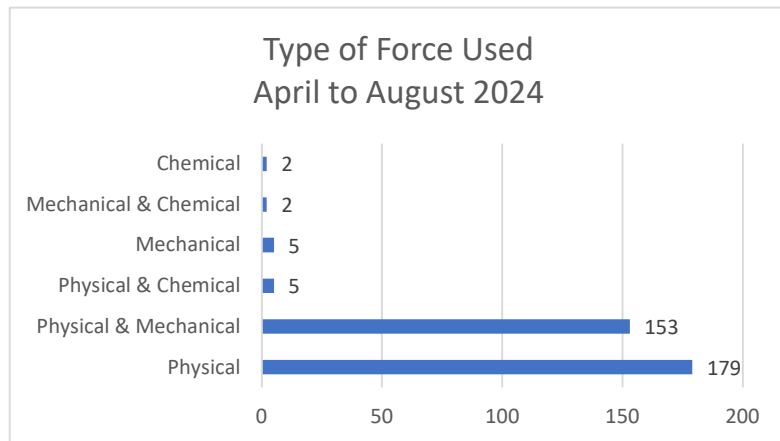


The monitoring team reviewed the use of force data, incident reports, youth grievances, and the number of investigations for excessive or unnecessary use of force. Staff and youth were also interviewed.

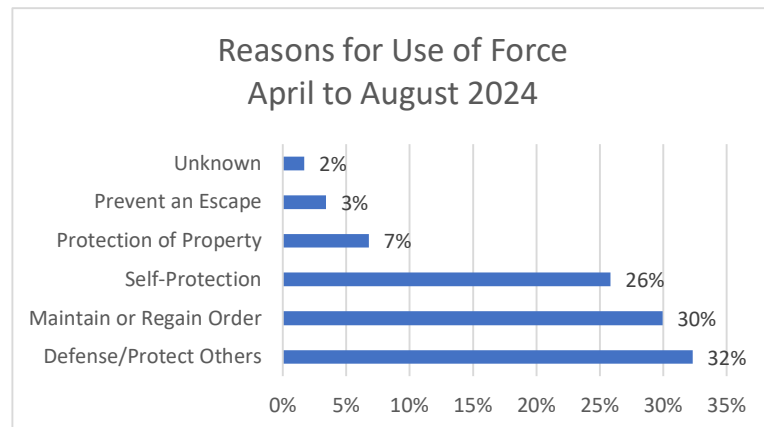
Findings and Analysis



From April to August 2024, 75 incidents involving 346 instances of use of force were reported. An incident can involve more than one youth and staff. The type of force used mainly was physical only (52%) or physical and mechanical (44%). The remaining 4% involved physical and chemical, mechanical and chemical, or chemical only. The numbers are listed in the chart below.



When staff complete an event report involving the use of force, they must provide a reason(s) for doing so. The top two reasons selected are “maintain or regain discipline, control, or order” (32%) and “defense or protection of others” (30%). The policy clearly states that force shall not be used “as punishment, discipline or in retaliation for disobedience or the youth’s failure to follow a verbal command.”



Investigation data were reviewed to determine whether staff were using force or restraints in violation of the policy. DJJ reported no investigations for the excessive use of force and no reports that force was used as punishment from April to August 2024. Investigation referrals and logs, however, indicate otherwise. During this time frame, there were 33 investigations related to the use of force. The outcomes of these investigations were not provided.

Multiple youths interviewed perceived that force was used unnecessarily or excessively. From April to August, youth filed nine grievances related to the use of force that were referred to the Office of Inspector General. Four of these were investigated, but their outcomes were not provided. Videos of incidents involving force and event reports were reviewed to verify whether the youth's perceptions were accurate. However, it was difficult to determine whether the force used was necessary or excessive based on this review alone, as there is no accompanying audio. Audio would identify whether staff attempted de-escalation strategies or if their communication escalated the situation. It would also determine whether the youth were willing to cooperate or intended to escalate their behavior.

This item is non-compliant based on the conflicting data regarding whether investigations were conducted and the lack of outcome data.

Recommendations to Achieve Compliance



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

- Ensure all staff read and acknowledge the revised policies.
- Train all staff in the revised updated policies and their application.
- Monitor implementation to ensure the policies have the desired impact.
- Update the Event Reporting System to only include use of force reasons that comply with the policy.

- Whenever physical force is used, determine whether its use complies with policies and procedures.
- Provide additional training through shift briefings about the policy, including defining what constitutes use of force.
- Affirm staff's appropriate use of physical force.
- Take the appropriate disciplinary action when staff's use of physical force is not warranted or when staff's failure to act and use appropriate physical force results in youth or staff harm.
- Consistently track and report on which incidents required an investigation for potential use of excessive or inappropriate use of force, and the outcome of the investigation.

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

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

### *SOURCES*

- Policy 310, Mechanical Restraints
- Policy 315, Use of Physical Force
- April to August 2024 Use of Force BRRC Summary data
- April to August 2024 youth grievances
- April to August 2024 Investigations memos related to Excessive or unnecessary force
- Staff and youth interviews and video reviews during the June 3-5, 2024, and September 4-5, 2024, monitoring site visits
- July 9, 2024, Technical Assistance Meeting

## 48. REASONABLE EFFORTS

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

Compliance Rating **Partial Compliance**

### Description of the Monitoring Process



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

### Findings and Analysis



From April to August 2024, 75 incidents involving 346 instances of use of force were reported. An incident can involve more than one youth and staff member. However, only 86% of the cases included a reason.

Event reports in which force was used and video reviews indicated that staff are attempting other interventions before using force if the situation allows for alternatives to be tried. In one report, staff stated, “Verbal directive was not given, youth was actively assaulting [staff name].” This type of entry was only noted once. In all other reports, staff wrote that they gave youth verbal directives, often more than once and a few up to five times. Staff also provided details about how they attempted to redirect youth and described the instructions and the youth’s response.

As noted in item 43, repeating a verbal directive may not be enough to de-escalate the conflict, as youth may not be attentive when their emotions are high. In addition to directives, staff should attempt other strategies, such as giving the youth space and time to calm down or involving another staff member with whom the youth has a rapport. However, these strategies were often not described in the reports reviewed and may not be feasible in all circumstances.

The level of detail in the reports is an improvement from the last monitoring period, when it was noted that little information was provided. A planned update to the event reporting system should prompt staff to give more details every time force is used. The date of release has not been identified.

As noted in item 47, DJJ reported no investigations into the excessive use of force and no reports that force was used as punishment from April to August 2024. Investigation referrals and logs, however, indicate otherwise. During this time frame, 33 investigations related to the use of force were conducted. The outcomes of these investigations were not provided. Nine youth grievances associated






with the use of force were also reported. Four of these were investigated, but their outcomes were not provided.

This item is in partial compliance due to the improved level of detail provided on reports about staff’s attempts to avoid or minimize the use of force. Further improvements to data collection are necessary to attain substantial compliance.

Recommendations to Achieve Compliance



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

- Ensure all staff read and acknowledge the revised policies.
- Train all staff in the revised updated policies and their application.
- Monitor implementation to ensure the policies have the desired impact.
- Require staff to describe in incident reports the reasonable efforts taken to exhaust a graduated set of interventions beyond giving a verbal directive.
- Whenever physical force is used, determine whether its use complies with policies and procedures and whether staff made reasonable efforts to attempt and exhaust a graduated set of interventions that avoid or minimize the use of force.
- Affirm staff’s appropriate use of physical force.
- Take the appropriate disciplinary action when staff’s use of physical force is not warranted or when staff’s failure to act and use appropriate physical force results in youth or staff harm.

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

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

### *SOURCES*

- Policy 310, Mechanical Restraints
- Policy 315, Use of Physical Force
- April to August 2024 Use of Force BRRC Summary data
- April to August 2024 youth grievances
- April to August 2024 Investigations memos related to Excessive or unnecessary force
- Staff and youth interviews and video reviews during the June 3-5, 2024, and September 4-5, 2024, monitoring site visits
- July 9, 2024, Technical Assistance Meeting

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

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

Compliance Rating **Non-Compliance**

### Description of the Monitoring Process



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

### Findings and Analysis



Policy 315, Use of Physical Force, states that staff should use physical force for the minimum amount of time necessary to stabilize the situation. The current Event Report System (ERS) does not require staff to log the duration of the force or restraint, but DJJ reports a pending update will require staff to enter that information. A review of April to August 2024 event reports found only five reports in which staff stated they used “the least amount” of force possible when describing the incident. No reports indicated the duration of the force.

As discussed in Item 47, DJJ reported no investigations for the excessive use of force from April to August 2024. Investigations data, however, indicated 33 investigations related to the use of force, although the outcomes of these were not provided. Additionally, four of nine youth grievances about the use of force were referred to the Office of Inspector General, but their outcome is unknown. The youths interviewed stated that force was often unnecessary or excessive. However, reviews of videos and event reports were inconclusive.

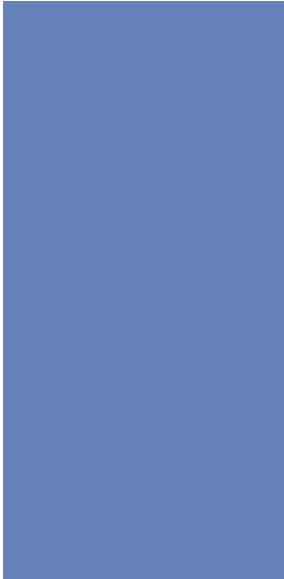
This item is non-compliant due to the lack of information on the duration of the use of force and conflicting data regarding whether investigations were conducted.

### Recommendations to Achieve Compliance



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

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



- Whenever physical force is used, determine whether it complies with policies and procedures and whether staff used force for the minimum amount of time necessary to stabilize the situation.
- Affirm staff's appropriate use of physical force.
- Take the appropriate disciplinary action when staff's use of physical force is not warranted or when staff's failure to act and use appropriate physical force results in youth or staff harm.

DJJ should also consider the following recommended steps.

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

### *SOURCES*

- Policy 310, Mechanical Restraints
- Policy 315, Use of Physical Force
- April to August 2024 Use of Force BRRRC Summary data
- April to August 2024 youth grievances
- April to August 2024 Investigations memos related to Excessive or unnecessary force
- Staff and youth interviews and video reviews during the June 3-5, 2024, and September 4-5, 2024, monitoring site visits
- July 9, 2024, Technical Assistance Meeting

## 50. PROHIBITION ON USE OF FORCE

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

Compliance Rating    Non-Compliance

### Description of the Monitoring Process



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

### Findings and Analysis



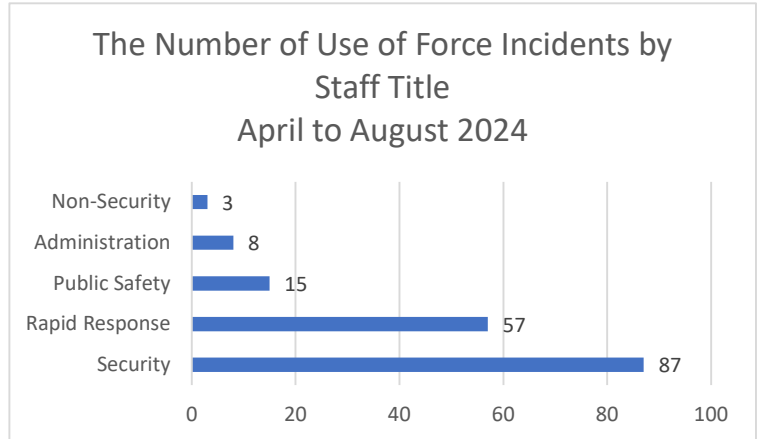
When staff complete an incident report involving force, they must select from a drop-down menu the reason(s) force was necessary. As discussed in item 47, the top two reasons selected are “maintain or regain discipline, control, or order” (32%) and “defense or protection of others” (30%). The policy states that physical force may only be used in “exceptional situations where a youth is currently physically violent and poses an immediate danger to self or others” and that force or restraint shall not be used “as punishment, discipline or in retaliation for disobedience or the youth’s failure to follow a verbal command.”

DJJ reported in April, May, and June that “there were no incidents that met this criteria.” DJJ also reported no investigations into excessive or unnecessary force, but conflicting data show 33 use of force investigations and four youth grievances referred. No outcomes were provided on these.

A review of event reports from April to August 2024 revealed an improvement in the level of detail provided in the reports. Staff members added more narrative to describe the circumstances leading up to the use of force and their attempts to de-escalate the situation. However, there were frequent instances where staff members failed to adequately explain how a youth's failure to comply posed an immediate danger to themselves or others. In some incidents, it was evident that the youth's non-compliance created an unsafe situation, such as when the youth made verbal threats, was ready to fight, or was actively assaulting someone and refusing to disengage. In other situations, it was less clear. DJJ should assess these incidents to determine whether a non-compliant youth poses an immediate threat or if, given time and space, the youth can regain self-control so that using force is unnecessary.

The youth interviewed anticipated that certain staff members would be more inclined to use force and would do so more quickly than others. They believed that when Rapid Response Team (RRT)

members and Public Safety Officers (PSO) were called, force would likely be used against them. Staff interviews corroborated this belief, as RRT and PSO are typically called when additional assistance is required to handle a situation. A review of event reports from April to August 2024 revealed that while incidents involving the use of force were more frequently associated with security staff (51%), the RRT and PSO were more likely to use force specifically because they were called to help with an incident. Given that the RRT consists of only 12-13 members, while security staff exceeds 100, the rate of RRT involvement in use-of-force incidents is notably high.



This item is found non-compliant due to the frequency with which staff reported a youth failing to comply but did not articulate how the youth was an immediate danger to self or others due to their lack of compliance. Conflicting data regarding whether investigations were conducted also contributed to this rating.

Recommendations to Achieve Compliance



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

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

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



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

### *SOURCES*

- Policy 310, Mechanical Restraints
- Policy 315, Use of Physical Force
- April to August 2024 Use of Force BRRC Summary data
- April to August 2024 youth grievances
- April to August 2024 Investigations memos related to Excessive or unnecessary force
- Staff and youth interviews and video reviews during the June 3-5, 2024, and September 4-5, 2024, monitoring site visits
- July 9, 2024, Technical Assistance Meeting

## 51. ONLY TRAINED STAFF MAY USE APPROVED TECHNIQUES

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

Compliance Rating **Non-Compliance**

### Description of the Monitoring Process



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

### Findings and Analysis



Policy 315, Use of Physical Force, states, “Only employees specifically trained in the application of physical force are permitted to use such techniques, and trained employees may only use techniques approved by policy and consistent with training.” All security staff must complete Safe Crisis Management training to learn and demonstrate approved techniques for conducting a physical intervention with a youth. As discussed in item 46, training completion rates are as high as 97%. However, DJJ did not train staff who had previously completed SCM before the new policy was implemented on October 15, 2023, until August 2024, more than ten months later.

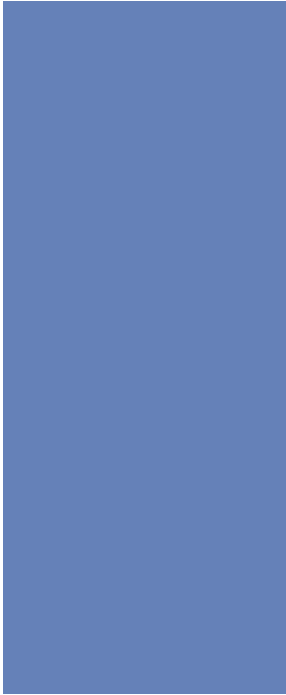
Data was requested about whether untrained staff were involved in the use of force incidents but was not provided. The lack of data to make this determination makes this item non-compliant.

### Recommendations to Achieve Compliance



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

- Ensure all staff read and acknowledge the revised policies.
- Train all staff in the revised updated policies and their application.
- Monitor implementation to ensure the policies have the desired impact.
- Continue to ensure all staff are scheduled for and complete SCM training before working directly with youths and require staff to be trained annually thereafter.
  - Do not permit any staff who are not SCM-trained to work directly with youth. When untrained staff are scheduled to work, they should be paired with SCM-trained staff.
- Only SCM-trained staff should be allowed to use restraint and physical force on youths consistent with policies.



- Prohibit untrained staff from using physical force or restraint.
- Whenever physical force is used, determine whether it complies with policies and procedures and whether staff who used force were trained and used the approved techniques.
- Take appropriate disciplinary action when untrained staff use force or trained staff use unapproved techniques.

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

- In instances where untrained staff are scheduled to work, they should be paired with SCM-trained staff. Only SCM-trained staff should be allowed to use restraint and physical force on youth consistent with policies.
- Regularly review previous incidents with staff for training purposes to identify missed opportunities in which the use of force or restraints could have been avoided or should have been used to prevent or minimize harm to youth or staff.
- Require staff to be retrained on the policy should staff experience challenges with implementation.

#### *SOURCES*

- Policy 310, Mechanical Restraints
- Policy 315, Use of Physical Force
- April to August 2024 Use of Force BRRRC Summary data
- April to August 2024 youth grievances
- April to August 2024 Investigations memos related to Excessive or unnecessary force
- Staff interviews during the June 3-5, 2024, and September 4-5, 2024, monitoring site visits
- June 10 and July 9, 2024, Technical Assistance Meetings



## 52. USE OF FORCE DOCUMENTATION

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

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

Compliance Rating **Partial Compliance**

Description of the Monitoring Process



The monitoring team reviewed the use of force data and event reports. Staff interviews were also conducted.

Findings and Analysis



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

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

As described in item 50, a review of event reports from April to August 2024 revealed an improvement in the level of detail provided in reports. Staff are including more descriptive information about the circumstances leading up to the use of force and attempts to de-escalate the situation if feasible. A few reports included the specific technique used. Updates to the Event Reporting System to require staff to input more details are planned.

DJJ is recognized for improvements in report documentation, which places this item in partial compliance. To achieve substantial compliance, details specific to this item are needed on all reports.

Recommendations to Achieve Compliance



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

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

DJJ should also consider the following recommended steps.

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

*SOURCES*

- Policy 310, Mechanical Restraints
- Policy 315, Use of Physical Force
- April to August 2024 Use of Force BRRC Summary data
- Staff interviews during the June 3-5, 2024, and September 4-5, 2024, monitoring site visits
- July 9, 2024, Technical Assistance Meeting

## 53. MEDICAL EVALUATION FOLLOWING USE OF FORCE

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

Compliance Rating    Non-Compliance

Description of the Monitoring Process



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

Findings and Analysis



Policy 315, Use of Physical Force, requires that a shift supervisor ensures that a qualified medical professional evaluates a youth within two hours after an instance of physical force. Data from May to August (April information was not available) indicated that 62 youths were involved in a use of force incident that required a medical assessment. Medical staff reported they were notified 56% of the time. Youth were brought to medical only 36% of the time for an assessment. Staff interviewed indicated that youth cannot be safely transported in some instances as they may still have elevated emotions from the incident. Even so, medical reported a lack of notifications in 44% of cases.

Youths interviewed reported that, in some instances, staff were not willing to schedule a “sick call” for them to be seen by medical staff. One youth stated that he made several requests but was turned away even after complaining about a head injury. Another youth complained that it took several days before he could see medical about a hand injury following a use of force incident. Most youth not seen by medical within two hours were seen within 24 hours. However, there were at least nine instances when an assessment occurred much later.

To improve notifications, medical staff were given access to event reports to proactively identify youth requiring an assessment. However, reports are not always entered immediately or correctly. The medical team also created a flowchart to help security and medical staff follow policy and protocols.

Failure to ensure youth are routinely seen by medical staff following a use of force results in a finding of non-compliance.

Recommendations to Achieve Compliance



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

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

DJJ should also consider the following recommended steps.

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


*SOURCES*

- Policy 310, Mechanical Restraints
- Policy 315, Use of Physical Force
- April to August 2024 Use of Force BRRRC Summary data
- May to August 2024 Medical Assessment spreadsheets
- Staff and youth interviews during the June 3-5, 2024, and September 4-5, 2024, monitoring site visits
- July 9, 2024, Technical Assistance Meetings

## 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 Non-Compliance

<p>Description of the Monitoring Process</p> 	<p>The monitoring team reviewed use of force data, incident reports, and medical records, and interviewed staff, medical professionals, and youth.</p>
<p>Findings and Analysis</p> 	<p>Medical staff reported no instances in which they suspected inappropriate use of force during this monitoring period. Staff shared that it is their practice to interview the youth outside of hearing from other staff or youth to ensure they feel safe sharing information and to protect their privacy. However, this continues to be challenging when they are asked to evaluate a youth on the unit, usually through the door. Staff have indicated they cannot conduct a proper assessment this way but do their best.</p> <p>As discussed in item 53, medical staff reported being notified only 56% of the time that a youth needs to be assessed, and youth were brought to medical only 36% of the time for an assessment. While medical staff follow evaluation procedures to the best of their ability when they see a youth, the fact that most youth are not routinely seen places this item in non-compliance.</p>
<p>Recommendations to Achieve Compliance</p> 	<p>It is recommended that DJJ take the following steps to move toward substantial compliance.</p> <ul style="list-style-type: none"> <li>• Ensure all staff read and acknowledge the revised policies.</li> <li>• Train all staff in the revised updated policies and their application.</li> <li>• Monitor implementation to ensure the policies have the desired impact.</li> <li>• Implement a process to ensure that staff are adhering to the policy.</li> <li>• Take appropriate disciplinary action if staff did not follow policies and procedures.</li> </ul> <p>DJJ should also consider the following recommended steps.</p>



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

### *SOURCES*

- Policy 310, Mechanical Restraints
- Policy 315, Use of Physical Force
- April to August 2024 Use of Force BRRRC Summary data
- May to August 2024 Medical Assessment spreadsheets
- May to August 2024 Use of Force Medical Concerns statements
- Staff and youth interviews during the June 3-5, 2024, and September 4-5, 2024, monitoring site visits
- July 9, 2024, Technical Assistance Meetings

## 55. MEDICAL EVALUATION REFUSAL PROCEDURES

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


Compliance Rating    Non-Compliance

Description of the Monitoring Process



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

Findings and Analysis



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

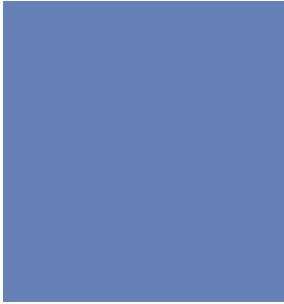
Data on medical refusals was provided from May to August 2024. Of the 62 youths involved in use-of-force incidents, only 35 were reported to medical, and 23 were assessed. It is unclear whether the remaining 39 youths declined a medical assessment or were not taken to medical, as only six youths were reported to have refused a medical evaluation following the proper policy protocol. A medical flow chart was developed to assist staff when a youth declines medical treatment. Staff interviews indicated that there had been improvements in understanding the refusal procedure. However, the high number of youths who did not receive a medical assessment as required by policy suggests a failure to adhere to policy and places this item in non-compliance.

Recommendations to Achieve Compliance



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

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



- Implement a process to ensure that staff are adhering to the policy.
- Take appropriate disciplinary action if staff did not follow policies and procedures.

DJJ should also consider the following recommended steps.

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

### *SOURCES*

- Policy 310, Mechanical Restraints
- Policy 315, Use of Physical Force
- April to August 2024 Use of Force BRRRC Summary data
- May to August 2024 Medical Assessment spreadsheets
- Staff and youth interviews during the June 3-5, 2024, and September 4-5, 2024, monitoring site visits
- July 9, 2024, Technical Assistance Meetings






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

## 56. REVISE INVESTIGATION POLICIES & PROCEDURES

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

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

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

<sup>15</sup> Substantial compliance was achieved during a previous monitoring period, and nothing further is required. The information provided here is from the April 2024 Monitoring Report.

*SOURCES*

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

## 57. IMPLEMENT REVISED INVESTIGATION POLICIES AND PROCEDURES

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

Compliance Rating **Partial Compliance**

Description of the Monitoring Process




Policy 328, Investigations, became effective on January 15, 2024. The monitoring team evaluated the implementation process, including reviewing staff training records and investigation protocols to determine whether staff followed the policy. The team also interviewed investigations staff.

Findings and Analysis



Revised Policy 328, Investigations went into effect January 15, 2024. All investigations staff were trained on the new policy on January 29, 2024. Thirteen staff were trained on April 25 on How Investigations Work. When new investigations staff are hired, they must complete the training within 30 days. According to items 58-66, DJJ is fully compliant with only four items: 62, 63, 64, and 66. They are partially compliant with items 58 and 59, while non-compliant with items 60, 61, and 65. These ratings indicate that the implementation of policies is lacking in several areas, resulting in a partial compliance rating.

Recommendations to Achieve Compliance



To achieve substantial compliance, the following steps are recommended.

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

DJJ should also consider the following recommended steps.

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

### SOURCES

- Policy 328, Investigations
- Training Attendance Roster for the January 29, 2024, 5-hour Investigations Training
- Training Attendance Roster for the April 25, 2024, How Investigations Work training
- Staff interviews during the June 3-5, 2024, and September 4-5, 2024, monitoring site visits
- June 10, 2024, Technical Assistance Meeting

## 58. INITIAL REVIEW OF INCIDENTS

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

Compliance Rating **Partial Compliance**

### Description of the Monitoring Process



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

### Findings and Analysis



After an incident, staff members are required to submit a report in DJJ's Event Reporting System (ERS), which keeps track of all incidents. The investigations team meets weekly to review all reports, conduct an initial incident assessment, and determine whether a full investigation, management review, or other action is necessary. If available, video footage is also reviewed. Between April and August 2024, the investigations team completed 87 initial reviews, with 55 assigned to a full investigation. The basis for deciding whether to investigate a case was not documented in each case, but interviews with investigation staff revealed that they follow specific protocols to make their determination. They also can change their decision if new information becomes available. For instance, two incidents were assigned to investigations after the youth filed a grievance.

An Investigations Flow Chart outlines the process from the initial review to case closure. A review of more than two dozen sample investigation documents, case status and investigative reports, case management history documents, and event reports indicated that this process was being followed. The Quality Assurance team continues to conduct monthly reviews of 10% of cases to ensure that cases are receiving the proper attention. Based on the documents reviewed and interviews with investigation staff, it was found that this provision is in partial compliance. To achieve substantial compliance, investigations must document the basis for determining whether to investigate an incident.

Recommendations to Achieve Compliance



To achieve substantial compliance, the following steps are recommended:

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

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

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

### *SOURCES*

- Policy 328, Investigations
- April to August 2024, administrative/investigative inquiry reports, case status and investigative reports, case management history documents, and events reports
- Staff interviews during the June 3-5, 2024, and September 4-5, 2024, monitoring site visits
- Investigations Case Status and Case History Logs observed during the site visits
- June 10, 2024, Technical Assistance Meeting



## 59. INVESTIGATION PROCEDURES

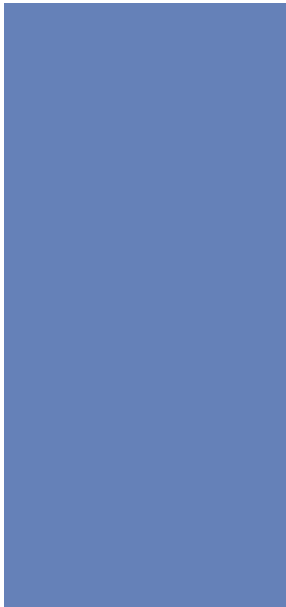
All incidents where:

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

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

Compliance Rating **Partial Compliance**


<p>Description of the Monitoring Process</p> 	<p>The monitoring team reviewed investigation data and tracking documents and interviewed staff and youth.</p>
<p>Findings and Analysis</p> 	<p>Between April 2024 and August 2024, investigation case logs listed 52 investigations on the use of force and youth-on-youth violence. During this period, there were no referrals to investigations for the improper use of isolation despite multiple instances in which isolation was misused, as described in items 70 to 80.</p> <p>It is important to note that the number of investigations reported in item 58 (55 investigations) does not align with the actual number reported on case logs, a discrepancy that DJJ should evaluate to determine where data are missing. Currently, the investigations team is tracking investigations using various spreadsheets. An integrated data system may help improve accuracy and efficiency.</p> <p>Despite this discrepancy, a review of the investigation case logs and on-site documents showed that the investigations followed established procedures, including attempting to interview the involved parties. However, in some cases, investigators relied on event reports instead of conducting staff interviews, which could have provided additional information and allowed for a better</p>



assessment of the report's validity. This approach may have impacted the investigations' outcomes. Many youths refused to participate in interviews, citing a lack of trust or a reluctance to be labeled a "snitch." Staff interviewed attempted to approach these interviews with sensitivity to this issue but found it challenging to get youths to share information. The one-sided nature of some of these investigations may be why none of the investigations completed during this reporting period resulted in a finding of excessive or improper use of force.

Of the 52 investigations, 28 remained open, while 24 were completed. Eighteen investigations were finished within the 10-day deadline, with five cleared within the 10-day extension period. Investigations reported that they are almost fully staffed, facilitating more timely investigations. These improvements are commendable and contribute to a finding of partial compliance. Improvements in data accuracy, timeliness, and increased youth cooperation are needed to attain substantial compliance.

Recommendations to Achieve Compliance



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

- Investigate all incidents meeting the above-listed criteria using a trained DJJ investigator. A full investigation should include, but not be limited to, items i-iv.
- Take appropriate disciplinary action if staff did not follow policies and procedures.

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

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

### *SOURCES*

- Policy 328, Investigations
- April to August 2024, administrative/investigative inquiry reports, case status and investigative reports, case management history documents, and events reports
- Staff and youth interviews during the June 3-5, 2024, and September 4-5, 2024, monitoring site visits
- Investigations Case Status and Case History Logs observed during the site visits
- June 10, 2024, Technical Assistance Meeting

## 60. STAFF REVIEW OF INCIDENTS

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


Compliance Rating    Non-Compliance

Description of the Monitoring Process



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

Findings and Analysis



According to Policy 328, Investigations, the employee's supervisor must review the report within seven business days if the initial review of a use of force or restraint does not require a full investigation. The supervisor must determine whether corrective action is necessary and provide feedback to the employee within seven business days. During the last monitoring period, DJJ could not provide evidence to demonstrate that these reviews took place as required. The facility administration stated they were unaware of this requirement but would take corrective action.

DJJ did take corrective action and conducted 93 administrative reviews from April to August 2024. Notes from the review, however, did not specify what, if any, employee feedback was provided. Most notes described the youth’s behavior. One review indicated, “Misuse of isolation when the youth made no physical movement toward staff and continued to walk to his room.” No information was provided on whether staff was disciplined. In August, there were multiple entries questioning whether any staff action was taken, such as, “No feedback from [staff name] as to how the situation was resolved” and “No feedback from supervisors if this was conveyed to them.”

Supervisors are expected to use this review to provide staff feedback to reinforce positive behavior, offer constructive feedback, or take disciplinary action. However, the provided logs did not contain this information. Without it, this item is deemed non-compliant.



Recommendations to Achieve Compliance



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

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

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

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




*SOURCES*

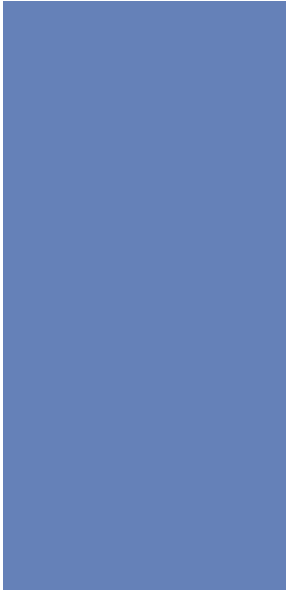
- Policy 328, Investigations
- April to August 2024, Staff Review of Incident Logs
- Staff interviews during the June 3-5, 2024, and September 4-5, 2024, monitoring site visits
- June 10, 2024, Technical Assistance Meeting

## 61. PERMISSIBLE CONTACT FOLLOWING AN ALLEGATION

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

Compliance Rating **Non-Compliance**

<p>Description of the Monitoring Process</p> 	<p>The monitoring team interviewed staff and reviewed incident reports, youth grievances, and monthly permissible contact following an allegation documents provided by DJJ.</p>
<p>Findings and Analysis</p> 	<p>Management-level staff members stated that when an allegation of improper use of force or isolation is made against a staff member, or if investigations identify a potential issue, the administration collectively decides whether to move the staff member or place them on unpaid administrative leave during the investigation. DJJ reported three situations from May to August 2024. April data were not provided. Two of the situations involved sexual misconduct, with one staff member being reassigned and the other terminated. Details about the third allegation were not shared, but the staff member was reassigned.</p> <p>Nine youth grievances were filed related to the use of force, with four referred to investigations. No information was provided on whether DJJ determined the level of permissible contact between the youth and the staff member(s). Due to insufficient information to evaluate compliance with this provision, it is determined to be non-compliant.</p>
<p>Recommendations to Achieve Compliance</p> 	<p>It is recommended that DJJ take the following steps to move toward substantial compliance.</p> <ul style="list-style-type: none"><li>• 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>



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

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




### *SOURCES*

- Policy 328, Investigations
- May to August 2024, permissible contact following an allegation documents
- Staff interviews during the June 3-5, 2024, and September 4-5, 2024, monitoring site visits
- June 10, 2024, Technical Assistance Meeting

## 62. VIDEO REQUEST FOLLOWING AN ALLEGATION

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

Compliance Rating    Substantial Compliance

<p>Description of the Monitoring Process</p> 	<p>The monitoring team reviewed the Investigations Case Log and interviewed investigations staff.</p>
<p>Findings and Analysis</p> 	<p>Policy 328, Investigations, states that the designated investigator must request video footage of the incident within three days of receiving the allegation. Investigators reported that they usually request the video footage on the day they are assigned the case. This action is taken every morning for all incidents involving youth-on-youth harm, assaults or fights, criminal allegations, use of force, and improper use of isolation. The division camera surveillance officer then assigns the task to a staff member who pulls the video footage and sends it to the Internal Integrity Manager. This process is documented on a spreadsheet and is considered standard practice.</p> <p>A review of the Investigations Case Logs from April to August 2024 found that of the 52 investigations reported, all but four had videos requested the same day. Video information was not listed for two cases, but investigations later confirmed the videos were pulled. The documentation supports a continued finding of substantial compliance.</p>
<p>Recommendations to Sustain Compliance</p> 	<p>To maintain substantial compliance, it is recommended that DJJ take the following steps.</p> <ul style="list-style-type: none"><li>• Continue to ensure that a video of the incident, if one exists, is requested within three days of receiving the allegation.</li><li>• Maintain records to verify the process was followed.</li><li>• Take appropriate disciplinary action if staff did not follow policies and procedures.</li></ul> <p>DJJ should also consider the following recommended steps.</p> <ul style="list-style-type: none"><li>• Create an operations manual that outlines the process and roles for all investigations and identifies the process for requesting and obtaining video.</li><li>• Identify and implement an investigations data tracking system to improve efficiency and the ability to track and analyze investigations data.</li></ul>

*SOURCES*

- Policy 328, Investigations
- April to August 2024, Investigations Case Log
- Staff interviews during the June 3-5, 2024, and September 4-5, 2024, monitoring site visits
- June 10, 2024, Technical Assistance Meeting

## 63. RETENTION SCHEDULE

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


Compliance Rating    Substantial Compliance

Description of the Monitoring Process



The monitoring team reviewed investigation procedures, documents, and videos and interviewed staff.

Findings and Analysis



DJJ continues to show significant compliance with investigation retention requirements. As previously reported, DJJ's surveillance system automatically keeps video footage for at least 30 days. If any video is bookmarked, it is stored indefinitely and copied to another off-campus system for storage for 7+ years. The bookmarked video remains in the system and is regularly exported to a Sharepoint file to free up storage space. Staff can access and retrieve case files and stored video footage with an event reporting system number. DJJ has demonstrated its ability to retain videos for multiple rating periods. The monitoring team confirmed this ability through interviews with DJJ IT staff. During the June and September 2024 site visits, the monitoring team visited the Gateway Law Enforcement site and was able to view various random videos that had been retained for up to a year. Staff were also able to pull up investigation files.

Recommendations to Sustain Compliance



To maintain substantial compliance, DJJ should retain all investigation documents, including video and interview notes, for at least one year, maintain records to verify retention practices, and take appropriate disciplinary action if staff do not follow policies and procedures.

DJJ should also consider the following recommended steps.

- Create an operations manual that outlines the process and roles for all investigations and describes the process for retaining and storing investigation documents.
- Store all investigation documents in a central, secure location with access restricted to authorized staff.
- Identify and implement an investigations data tracking system to improve efficiency and the ability to track and analyze investigations data.




*SOURCES*

- Policy 328, Investigations
- Staff interviews and testing of video and document retention during the June 3-5, 2024, and September 4-5, 2024, monitoring site visits
- June 10, 2024, Technical Assistance Meeting

## 64. INVESTIGATIONS WITHOUT VIDEO

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

Compliance Rating    **Substantial Compliance**

<p>Description of the Monitoring Process</p> 	<p>The monitoring team requested incident reports in which video was not available. Investigations staff were interviewed, and documentation was viewed on-site during two monitoring visits.</p>
<p>Findings and Analysis</p> 	<p>During a Technical Assistance call with the investigations team on June 10, 2024, and the site visits on June 2024 and September 2024, the investigation unit confirmed that investigations are conducted even if video footage of the incident is unavailable. This practice has remained unchanged since the last monitoring period. The Investigations Case Log has been updated to indicate the date the video footage was requested and if it was obtained. Two of the 52 investigations identified during this monitoring period were marked as not having video. Investigations confirmed the video existed and provided information to verify that an investigation was completed on both. As a result, this item is in substantial compliance.</p>
<p>Recommendations to Sustain Compliance</p> 	<p>To maintain substantial compliance, DJJ should ensure that investigations are completed even when no video of the incident exists and maintain records to verify that investigations are conducted as required. DJJ should take appropriate disciplinary action if staff did not follow policies and procedures.</p> <p>DJJ should also consider the following recommended steps.</p> <ul style="list-style-type: none"><li>• Create an operations manual that outlines the process and roles for all investigations and describes the process for retaining and storing investigation documents.</li><li>• Identify and implement an investigations data tracking system to improve efficiency and the ability to track and analyze investigations data.</li><li>• Track the number of investigations in which video is unavailable to determine whether additional surveillance equipment may be necessary to assist with future investigations.</li></ul>



*SOURCES*

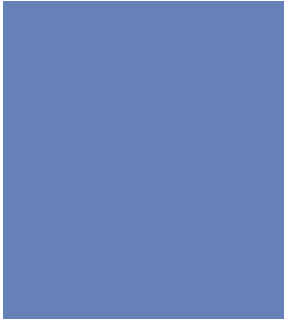
- Policy 328, Investigations
- April to August 2024, Investigations Case Log
- Staff interviews during the June 3-5, 2024, and September 4-5, 2024, monitoring site visits
- June 10, 2024, Technical Assistance Meeting

## 65. ACTION FOLLOWING A FINDING OF STAFF MISCONDUCT

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

Compliance Rating **Non-Compliance**

Description of the Monitoring Process	The monitoring team requested documentation of corrective or disciplinary action taken as a result of a use of force or restraint review and information about any violations of the isolation policy, including inappropriate use of isolation. The team also examined investigation data, events reports, video footage, and administrative logs.
Findings and Analysis	<p>During the monitoring period, DJJ reported no instances of staff misconduct related to the inappropriate use of isolation, excessive or unnecessary use of force, or failure to protect youth from physical harm by other youth. However, the data, event reports, interviews, and video footage reviewed demonstrate potential discrepancies in their reporting.</p> <p>A review of administrative incident logs revealed several instances where staff corrective action may have been necessary, although these actions may not have risen to misconduct. For example, there were entries indicating that administrative staff were supposed to talk to the staff involved in incidents about their behavior, but it is unclear whether this occurred. Another entry mentioned that the Office of Human Resources (Employee Relations) had been made aware of concerns with a specific officer, but no details were provided. Additionally, one incident of misuse of isolation was reviewed, but no information was provided about the action taken. While some of these incidents may not have amounted to staff misconduct, there is doubt whether DJJ is taking enough steps to address staff problem behaviors.</p>
Recommendations to Achieve Compliance	<p>It is recommended that DJJ take the following steps to move toward substantial compliance.</p> <ul style="list-style-type: none"><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></ul>



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

DJJ should also consider the following recommended steps.

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

### *SOURCES*

- Policy 328, Investigations
- April to August 2024, Staff Review of Incident Logs
- Staff interviews during the June 3-5, 2024, and September 4-5, 2024, monitoring site visits
- June 10, 2024, Technical Assistance Meeting

## 66. INVESTIGATIONS WHEN A YOUTH WITHDRAWS AN ALLEGATION

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

Compliance Rating    Substantial Compliance

### Description of the Monitoring Process



The monitoring team reviewed investigation data and reports and interviewed staff.

### Findings and Analysis



Investigations staff interviewed indicated they continue to conduct investigations even if a youth withdraws an allegation, states a desire not to prosecute, declines to be interviewed, or refuses to write a statement. In such cases, investigators review incident reports, videos, and medical records and attempt to interview all parties involved. They also try to understand why the youth withdrew the allegation, although success in this area varies. Some youths report changing their minds or no longer wanting to pursue the allegation. Investigators are trained to be sensitive to youths' concerns about participating in an investigation, including the fear of being labeled a "snitch." Despite this, the youths interviewed expressed a lack of trust in the process, which may stem from their perception that the process is unfair, especially when an allegation is concluded as "unfounded."

According to the investigation staff, youth withdrawals are tracked on the investigative case log, case management history report, and case status investigative report. A review of these logs and investigation documents from April to August 2024 confirmed that the investigation continues when a youth withdraws an allegation.

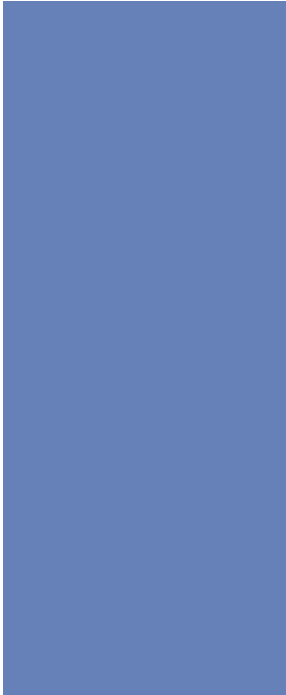
Interviews with staff and a review of investigation protocols found that DJJ is following this policy provision, resulting in a finding of substantial compliance.

### Recommendations to Sustain Compliance



To maintain substantial compliance, DJJ should ensure that the following actions continue.

- Ensure that investigations are not terminated based solely on a youth's withdrawal of an allegation, a youth's stated desire not to prosecute a criminal matter, or a youth's refusal to write a statement.



- Make an effort to determine the reasons for the withdrawal or refusal. If the reason is coercion or threat, the matter should be referred for a separate investigation and documented.
- Maintain records to verify that efforts were made and the outcomes of those efforts.
- Take appropriate disciplinary action if staff did not follow policies and procedures.

DJJ should also consider the following recommended steps.

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

### *SOURCES*




- Policy 328, Investigations
- April to August 2024, Investigations Case Log
- Staff interviews during the June 3-5, 2024, and September 4-5, 2024, monitoring site visits
- June 10, 2024, Technical Assistance Meeting

## Isolation

### 67. REVISE USE OF ISOLATION POLICIES & PROCEDURES

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

Compliance Rating    Substantial Compliance

<p>Description of the Monitoring Process</p> 	<p><i>The following activities occurred during a previous monitoring period and involved the initial review and approval of Policy 323, Isolation of Youth.</i></p> <p>Policy 323, Isolation of Youth, was reviewed to determine whether the SME and the DOJ input were considered, and necessary revisions adopted. The process for developing and finalizing the policy was also examined, which involved reviewing email communications, notes taken during monthly meetings with BRRC and the DOJ, and interviews with staff involved in the policy process.</p>
<p>Findings and Analysis</p> 	<p>Policy 323, Isolation of Youth, was signed on October 10, 2023, and went into effect on November 15, 2023. DJJ continues to be in substantial compliance with this requirement.</p> <p>However, since the policy’s implementation, DJJ has determined that further revisions are necessary. These proposed changes were submitted to the DOJ and SME for review, and feedback was provided in July 2024, including alerting DJJ that specific revisions violate provisions 70 and 93. If DJJ adopts the proposed revision, they will be in non-compliance with this item. DJJ is still considering the revisions; no timeline has been given for when the policy will be ready for another review and approval.</p>
<p>Recommendations to Sustain Compliance</p> 	<p>To maintain substantial compliance, DJJ must submit any proposed revisions to Policy 323, Isolation of Youth, for final approval before implementation.</p> <p>It is recommended that DJJ continue monitoring implementation to ensure the policy has the desired impact. If problems are identified, DJJ should rectify them through training, enhanced documentation, or policy revision.</p>

## *SOURCES*

The following sources represent work conducted during a previous monitoring period related to the initial approval of the policy.

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

The following sources represent work conducted during this monitoring period related to the proposed revised policy.

- Draft revised Policy, 323, Isolation of Youth
- June 29, 2024, emails from DJJ Business Manager (with responses from the SME), subject: Policy 323 Review
- July 15, 2024, email from the SME to the DJJ Business Manager, subject: Revised Policy 323, Isolation, feedback
- July 24, 2024, email from the DOJ to the DJJ Business Manager, subject: Revised Policy 323, Isolation, feedback
- Verbal reports from DJJ administration during monthly meetings on May 15, July 17, August 21, and September 18, 2024.
- Staff interviews and onsite observations during June 3-4 and September 4-5, 2024, monitoring site visits
- June 11, 2024, Technical Assistance meeting with the SME and DJJ leadership
- August 8, 2024, DJJ meeting on action plans and isolation with the SME and the DOJ

## 68. IMPLEMENT REVISED ISOLATION POLICIES AND PROCEDURES

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

Compliance Rating    Non-Compliance

### Description of the Monitoring Process



The monitoring team evaluated the implementation process, including reviewing isolation data to determine whether staff followed the policy. The team also reviewed notes from monthly meetings with BRRRC and the DOJ, email communication, and interviews with administration, staff, and youth.

### Findings and Analysis



Policy 323, Isolation of Youth, took effect on November 15, 2023. However, more than ten months later, an implementation plan remains in draft, and staff are still experiencing challenges with policy implementation. One identified difficulty is that staff and BRRRC administration do not understand the allowable uses of isolation. Previously, isolation was allowed to punish youth misbehavior. Under the new policy, isolation can only be used when youth "pose a serious and immediate danger to themselves or others, and staff have made reasonable efforts to use de-escalation strategies."

From April to August 2024, 138 isolation instances were reported, a 29% increase from the previous five-month period of November 2023 to March 2024, when there were 98 instances. Determining how long youth were isolated is difficult since data were missing from 26% of the incidents from April to August 2024. This absence of data indicates a continuing problem with failing to properly account for youth isolation incidents as policy requires.

One indication that implementation is out of compliance is BRRRC's misuse of operational confinement during most of this monitoring period. Youth and staff interviewed during the June site visit reported that youths were routinely locked in their rooms in the evening while they took turns showering and medications were administered. Several youths interviewed reported that they often were confined to their rooms through bedtime. The policy permits operational confinement for 15 minutes or less under specified circumstances, such as a shift change or youth count. Confinement lasting more than 15 minutes must be authorized by BRRRC administration, cannot exceed one hour, and can occur only if all reasonable and less restrictive alternatives have been attempted. Routine use of operational confinement is not permitted.

According to the BRRRC administration, this routine was implemented to "reset" youth expectations and manage behaviors following



several serious incidents. The practice had changed in September, and several youths stated the stays were relatively short. However, this change occurred late in the monitoring period, with youths and staff stating that prolonged operational confinement continued as late as August.

To address concerns about how isolation was interpreted, DJJ’s legal counsel and the DOJ met on August 8 to discuss the isolation policy and clarify which practices constitute isolation. In this meeting, DJJ acknowledged that they have “imperfectly” implemented the policy and continue to work on correcting identified issues.

It appears adjustments were implemented. During the September site visit, staff and youth reported that operational confinement was not used to the same extent previously and that stays in their room during shift changes and showers/medications were shorter.

Another “imperfect” implementation of the isolation policy involved housing a youth alone in a living unit following a serious incident. This arrangement was deemed isolation and was not documented as described in items 60 and 70.

Even though DJJ worked to correct their misinterpretation of the policy, corrective action was not implemented until much later in the monitoring period. In addition, DJJ is partially compliant with only six out of 20 items related to the isolation policy: 69, 73, 81, 87, 88, and 93. They are non-compliant with 14 items: 70-72, 74-80, and 82- 84. These ratings indicate that policy implementation is lacking in most areas, resulting in a non-compliance rating.

Recommendations to Achieve Compliance



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

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

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

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



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

### *SOURCES*

- Policy 323, Isolation of Youth
  - November 2023 to August 2024 Youth Isolation Details data
  - Emails regarding draft action plans
    - May 14, 2024, subject: Draft BRRC Action Plan
    - August 21, 2024, subject: Draft format for the DJJ Implementation Plan
  - Verbal reports from DJJ administration during monthly meetings on May 15, July 17, August 21, and September 18, 2024
  - Staff and youth interviews during June 3-4 and September 4-5, 2024, monitoring site visits
  - June 11, 2024, Technical Assistance meeting with the SME and DJJ leadership
  - August 8, 2024, meeting, SCDJJ Settlement Agreement - action plans and isolation

## 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 **Partial-Compliance**

### Description of the Monitoring Process

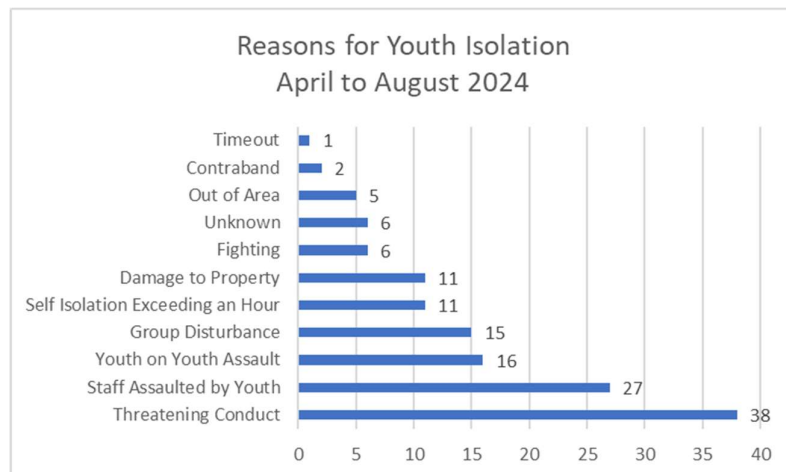


The monitoring team reviewed isolation data and forms, incident event reports, and videos of incidents resulting in isolation and interviewed staff and youth.

### Findings and Analysis



From April to August 2024, 138 instances of isolation were reported. Ten different reasons were given for isolation, with assaults and threatening conduct being the top reasons. To comply with policy, threatening conduct must be associated with a serious and immediate danger to self and others. The reason for isolation was unknown in six instances.



The isolation policy requires staff to document that they made reasonable efforts to attempt and exhaust de-escalation strategies and that the youth posed a serious and immediate danger to self or others. A review of 93 Youth Isolation Commencement and Release forms from April to August 2024 and event reports indicated sufficient documentation to justify isolation. Staff described youths assaulting staff or other youths, making threats to harm staff or others, having weapons, and continuing to be aggressive despite staff's efforts to de-escalate the situation. A video review of nine incidents from April to August 2024 also demonstrated that the

reason for isolation was within policy and appropriate given the youth’s behaviors.

While isolation appears to have been used appropriately in each of the incidents reviewed, how long a youth spent in isolation did not always follow policy, with youths remaining in isolation much longer than could be justified. See item 74 for more information.

The monitoring team also looked into BRRC’s use of operational confinement based on youth and staff reports that youths were confined to their rooms beyond the evening shift change (see item 68 for more details) to “reset” youth expectations and manage behaviors following several serious incidents. Even though the BRRC administration did not view this practice as isolation since youth were entering and exiting their rooms for showers, the prolonged confinement amounted to isolation and violated the policy.

Another unintended policy violation involved a youth being housed in a living unit alone following a serious incident in which another youth was hospitalized with a traumatic brain injury. BRRC asserted that this youth was not in isolation since he was allowed to roam around the living unit, and services were delivered to him. The Department of Justice, however, asserted that placing a youth alone, even with staff present, still constituted isolation. The SME agrees. A review of video footage of this youth’s stay revealed at least one occasion when the youth was placed in his room outside of regular sleeping hours because other youths were brought to the unit and placed in isolation rooms. The youth’s stay in his room was not documented as isolation.

While DJJ properly justified reasons for isolation in the 93 events reviewed, their misuse of operational confinement and improper housing of a youth resulted in a finding of partial compliance.

Recommendations to Achieve Compliance



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

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

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

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

### *SOURCES*

- Policy 323, Isolation of Youth
- April to August 2024 Youth Isolation Details data and Youth Isolation Commencement and Release forms
- Verbal reports from DJJ administration during monthly meetings on May 15, July 17, August 21, and September 18, 2024
- Staff and youth interviews during June 3-4 and September 4-5, 2024, monitoring site visits
- Event reports and video reviews of selected incidents from April to August 2024
- June 11, 2024, Technical Assistance meeting with the SME and DJJ leadership
- August 8, 2024, meeting, SCDJJ Settlement Agreement - action plans and isolation

## 70. PROHIBITIONS ON ISOLATION

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

Compliance Rating    Non-Compliance

Description of the Monitoring Process



The monitoring team reviewed isolation data, forms, logs, and investigation data. The team also interviewed staff and youth regarding isolation practices.

Findings and Analysis



A review of the 138 isolation events from April to August 2024 found that the reasons for youth isolation appeared to align with the policy. Event reports and video reviews of selected incidents indicate plausible justification for placing a youth in isolation due to the youth’s behavior, including assaulting staff or other youths and threatening conduct. To comply with policy, threatening conduct must be associated with a serious and immediate danger to self and others. Investigations reported no investigations related to the improper use of isolation. However, as noted, in items 69-71, 74, 76, 80, and 93, there were multiple instances of improper use of isolation. None of the inappropriate uses were referred for a potential investigation.

Isolation duration, discussed in more detail in item 74, indicates that while isolation may have been justified, youth often remained in isolation much longer than appeared to be necessary, making isolation a form of punishment rather than used as a temporary measure to calm the youth’s behavior. A few youths interviewed stated that they were sometimes threatened with isolation if they did not comply. Youths who had been in isolation said that staff often refused to release them even after they were calm. A review of isolation confinement logs seems to support their assertion, with youths staying in isolation even though the log entry described the youth as “standing by the door,” “sitting on the bed,” “eating,” and “talking to staff.” None of these descriptions indicate that the youth remains a “serious and immediate danger to self or others.”

In one isolation event, precautionary mental health observation (PMHO) was given as a reason to keep a youth in isolation after he and other youths were involved in a group disturbance. While the other youths were released after about an hour, this youth “remained behind wet cell door because he was on PMHO,” even

though the isolation log did not document problematic youth behaviors. The youth was released an hour later.

During this monitoring period, DJJ reported they are revising their suicide policy based on consultation with an expert in this area. The draft policy allows youth on any level of suicide precaution to be placed in isolation if they continue to “engage in serious acting out and/or aggressive behavior that is deemed to be a harm to staff or other youth and reasonable attempts to deescalate the behavior have failed.” If this language is adopted, it would violate this provision and item 93.

In another instance, a youth was assigned to a living unit alone while plans were made to initiate a transfer to the adult system. The Department of Justice asserted this was isolation even though the youth was not confined to his room except during regular sleeping hours. The SME agrees. During the September site visit, DJJ reported that another youth was housed alone in a unit. Another area where DJJ is out of compliance is youth isolation events not included in the 138 documented events. BRRC routinely confined youth to their rooms in the evening for shower time and medications under the operational confinement clause in the policy, exceeding the maximum one-hour limit (see item 68). The administration justified this procedure to “reset” youth expectations following several serious incidents. This practice was not temporary but became routine.

This item is non-compliant because DJJ failed to properly interpret and apply the isolation policy. They are keeping youth in isolation as a form of punishment rather than limiting it to the time necessary for the youth to regain self-control and no longer pose a serious and immediate danger of physical harm.

Recommendations to Achieve Compliance



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

- Ensure full implementation of policy 323, Isolation of Youth
- Monitor adherence to the policy to ensure that youth are only isolated when they pose a serious and immediate danger to self and others and not for any other reasons, including the reasons listed in this item
- Require staff to articulate and document the reasonable efforts and de-escalation strategies attempted and exhausted before isolating a youth
- Release youth when they have regained self-control and no longer pose a serious and immediate danger of physical harm.
- Report, investigate, and address any policy violations.

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

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

### *SOURCES*

- Policy 323, Isolation of Youth
- April to August 2024 Youth Isolation Details data, Youth Isolation Commencement and Release forms, isolation logs, and investigations data
- Verbal reports from DJJ administration during monthly meetings on May 15, July 17, August 21, and September 18, 2024
- Staff and youth interviews during June 3-4 and September 4-5, 2024, monitoring site visits
- Event reports and video reviews of selected incidents from April to August 2024
- June 11, 2024, Technical Assistance meeting with the SME and DJJ leadership
- August 8, 2024, meeting, SCDJJ Settlement Agreement - action plans and isolation



## 71. LESS RESTRICTIVE TECHNIQUES REQUIREMENT

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

Compliance Rating    Non-Compliance

### Description of the Monitoring Process



The monitoring team reviewed isolation data, forms, and event reports associated with incidents that resulted in isolation. Staff and youth interviews were also conducted.

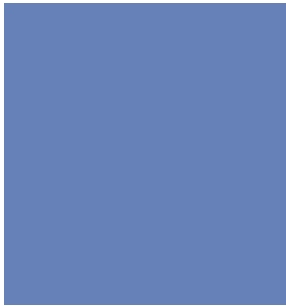
### Findings and Analysis



Policy 323, Youth Isolation, instructs staff to “document the incident that led to use of isolation in the SCDJJ Event Report System” and to “identify 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.” A review of event reports and Youth Isolation Commencement and Release forms demonstrates that staff are documenting attempts to de-escalate situations, such as giving a directive and the youth time to respond. As discussed in item 43, simply repeating a verbal directive may not be sufficient to de-escalate the conflict, as the youth may not be paying attention. In very few cases did staff describe other interventions that were attempted before using isolation, a requirement of this provision.

During this monitoring period, isolation events increased. DJJ needs to evaluate the incidents leading to isolation and determine if more can be done to prevent such incidents in the first place, which could reduce the use of isolation. Video reviews of nine incidents revealed missed opportunities to prevent or minimize most of these situations. Staff often failed to intervene early enough to stop the youth’s misbehavior. In one event report, a staff member admitted, “I feel like I didn’t respond faster or more effectively because subconsciously, I did not want to get assaulted again, and possibly jumped, being that I have gotten assaulted on multiple occasions, by youth already, and therefore would have been no help to the situation at hand, or any others.” Some staff interviewed shared similar concerns about their safety and a fear of being assaulted, especially when working alone.

It is also evident that some youth misbehavior stems from boredom and lack of activities to keep them busy. During site visits, youths were observed sitting around in their living units, doing few activities of interest to occupy their time. One youth described the time in his



living unit as similar to being in isolation since there was nothing to do. Other youths commented similarly and admitted they caused problems because they wanted to experience excitement.

Although staff are documenting the use of less restrictive techniques, they are not proactively preventing or mitigating incidents and rarely demonstrating efforts beyond giving a verbal directive, resulting in a finding of non-compliance. Additional training and staff support may be necessary.

Recommendations to Achieve Compliance



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

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

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

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

*SOURCES*

- Policy 323, Isolation of Youth
- April to August 2024 Youth Isolation Details data, Youth Isolation Commencement and Release forms, and isolation logs
- Verbal reports from DJJ administration during monthly meetings on May 15, July 17, August 21, and September 18, 2024
- Staff and youth interviews during June 3-4 and September 4-5, 2024, monitoring site visits
- Event reports and video reviews of selected incidents from April to August 2024
- June 11, 2024, Technical Assistance meeting with the SME and DJJ leadership
- August 8, 2024, meeting, SCDJJ Settlement Agreement - action plans and isolation

## 72. NOTIFICATION OF ISOLATION

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

Compliance Rating **Non-Compliance**

### Description of the Monitoring Process



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

### Findings and Analysis



The facility administration stated that they receive isolation notifications through the facility's Hourly Security Teams chat channel, which is used for all security-related events, not just isolation notifications. As a result, they might miss a notification if they are not constantly monitoring the chat channel. DJJ did not provide evidence to show that notifications through the Teams chat channel were done "immediately" as required. However, DJJ did submit copies of Youth Isolation Commencement and Release forms for 93 isolation events. The form includes a space for the "Authorizing Supervisor" to be named; all but four of the forms had the supervisor's name filled in. Since immediate notification cannot be confirmed, this item is considered non-compliant.

### Recommendations to Achieve Compliance



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

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

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

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

### SOURCES

- Policy 323, Isolation of Youth
- April to August 2024 Youth Isolation Details data, Youth Isolation Commencement and Release forms, and isolation logs




- Verbal reports from DJJ administration during monthly meetings on May 15, July 17, August 21, and September 18, 2024
- Staff interviews during June 3-4 and September 4-5, 2024, monitoring site visits
- June 11, 2024, Technical Assistance meeting with the SME and DJJ leadership

## 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 **Partial Compliance**

<p>Description of the Monitoring Process</p> 	<p>The monitoring team reviewed isolation documentation, including forms and event reports associated with incidents that resulted in isolation. Staff and youth interviews were also conducted.</p>
<p>Findings and Analysis</p> 	<p>A review of event reports and Youth Isolation Commencement and Release forms found that staff documented the youth’s behaviors that led to isolation. They also describe the efforts to de-escalate the situation, such as giving the youth directives or talking to them. This occurs for nearly all isolation events reported.</p> <p>However, DJJ used operational confinement and a specialized living arrangement for one youth and failed to document these isolation events. At the time, DJJ did not view these as isolation, but the DOJ asserted they did meet the isolation criteria. The SME agrees. The failure to correctly classify these events as isolation and to document them as such results in a finding of partial compliance.</p>
<p>Recommendations to Achieve Compliance</p> 	<p>It is recommended that DJJ take the following steps to move toward substantial compliance.</p> <ul style="list-style-type: none"><li>• Ensure full implementation of policy 323, Isolation of Youth.</li><li>• Monitor adherence to this requirement to ensure that youth are only isolated when they pose a serious and immediate danger to self and others.</li><li>• Require staff to articulate and document the reasonable efforts and de-escalation strategies attempted and exhausted before isolating a youth.</li><li>• Report, investigate, and address any violations of these requirements.</li></ul> <p>DJJ should also consider the following recommended steps due to the importance of this policy to the settlement agreement.</p>



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

### *SOURCES*

- Policy 323, Isolation of Youth
- April to August 2024 Youth Isolation Details data, Youth Isolation Commencement and Release forms, and isolation logs
- Verbal reports from DJJ administration during monthly meetings on May 15, July 17, August 21, and September 18, 2024
- Staff and youth interviews during June 3-4 and September 4-5, 2024, monitoring site visits
- June 11, 2024, Technical Assistance meeting with the SME and DJJ leadership
- August 8, 2024, meeting, SCDJJ Settlement Agreement - action plans and isolation

## Duration of Isolation

### 74. DURATION OF ISOLATION

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


Compliance Rating    Non-Compliance

Description of the Monitoring Process

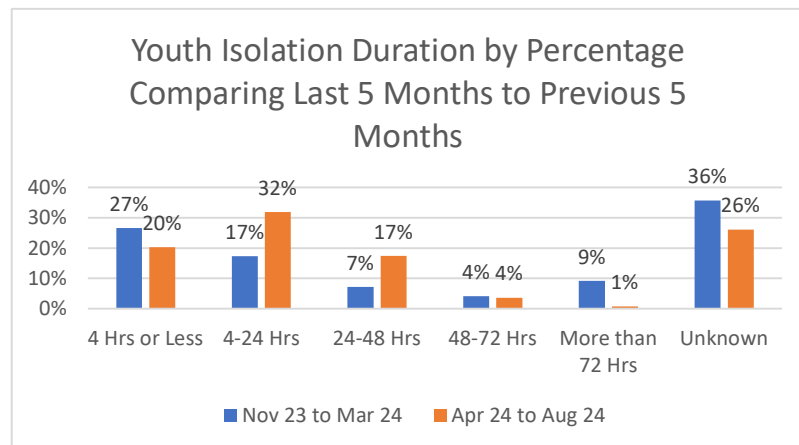


The monitoring team reviewed isolation documentation, including Youth Isolation Commencement and Release forms, Youth Isolation Check logs, and Exit Support forms. Staff and youth interviews were also conducted.

Findings and Analysis



There were 138 isolation events reported from April to August 2024. Of these, 26% did not include time frames for a youth’s duration in isolation, which is problematic when determining whether DJJ complies with this provision. The rate, however, is an improvement from the previous monitoring period when 36% lacked time frames. Of the events with time frames, only 20% (28) were less than four hours. The remaining were more than four hours, with 32% (44) lasting four to 24 hours, 17% (24) lasting 24-48 hours, and 4% (5) lasting 48-72 hours. One event was more than 72 hours, lasting more than 93 hours for a staff assault.



Policy 323, Isolation of Youth, states that “employees shall not isolate youth for a predetermined time” and “isolation shall only be used until the youth can demonstrate self-control by displaying behavior that does not threaten safety or security and complies with facility/program rules.” To make this determination, staff must assess the youth’s readiness to rejoin the population and remove the youth from isolation “when the youth demonstrates a reasonable level of calm.”

Some isolation events appeared to follow this practice, where youth were placed in isolation for a short period to regain self-control. Many of these were related to threatening conduct. For example, a youth was isolated for less than two hours after acting out when he learned he would not be able to visit with family due to their late arrival.<sup>16</sup> While acting out, he broke a drinking fountain and threatened staff. Despite staff’s efforts to calm the youth, the behavior continued. For his safety, he was restrained and placed in isolation to calm down. This incident is a good example of how temporary isolation can help calm a volatile situation, giving the youth time to work through his emotions.

The duration of most isolation events, however, appeared to be related to the reason for isolation and the youth’s behavioral history. For example, in one report, the staff member wrote, “Rapid response applied active listening, redirection, and other de-escalation techniques to try to resolve youth [name] inappropriate behavior/misconduct. RRT gave youth [name] three directives to get off the bed.” The youth refused, swore at staff, and threatened to “beat one of y’all.” The youth was restrained and placed in an isolation room where he remained for more than 56 hours, despite logs describing him a couple of hours later as standing at the door, listening to music, playing cards, or talking to his peers. Staff interviewed about this incident indicated that the youth is impulsive and has a history of problem behavior. Staff could not explain why the youth stayed in isolation for as long as he did.

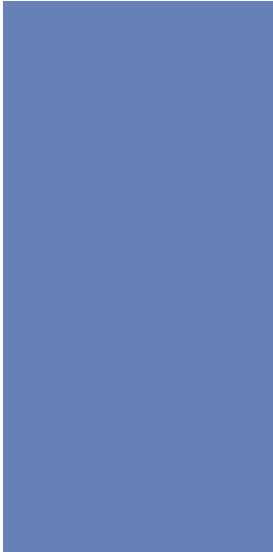
Youth who allegedly assaulted staff were likely to remain in isolation the longest, with one event lasting more than 93 hours. Most were in the 4- to 48-hour range, with three less than four hours. The range seemed proportional to the type of assault and the incident circumstances. For example, stays in isolation were longer if the assault involved the youth pushing or hitting the staff compared to the youth throwing an object at the staff. However, there were several instances when staff required medical attention after being hit by an object.

The data also revealed that when multiple youths are involved in an incident that results in isolation, they often remain in isolation for a similar amount of time. There were nine instances involving 25 youths in which this was the case, which gives the impression that the release was a group decision rather than based on procedures outlined in the policy and individualized to the youth.

A review of Youth Isolation logs revealed that youth remained in isolation even when staff described their behavior as sitting, standing,

<sup>16</sup> DJJ staff acknowledged it was a mistake to turn away family who arrived late when other visiting slots were available later.






or talking. Logs that described youth as yelling, covering the door, kicking the furniture, or displaying other destructive behavior seem to indicate the youth is not ready to be released. However, these descriptions were not often used. The logs seem to indicate that isolation duration is not based on policy but other factors since youths remained in isolation even when their described behaviors suggested they may be ready for release.

Another example of extended isolation was DJJ’s use of operational confinement and a specialized living situation for a youth previously discussed under items 68 and 69. DJJ did not view these events as isolation, so no documentation was kept. However, the DOJ asserted they were isolated, and the SME agreed.

DJJ is found to be out of compliance with this item due to the inability to determine the duration of 26% of the events and practices that are outside of what is allowed in policy.

Recommendations to Achieve Compliance



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

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

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

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

### SOURCES

- Policy 323, Isolation of Youth
- April to August 2024 Youth Isolation Details data, Youth Isolation Commencement and Release forms, and isolation logs
- Verbal reports from DJJ administration during monthly meetings on May 15, July 17, August 21, and September 18, 2024
- Staff and youth interviews during June 3-4 and September 4-5, 2024, monitoring site visits
- June 11, 2024, Technical Assistance meeting with the SME and DJJ leadership
- August 8, 2024, meeting, SCDJJ Settlement Agreement - action plans and isolation

## 75. INTERVENTION WHILE IN ISOLATION

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

Compliance Rating **Non-Compliance**

### Description of the Monitoring Process



The monitoring team reviewed isolation documentation, including Youth Isolation Commencement and Release forms, Youth Isolation Check logs, and Exit Support forms. Staff and youth interviews were also conducted.

### Findings and Analysis



The isolation data and forms DJJ provided to demonstrate compliance with this item were insufficient to make that determination. It was unclear if staff provided interventions to de-escalate the youth's behavior so they could rejoin the population. A few logs indicated that youths were talking to staff, but whether those discussions were intended to intervene with the youth is unknown. Without sufficient details and documentation, this item is found to be non-compliant.

### Recommendations to Achieve Compliance



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

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

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

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

### *SOURCES*

- Policy 323, Isolation of Youth
- April to August 2024 Youth Isolation Details data, Youth Isolation Commencement and Release forms, and isolation logs
- Verbal reports from DJJ administration during monthly meetings on May 15, July 17, August 21, and September 18, 2024
- Staff and youth interviews during June 3-4 and September 4-5, 2024, monitoring site visits
- June 11, 2024, Technical Assistance meeting with the SME and DJJ leadership
- August 8, 2024, meeting, SCDJJ Settlement Agreement - action plans and isolation

## 76. ISOLATION TIME LIMIT

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

Compliance Rating **Non-Compliance**

### Description of the Monitoring Process



The monitoring team interviewed youth and staff and reviewed isolation data. Documentation was requested to demonstrate that appropriate authorization was given to allow a youth to remain in isolation longer than four hours.

### Findings and Analysis



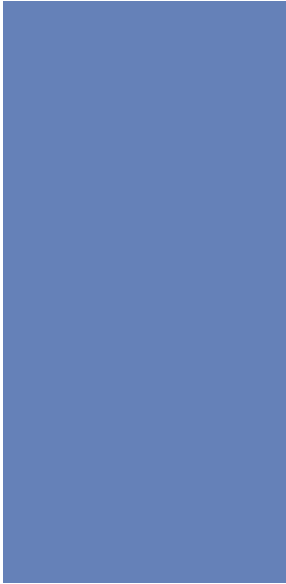
From April to August 2024, there were 138 isolation events, with 26% (36) of unknown duration. Of the events with a known time frame, 73% (74) exceeded four hours. DJJ failed to provide documentation to demonstrate that security leadership approved a youth staying in isolation for more than 4 hours. The documentation provided, youth isolation data, Youth Isolation Commencement and Release form, Youth Isolation Check logs, and Exit Support forms did not contain authorization information. As a result, this item is found to be non-compliant.

### Recommendations to Achieve Compliance



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

- Ensure the proper implementation of policy 323, Isolation of Youth.
- Monitor adherence to this requirement to ensure that youth will not remain in isolation for longer than four hours.
- If staff determine a youth still poses an immediate danger to self or others and must remain in isolation beyond four hours, the request to extend isolation should be approved by security leadership in the chain of command from the Assistant Facility Administrator to the Deputy Director.
- Require staff to document in writing the reasons why a youth must remain in isolation for longer than four hours, the efforts attempted to de-escalate the youth and prepare them for release, and why alternatives to isolation are inappropriate.
- When considering whether to approve an extension of isolation, security leadership should
  - visit the youth in person
  - review any completed findings of the qualified mental health professional



- talk to relevant staff
- document that staff used less restrictive measures prior to using isolation and the effectiveness of those measures
- verify the youth poses a serious and immediate danger to self and others
- Document steps taken by security leadership.
- Report, investigate, and address any violations to these requirements.

DJJ should also consider the following recommended steps.

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

### *SOURCES*

- Policy 323, Isolation of Youth
- April to August 2024 Youth Isolation Details data, Youth Isolation Commencement and Release forms, Youth Isolation Check logs, and Exit Support forms
- Verbal reports from DJJ administration during monthly meetings on May 15, July 17, August 21, and September 18, 2024
- Staff and youth interviews during June 3-4 and September 4-5, 2024, monitoring site visits
- June 11, 2024, Technical Assistance meeting with the SME and DJJ leadership
- August 8, 2024, meeting, SCDJJ Settlement Agreement - action plans and isolation

## 77. ROLE OF QUALIFIED MENTAL HEALTH PROFESSIONAL

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

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


Compliance Rating    Non-Compliance

Description of the Monitoring Process



The monitoring team reviewed isolation data and Daily Clinical Engagement forms and interviewed staff.

Findings and Analysis



Between April and August 2024, there were 132 isolation events. The policy requires clinical staff to visit the youth within 24 hours of placement in isolation to assess their well-being and determine if other less restrictive measures exist to manage their behavior. Determining the number of youths requiring a clinical assessment was difficult, as 72 youths were released within the first 24 hours, and 36 isolation events contained no time stamps. Thirty youths remained isolated for 24 hours or more and clearly required an assessment. BRRC clinical staff conducted 36 total engagements. However, it could not be determined how many were conducted within the first 24 hours of placement and every day after that since time stamps were missing from nearly all reports.

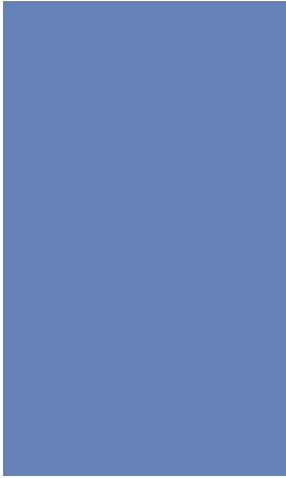
During the last review period, it was reported that a corrective action plan had been implemented and discussed with the BRRC Director of Treatment Services to address the lack of data to support this element. The data submitted for May through August suggests that the plan began working. However, data is still lacking to determine compliance.

Recommendations to Achieve Compliance



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

- Ensure full implementation of policy 323, Isolation of Youth.
- Develop and ensure notification of isolation of youth to all relevant parties.
- Monitor adherence to this requirement to ensure that youth are seen by a qualified mental health professional within the required time frame.



- Require the qualified mental health professional to evaluate the youth for items i-iii.
- Consider the recommendations of the qualified mental health professional when determining if the youth should remain in isolation.
- Maintain records to verify staff followed the required steps.
- Report, investigate, and address any violations of these requirements.

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

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

### *SOURCES*

- Policy 323, Isolation of Youth
- April to August 2024 Youth Isolation Details data and Youth Isolation Daily Clinical Engagement forms
- Verbal reports from DJJ administration during monthly meetings on May 15, July 17, August 21, and September 18, 2024
- Staff and youth interviews during June 3-4 and September 4-5, 2024, monitoring site visits
- June 12 and July 29, 2024, Technical Assistance meetings
- August 8, 2024, meeting, SCDJJ Settlement Agreement - action plans and isolation

## 78. EXTENSION REQUIREMENTS

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

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


Compliance Rating    Non-Compliance

Description of the Monitoring Process




The monitoring team requested documentation to demonstrate compliance with this provision. Isolation data, Daily Youth Isolation Check logs, and Youth Isolation Commencement and Release forms were provided. Event reports, disciplinary hearing information, and negative behavior reports were reviewed and staff interviews were conducted.

Findings and Analysis



Documentation was not provided to demonstrate compliance with this provision. Except for one instance, the daily isolation check log did not show that the Facility Administrator or the Assistant Facility Administrator (AFA) visited with youth within the first four hours. There was also no documentation to demonstrate approval for extensions or compliance with other requirements for this provision. The AFAs and, occasionally, a Captain in their absence consistently signed off on the Commencement and Release forms. However, these forms only meet the criteria for this provision when youth are released within 4 hours. The reported data indicated that only 28 youths were released within 4 hours. Longer stays were reported for 74 youths, and data was missing for 36 isolation events.

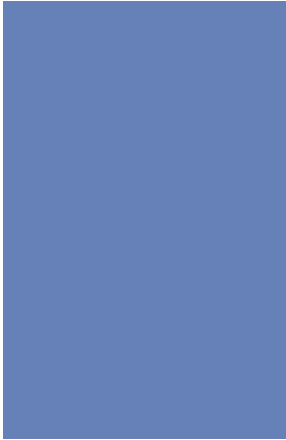
Recommendations to Achieve Compliance



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

- Ensure full implementation of policy 323, Isolation of Youth.
- Develop and ensure notification of isolation of youth to all relevant parties.
- When considering whether to approve an extension of isolation, security leadership should
  - visit the youth in person
  - review any completed findings of the qualified mental health professional
  - talk to relevant staff





- document that staff used less restrictive measures prior to using isolation and the effectiveness of those measures
  - verify the youth poses a serious and immediate danger to self and others
    - Steps taken by security leadership should be documented. Report, investigate, and address any violations to these requirements.
- DJJ should also consider the following recommended steps due to the importance of these policies to the settlement agreement.
- Require staff to be retrained on the policy should staff experience challenges with implementation.

### *SOURCES*

- Policy 323, Isolation of Youth
- April to August 2024 Youth Isolation Details data, Daily Youth Isolation Check logs, Youth Isolation Commencement and Release forms, and Youth Isolation Daily Clinical Engagement forms
- Verbal reports from DJJ administration during monthly meetings on May 15, July 17, August 21, and September 18, 2024
- Staff and youth interviews during June 3-4 and September 4-5, 2024, monitoring site visits
- June 12 and July 29, 2024, Technical Assistance meetings
- August 8, 2024, meeting, SCDJJ Settlement Agreement - action plans and isolation

## 79. REPORTING REQUIREMENTS

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

Compliance Rating    Non-Compliance

Description of the Monitoring Process




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

Findings and Analysis



DJJ provided the following statement regarding this provision: “Currently there is no form. Communication that the Deputy Director or Assistant Deputy Director received before approval was granted to continue isolating youth is done via Teams and/or email.” For two of the reporting months, DJJ provided copies of the Admission and Release Form and the event report. Neither the statement nor the reports provided the documentation required to achieve partial or substantial compliance with this item.

Recommendations to Achieve Compliance



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

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

DJJ should also consider the following recommended steps.

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




*SOURCES*

- Policy 323, Isolation of Youth
- April to August 2024 Youth Isolation Details data, Daily Youth Isolation Check logs, and Youth Isolation Commencement and Release forms
- Verbal reports from DJJ administration during monthly meetings on May 15, July 17, August 21, and September 18, 2024
- Staff and youth interviews during June 3-4 and September 4-5, 2024, monitoring site visits
- June 12 and July 29, 2024, Technical Assistance meetings
- August 8, 2024, meeting, SCDJJ Settlement Agreement - action plans and isolation

## 80. REMOVAL FROM ISOLATION

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

Compliance Rating **Non-Compliance**

<p>Description of the Monitoring Process</p> 	<p>The monitoring team reviewed isolation data, unit logs, isolation commencement and release forms and interviewed youth and staff.</p>
<p>Findings and Analysis</p> 	<p>Youth Isolation Commencement and Release forms signed by one of the Assistant Facility Administrators (AFA) were provided to demonstrate their involvement in releasing youth. Their signature, however, is insufficient to demonstrate full compliance with this provision as there were multiple instances of youth remaining in isolation even when isolation logs suggested that they were calm and did not appear to be a serious and immediate danger to self or others (see item 74). DJJ staff use a Teams chat channel to communicate isolation information, but how much information is shared through that format is unclear. The lack of documentation results in a finding of non-compliance.</p>
<p>Recommendations to Achieve Compliance</p> 	<p>It is recommended that DJJ take the following steps to move toward substantial compliance.</p> <ul style="list-style-type: none"><li>• Ensure full and proper implementation of revised policy 323, Isolation of Youth.</li><li>• Ensure security leadership receives the proper documentation to make the necessary decisions.</li><li>• Document the date and time when security leadership determines that a youth is no longer a serious and immediate danger to self or others and must be released from isolation.</li><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>• Report, investigate, and address any violations of these requirements.</li></ul> <p>DJJ should also consider the following recommended steps due to the importance of these policies to the settlement agreement.</p>



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

### *SOURCES*

- Policy 323, Isolation of Youth
- April to August 2024 Youth Isolation Details data, Daily Youth Isolation Check logs, and Youth Isolation Commencement and Release forms
- Verbal reports from DJJ administration during monthly meetings on May 15, July 17, August 21, and September 18, 2024
- Staff and youth interviews during June 3-4 and September 4-5, 2024, monitoring site visits
- June 12 and July 29, 2024, Technical Assistance meetings
- August 8, 2024, meeting, SCDJJ Settlement Agreement - action plans and isolation

# Multidisciplinary Team to Review Isolation Placement

## 81. MULTIDISCIPLINARY TEAM

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


Compliance Rating **Partial Compliance**

Description of the Monitoring Process



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

Findings and Analysis



Policy 323, Youth Isolation, defines an MDT as follows: “Multi-Disciplinary Team (MDT): A group of representatives from the facility’s mental health, medical, and security departments who review the placement of youth in isolation, ensure that the placement complies with policy, that youth receive access to appropriate services, and the facility has a plan to return youth to the general population or to an appropriate placement.” The policy requires the MDT to meet for all youth “whose placement in isolation has or likely will exceed 24 hours.”

DJJ formed an MDT of representatives of the required disciplines. The team has a daily standing meeting Monday through Friday and meets when a review is required. During this monitoring period, DJJ provided summary MDT reports for 16 youths. However, the form used does not consistently capture the date and time when isolation starts, nor the date and time of the MDT meetings. Reports were submitted with varying dates, which adds to the inconsistency. The clinical staff mentioned that weekend meetings commenced late in the review period, but the policy does not allow for exceptions on weekends, although they reported correcting this oversight.

While there is documentation that the team is meeting, the absence of date and time stamps to verify that these meetings are held within the required time frames results in this item being categorized as partially compliant.

Recommendations to Achieve Compliance



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

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

- Train all staff in the policies and their application.
- Schedule an MDT within 48 hours of the youth’s placement to determine whether the youth remains a serious and immediate danger to self or others, what services the youth requires, whether an individualized plan is necessary to facilitate the youth’s release and whether the youth should be transferred to a mental health treatment facility.
- Report, investigate, and address any violations of these requirements. Monitor implementation to ensure the policies have the desired impact.

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

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

### *SOURCES*

- Policy 323, Isolation of Youth
- April to August 2024 Youth Isolation Details data and Youth Isolation Daily Clinical Engagement forms
- Verbal reports from DJJ administration during monthly meetings on May 15, July 17, August 21, and September 18, 2024
- Staff and youth interviews during June 3-4 and September 4-5, 2024, monitoring site visits
- June 12, 2024, Technical Assistance meetings

## 82. MULTIDISCIPLINARY TEAM PROCEDURES

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

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


Compliance Rating    Non-Compliance

Description of the Monitoring Process



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

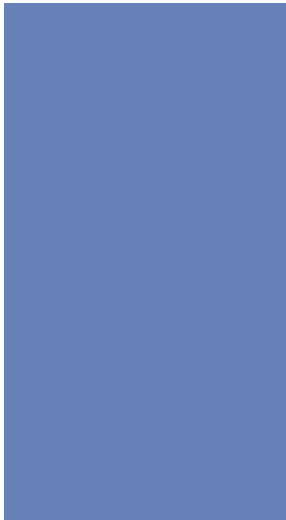
Findings and Analysis



According to Policy 323, Isolation of Youth, the Multidisciplinary Team (MDT) must convene within 48 hours of a youth being placed in isolation if the isolation has or likely will exceed 24 hours. Starting in April, DJJ began to hold a daily standing meeting at 9:30 am. However, during a September site visit, it was noted that the schedule only covered Monday through Friday, even though the policy requires meetings to take place on "calendar days," including holidays and weekends. Staff acknowledged this oversight and were working to address it.

During the last rating period, concerns were raised about MDT notification, which seems to have been addressed, as no concerns were noted in this area. However, not all youths who were in isolation for more than 24 hours were reviewed. The MDT conducted 16 initial reviews, although 30 youths remained isolated for 24 hours or longer. A deeper dive into the data indicates 19 events with youth isolated between 24-48 hours. This suggests that, at best, there may






have been three incidents of youth requiring an MDT that was not held.

Also, during the last rating period, DJJ created an “Initial Isolation Multidisciplinary Team” form to capture responses to questions required in this provision. Still, it only addressed three of the required elements. It was believed that the form was being modified; however, there is no documented use of a form to capture: (1) an individualized plan to return the youth to the general population; or (2) any statement of whether the youth may be appropriate for transfer to a mental health facility. It is noted that clinical staff reported in March that there were proposed modifications to the form that were under review.

The lack of documentation demonstrating procedures that match this requirement makes this item non-compliant.

Recommendations to Achieve Compliance



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

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

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

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

### SOURCES

- Policy 323, Isolation of Youth
- April to August 2024 Youth Isolation Details data and Youth Isolation Daily Clinical Engagement forms

- Verbal reports from DJJ administration during monthly meetings on May 15, July 17, August 21, and September 18, 2024
- Staff and youth interviews during June 3-4 and September 4-5, 2024, monitoring site visits
- June 12, 2024, Technical Assistance meetings

### 83. MULTIDISCIPLINARY TEAM REVIEWS

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

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


Compliance Rating    Non-Compliance

Description of the Monitoring Process



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

Findings and Analysis



To comply with this agreement provision, DJJ modified Policy 323, Youth Isolation. The policy requires: “The Isolation MDT must meet every three (3) days for any youth who remains in isolation after the initial Isolation MDT meeting to discuss and document the requirements of this provision:

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

DJJ clinical staff have established a standing MDT meeting at 9:30 a.m. every morning to review any youth placed in isolation and meeting the criteria for an initial or three-day review. A review of DJJ youth isolation data shows that 138 youths were held in isolation between April and October, with 24 youths remaining in isolation for 24 hours or longer, five confined for 48-72 hours, and one confined for more than 72 hours. DJJ reported that 16 MDT meetings were held during this period but did not provide sufficient details to determine which isolation events they addressed, resulting in a finding of non-compliance.

Recommendations to Achieve Compliance



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

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

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

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

*SOURCES*




- Policy 323, Isolation of Youth
- April to August 2024 Youth Isolation Details data and MDT meeting information
- Verbal reports from DJJ administration during monthly meetings on May 15, July 17, August 21, and September 18, 2024
- Staff and youth interviews during June 3-4 and September 4-5, 2024, monitoring site visits
- June 12, 2024, Technical Assistance meetings

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

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

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

Compliance Rating    Non-Compliance

<p>Description of the Monitoring Process</p> 	<p>The monitoring team reviewed isolation data, notes from isolation reviews, and interviewed staff.</p>
<p>Findings and Analysis</p> 	<p>DJJ provided summary statements regarding the incidents for 23 youths isolated more than once in the past month. Isolation data shows 74 instances where youth were isolated for more than four hours. Some of these instances could include the same youth. However, based on the summary statements, it appears that DJJ reviewed only youth isolated more than once.</p> <p>The information provided also does not include all elements required in this provision. The summary statements only indicate who participated in the August unit team meeting and none of the earlier ones. The requirement is that security and mental health representatives participate in the meeting. The report also does not address whether the youth’s mental and behavioral health can be met at the facility or if a referral is needed for outside treatment. There are varying degrees of information regarding interventions tried or alternatives to consider. While progress is noted with this provision, more work is needed to achieve compliance.</p>
<p>Recommendations to Achieve Compliance</p> 	<p>It is recommended that DJJ take the following steps to move toward substantial compliance.</p> <ul style="list-style-type: none"><li>• Ensure full and proper implementation of revised policy 323, Isolation of Youth.</li><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></ul>

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

DJJ should also consider the following recommended steps.

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

### *SOURCES*

- DJJ Policy 323, Isolation of Youth
- April to August 2024 Youth Isolation Details data and Summary statement of youth isolated two or more times during the month
- Verbal reports from DJJ administration during monthly meetings on May 15, July 17, August 21, and September 18, 2024
- Staff interviews during June 3-4 and September 4-5, 2024, monitoring site visits
- June 12, 2024, Technical Assistance meetings

## Development Of Appropriate Space for Isolation

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

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

Compliance Rating    Substantial Compliance

#### Description of the Monitoring Process



The April 2024 monitoring report found that this item was in substantial compliance. This determination was made based on two site visits, regular meetings with the DJJ and BRRC administration, staff interviews, and an examination of DJJ’s initial and second-year draft implementation plans. Since then, DJJ administration reported that Laurel reopened as a satellite juvenile detention center on October 1, 2024.

#### Findings and Analysis



DJJ’s initial implementation plan, dated August 2022, outlined a plan to cease using the Laurel Building for isolation by February 2024. During the January 17, 2024, monthly meeting with BRRC and the DOJ, the department reported that Laurel has been closed “for some time” and that isolation occurs only in the living units. The closure of Laurel at that time was partly due to youths destroying the unit and making it inoperable and unsafe.

While this report confirms compliance as of September 6, 2024, it is important to note that compliance will be reevaluated in the next monitoring report now that detention youth are housed in Laurel. DJJ and the DOJ are discussing whether the agreement covers the youth being housed at Laurel.

#### Recommendations to Sustain Compliance



To maintain substantial compliance, DJJ must demonstrate that youth covered under this agreement are not being housed in Laurel and that BRRC is utilizing alternative, safe spaces for isolating youth whose behavior poses a serious and immediate danger to self or others. DJJ is strongly advised against using this outdated facility to house youth.

### *SOURCES*

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



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

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

Compliance Rating    Substantial Compliance

### Description of the Monitoring Process



The April 2023 monitoring report found that this item was in substantial compliance. This determination was made based on two site visits, staff interviews, and a review of DJJ’s *Initial Implementation Plan*. Since then, DJJ administration reported that Laurel reopened as a satellite juvenile detention center on October 1, 2024.

### Findings and Analysis



As reported in the April 2023 monitoring report, the DOJ approved the implementation plan and timeline on January 30, 2023. The timeline established closing Laurel by February 2024. On January 17, 2024, BRRC reported that Laurel had been closed “for some time” and that isolation occurs in the living units. While this report confirms compliance as of September 6, 2024, it is important to note that compliance will be reevaluated in the next monitoring report now that detention youth are housed in Laurel. DJJ and the DOJ are discussing whether the agreement covers the youth being housed in Laurel.

### Recommendations to Sustain Compliance



To maintain substantial compliance, DJJ must demonstrate that youth covered under this agreement are not being housed in Laurel and that BRRC is utilizing alternative, safe spaces for isolating youth whose behavior poses a serious and immediate danger to self or others.

### 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 **Partial Compliance**

Description of the Monitoring Process



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

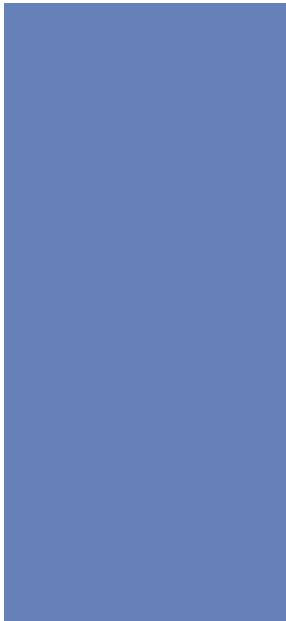
Findings and Analysis



The department continues to make efforts to comply with this requirement. BRRC ceased housing youth at Laurel in late 2023 and relocated them to Poplar and Cypress for housing and isolation. However, DJJ administration reported they reopened Laurel on October 1, 2024, as a satellite juvenile detention facility. While this report confirms compliance as of September 6, 2024, it is important to note that compliance will be reevaluated in the next monitoring report now that detention youth are housed in Laurel. DJJ and the DOJ are discussing whether the agreement covers the youth being housed in Laurel.

During the last monitoring period, the monitoring team found that the living quarters in Poplar were clean and functional at the beginning of the period, while the conditions in Cypress were the opposite. A clean-up with fresh paint significantly improved the conditions in Cypress. However, the youth continued to damage property in both units, leading to their deterioration once again. In June, the youth were transferred from Poplar and Cypress as renovations in Holly and Maple were completed. Currently, Poplar and Cypress are undergoing renovations.

Holly and Maple are well-lit, brighter, less dismal, and less prison-like than Laurel. Wet cells were established in each unit to house youth needing isolation. Each unit has two wet cells except for Holly A, which has all wet cells and can be used as an alternative isolation space. It was used to house one youth alone, then three to four youths in recent months. Door locks in Holly and Maple were damaged soon after the youth moved in, and upon the monitoring team's September visit, there were 1-3 inoperable cells in each unit. The units were still relatively clean, with little to no graffiti on the walls; however, some inappropriate graffiti was observed on a few




chalkboards. There has also been damage to desks and water fountains. Concern was noted with razor wire fencing on the ground around the fence in the back courtyard of Holly C. That area is now a hazard for youth who will not be able to use that outdoor space because of the risk of injury.

During this period, youths were placed in isolation for longer periods. They complained about being in their cells, but few, if any, concerns were noted about food or showers. There were a couple of complaints about lacking a mattress when first placed in isolation, but those were often delivered later. The policy requires youth to have the same access to mattresses as non-isolated youth. Under no circumstances should an isolated youth spend the night in a cell without a mattress. It was confirmed that all youth on campus receive the same meals unless there is a special meal, such as a cookout, that non-isolated youth are permitted to attend.

This item is deemed partially compliant, as isolation conditions had deteriorated in Cypress for a portion of this monitoring period.

Recommendations to Achieve Compliance



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

- Ensure full and proper implementation of revised policy 323, Isolation of Youth.
- Expedite the approval of any proposed edits to forms.
- Train all staff in the policies and their application.
- Train staff in keeping detailed and accurate records.
- Maintain records to verify that youth have access to sunlight, daily showers, working bathrooms, clean mattresses, and food that is the same quality and quantity as offered to the general population.
- Routinely record and monitor youth’s participation in recreation and showers, including documenting their refusal to participate.
- Maintain clean and orderly living units.
- Report, investigate, and address any violations of these requirements.

### *SOURCES*

- DJJ Policy 323, Isolation of Youth
- April to August 2024 Youth Isolation Details data
- Verbal reports from DJJ administration during monthly meetings on May 15, July 17, August 21, and September 18, 2024
- Staff and youth interviews during June 3-4 and September 4-5, 2024, monitoring site visits

## 88. EDUCATIONAL SERVICES WHILE IN ISOLATION

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

Compliance Rating **Partial Compliance**

### Description of the Monitoring Process



The monitoring team reviewed isolation data and documents, education logs and interviewed teachers, youth, and staff.

### Findings and Analysis



The Education Department continues to attempt to provide meaningful education services to youth in isolation, in which youth actively participate in instructional activities and complete assignments. Cells in Poplar and Cypress were used for isolation early in this monitoring period; now, cells in Holly and Maple are utilized. The department routinely recorded contact with youth in isolation and the services provided. Various certified teachers, a teacher assistant, guidance counselors, and even the principal were recorded as visiting with youth in isolation, usually twice daily. The following number of youths received educational services while in isolation.


- April 2 youth
- May 7 youth
- June 0 youth (not needed)
- July 2 youth
- August 2 youth

The amount of time spent providing educational services varied during the rating period. There were a few short-term check-ins or drop-offs of assignments lasting about 15 minutes. There were also periods ranging from 30 - 45 minutes and up to 2 hours. There were only two reports of no services provided; one youth refused at the time, and the other youth slept but was engaged when the educator returned. There was a period in May when no education was offered, as it was spring break for the school for one week and mandatory testing for another.

Challenges were noted when working through the locked door; however, staff persisted in providing individualized instruction despite the environment. The progress in providing longer instruction periods for isolated youth is commendable. However, to become substantially compliant, educational services should be provided in a



Recommendations to Achieve Compliance



classroom environment or separate room, if safe to do so, and involve active instruction and engagement to the extent possible.

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

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

DJJ should also consider the following recommended steps.

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

### *SOURCES*



- DJJ Policy 323, Isolation of Youth
- April to August 2024, Education isolation records
- April to August 2024 Youth Isolation Details data
- Verbal reports from DJJ administration during monthly meetings on May 15, July 17, August 21, and September 18, 2024
- Staff, youth, and teacher interviews during June 3-4 and September 4-5, 2024, monitoring site visits

## Housing Vulnerable Youth

### 89. REVISED HOUSING CLASSIFICATION POLICIES

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

Compliance Rating **Substantial Compliance**<sup>17</sup>

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

<sup>17</sup> Substantial compliance was achieved during a previous monitoring report. The information provided here is from the April 2024 Monitoring Report. The recommendation stands



- Monitor implementation to ensure the policies have the desired impact.

*SOURCES*

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

## 90. ADMISSION SCREENING PROTOCOLS

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

Compliance Rating    Substantial Compliance

<p>Description of the Monitoring Process</p> 	<p>The monitoring team reviewed Policy 503, Admission and Orientation of Youth at BRRC, youth intake screening tools, sample intake packets, and interviewed staff. Two technical assistance meetings were also held with the classification staff.</p>
<p>Findings and Analysis</p> 	<p>On November 1, 2023, DJJ implemented Policy 503, Admission and Orientation of Youth at BRRC. The policy includes a new set of screening tools to ensure youth's safety in housing and help them transition to a new facility. It outlines specific admission and screening protocols, some of which begin if the youth is at an evaluation center. The tools used include a PREA risk screener, a SAFE-T suicide screening, a housing classification scorecard, an admission checklist, a drug screen/test report, and physical and mental health assessments.</p> <p>Vulnerability to victimization is determined by scoring items in multiple categories, such as the youth's age, experience in institutions, social skills, perception of risk, history of victimization, sexual experience, intellectual impairment, and lack of “fit” with juvenile justice culture. A score of 9 or higher indicates that the youth is vulnerable to victimization. Substantial compliance was confirmed through interviews with classification staff, two technical assistance meetings, and a review of classification tools and sample intake packets.</p>
<p>Recommendations to Sustain Compliance</p> 	<p>To maintain substantial compliance, nothing further is required.</p> <p>DJJ should consider the following steps to identify vulnerable youth appropriately.</p> <ul style="list-style-type: none"><li>• Consistently 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></ul>





- Take appropriate disciplinary action if staff did not follow policies and procedures.

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

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

### *SOURCES*

- Policy 503, Admission and Orientation of Youth at BRR
- Staff interviews and youth sample intake packets during the June 3-4 and September 4-5, 2024, monitoring site visits
- June 27 and July 29, 2024, Technical Assistance Meetings

## 91. SPECIALIZED HOUSING FOR VULNERABLE YOUTH

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


Compliance Rating Non-Compliance

Description of the Monitoring Process



The monitoring team reviewed Policy 503, Admission and Orientation of Youth at BRRC, youth intake screening tools, sample intake packets, vulnerable youth data, and interviewed staff and youth. Two technical assistance meetings were also held with the classification staff.

Findings and Analysis



Classification staff confirmed that they are continuing to follow established procedures to identify youth as vulnerable upon admission and how to identify if vulnerabilities present themselves later. All staff are responsible for reporting if they suspect a youth has become vulnerable or is likely to be victimized. Depending on the youth’s situation, facility administration, clinicians, security staff, or the multidisciplinary team will review the situation to determine the extent of the youth’s vulnerability and develop a safety plan if necessary. The plan could involve more actively supervising the youth or moving the youth to a different housing unit. When a youth’s vulnerability status changes, staff are supposed to be notified.

For part of the monitoring period, BRRC designated a specific housing unit in Poplar for vulnerable youth. Youths interviewed in the unit stated they felt safe for the most part. However, a few reported feeling “uneasy” when an older youth was brought to their unit because he was being picked on in another unit. No incidents were reported related to this move. Other than living in a designated unit, the youth reported attending school and accessing the same activities as other youths on campus.

During this monitoring period, the following data was provided about vulnerable youth. As the table shows, there were seven instances in which vulnerable youth were victimized and four when they were the perpetrators.

Month	Vulnerable Youths	Vulnerable youth victimization	Vulnerable youth perpetrator	Vulnerable youth injury
April	4	0	0	0
May	5	1	2	1
June	4	1	0	1
July	4	4	0	3
August	4	1	2	1

In one incident, a youth identified as vulnerable was moved from Poplar to the ACE program, a self-contained living unit for youth with behavioral challenges. According to DJJ, the program provides more intensive services to address their issues so they can safely return to their living unit. The youth shared with the staff that he was concerned for his safety, but the staff ignored him. While in the program, he was beaten by three youths. Following this attack, a memo was written by the Director of Treatment Services recommending that the youth be returned to the vulnerable housing unit in Poplar or moved to another facility to keep him safe. He was returned to Poplar.

In July, four vulnerable youths were identified as being victimized. One youth was identified as a victim in four separate incidents, and another was involved in two. Multiple victimizations are concerning, and DJJ should evaluate whether enough is being done to protect youth from victimization.

In August, when youth were moved from Cypress and Poplar to Holly and Maple, vulnerable youth were dispersed to different housing units and mixed with other youth. According to the BRRC administration, this decision was made based on the youth’s housing classification needs and whether they “got along” with other youth. However, it was evident when speaking to staff that there was confusion about housing decisions, how vulnerable youths were being protected, and whether their status was communicated to staff. Training on how to identify vulnerable youth is pending and may help with identifying potentially vulnerable youth before they are victimized.

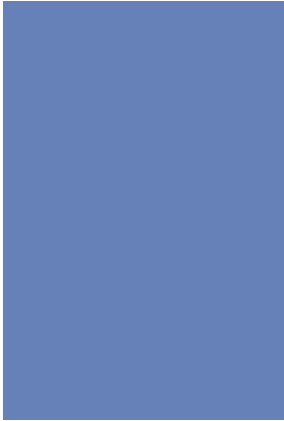
Although DJJ has shown efforts to protect vulnerable youth, it seems that these efforts have not been effective. There were numerous instances during this monitoring period where vulnerable youths were victimized and not protected, even after staff were notified. Additionally, there is confusion about the process for identifying when a youth becomes vulnerable and when they may no longer be considered vulnerable. DJJ needs to take further action to protect youth and demonstrate compliance with this provision.

Recommendations to Achieve Compliance



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

- Train staff to identify youth who are becoming vulnerable to victimization, such as those being teased or bullied by other youth, so that appropriate measures can be taken to provide for their safety. Responses could include specialized housing, staff notification, supervision, and support services.
- Maintain records to document when a youth is classified as vulnerable to victimization and the circumstances and ensure the information is communicated to appropriate staff.
- Take appropriate disciplinary action if staff did not follow policies and procedures.



- Monitor implementation to ensure the policies have the desired impact and adjust as needed in consultation with the monitoring team and the DOJ. This process should include tracking the number of youth later identified as vulnerable to victimization to determine if admission screening instruments or protocols need to be adjusted to more accurately identify these youth.

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

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

### *SOURCES*

- Policy 503, Admission and Orientation of Youth at BRRC
- April to August 2024, monthly vulnerable youth data
- Staff and youth interviews during the June 3-4 and September 4-5, 2024, monitoring site visits
- June 27 and July 29, 2024, Technical Assistance Meetings

## 92. ACCESS TO SERVICES

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

Compliance Rating    Substantial Compliance

Description of the Monitoring Process




The monitoring team interviewed youth and staff, reviewed logbooks, and observed the youth’s ability to access services to the same extent as the general population.

Findings and Analysis



During a portion of the monitoring period, DJJ designated a living unit specifically for vulnerable youth. Although these youth were housed separately from others, they participated in school and other activities like the rest of the youth on campus. This was confirmed by interviews with youth and staff and through observations and logbooks, which showed that this was a regular occurrence.

Recommendations to Sustain Compliance



To maintain substantial compliance, if DJJ houses youth in specialized housing it is recommended they ensure the following:

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

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

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

### SOURCES

- Staff and youth interviews during the June 3-4 and September 4-5, 2024, monitoring site visits
- Logbooks during the June 3-4, 2024, monitoring site visit

- June 27 and July 29, 2024, Technical Assistance Meetings

## Youth On Suicide Watch

### 93. PROHIBITION ON ISOLATION

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

Compliance Rating **Partial Compliance**

#### Description of the Monitoring Process



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

#### Findings and Analysis



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

From April to August 2024, there were 27 suicide assessments, with three youths being placed on Full Suicide Watch (FSW). A comparison of the FSW log with isolation data determined that none of the three were in isolation at the time of the FSW. Two youths were removed from the watch the following day. Prisma Hospital assessed the third youth as he had a medical matter along with suicidal concerns. He was referred to a psychiatric hospital but not admitted. There were also no investigations into the improper use of isolation.

Youth are aware that the policy prohibits isolating suicidal youth, and some may claim to be suicidal in order to be released from isolation. Staff are instructed to request an assessment promptly and closely monitor the youth until the evaluation is completed. A review of random isolation logs revealed that no youth were assessed as being suicidal, but one was placed on precautionary mental health observation. However, several daily clinical check logs did recommend releasing the youth due to the harmful impact isolation was having on their mental health.



Recommendations to Achieve Compliance



Documentation could not be found that DJJ is assessing all youth engaging in self-harming while in isolation. At least two isolation logs indicated that youth were harming themselves, but there was no evidence of a clinical assessment. Based on the data reviewed and interviews conducted, DJJ is in partial compliance.

To achieve substantial compliance, it is recommended that DJJ ensure the following:

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

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

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

*SOURCES*

- Policy 323, Isolation of Youth
- April to August 2024 youth suicide logs
- April to August 2024 Youth Isolation Details data, Youth Isolation Commencement and Release forms, and isolation logs
- Verbal reports from BRRRC administration during meetings on April 17, May 28, June 25, July 17, and August 21, 2024
- Staff and youth interviews and observations during June 3-4 and September 4-5, 2024, monitoring site visits






## 94. DMH AMENDED AGREEMENT

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

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

Compliance Rating    **Substantial Compliance**<sup>18</sup>

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

<sup>18</sup> Substantial compliance was achieved during a previous monitoring period, and nothing future is required. The information provided here is from the October 23 Report.

*SOURCES*

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

# TRAINING

## General Provisions

### 95. TRAINING CURRICULUM REVIEW

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

Compliance Rating    Substantial Compliance

<p>Description of the Monitoring Process</p> 	<p>The monitoring team previously reviewed DJJ’s training curricula on youth behavior management, positive youth development, interview and interrogation techniques, mental health, professional boundaries, mechanical restraints, and safe crisis management. A new training on Policy 315, Use of Physical Force, was reviewed.</p>
<p>Findings and Analysis</p> 	<p>During the monitoring period, one new curriculum was developed—a two-hour training on Use of Force and ERS (Event Reporting System). The training reviews Policy 315, Use of Force, and the updates to the ERS. The SME reviewed the curriculum and offered feedback, much of which was incorporated into the final version. The curriculum clearly defines the use of force, gives examples of a behavior intervention continuum, describes when force can be used, and what approved techniques can be used. The curriculum also describes excessive use of force. The final portion of the training focuses on staff’s responsibility after using force and how to complete their report in the ERS. The system now includes several new prompts, including a requirement for staff to describe the youth action that created a serious and immediate danger, what verbal directives and graduated interventions were attempted, what type of force was used, and for how long. Examples of how to complete each section are provided. The curriculum is comprehensive and should answer any staff questions about the policy or ERS.</p>
<p>Recommendations to Sustain Compliance</p> 	<p>It is recommended that DJJ take the following steps to maintain substantial compliance.</p> <ul style="list-style-type: none"><li>• DJJ will provide the monitoring team with updated curricula as they become available so that the team can review the curricula to ensure that they address the requirements of the settlement agreement.</li></ul>

*SOURCES*

- May 2024, Use of Force lesson plan and PowerPoint

## Behavior Management

### 96. COMPETENCY-BASED STAFF TRAINING

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


Compliance Rating    Substantial Compliance

Description of the Monitoring Process



The monitoring team reviewed DJJ’s training records to determine the number of staff who completed Safe Crisis Management (SCM), the department’s competency-based de-escalation training. Staff interviews were also conducted.

Findings and Analysis



The department mandates that all security staff and teachers complete Safe Crisis Management (SCM) de-escalation training. Security staff are required to complete both the de-escalation and restraint portions of the training. The training curriculum requires staff to demonstrate competency in the skills taught by passing an exam and demonstrating proper use of force techniques.

As discussed in item 43, the percentage of staff who completed the training during the monitoring period increased from 85% in April to 95% in August. When new employees scheduled to attend training are removed from the equation, the completion rate is as high as 97%. These rates show improvement from previous reporting periods, when rates were 68% in March 2023, 78% in September 2023, and 84% in January 2024.

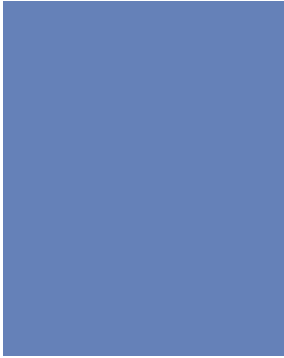
Education staff completion rates dropped during this reporting period. In April 2024, 91% of education staff completed SCM training. The rate declined to 66% in August, with only 20 of 30 staff trained. Five untrained educators were recent agency hires, with two starting in June, one in July, and two in August. The other five included a person hired by the agency in 2014.

DJJ is recognized for improving completion rates and maintaining a rating of substantial compliance.

Recommendations to Sustain Compliance



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



- Continue to ensure all staff are scheduled for and complete SCM training before working directly with youths and require staff to be trained annually thereafter.
  - Do not permit any staff who are not SCM-trained to work directly with youth. In instances where untrained staff are scheduled to work, they should be paired with SCM-trained staff.
  - Only SCM-trained staff should be allowed to use restraint and physical force on youths consistent with policies.

### *SOURCES*

- Monthly training records, April to August 2024, for security, education, and Rapid Response Team members
- Verbal reports from DJJ administration during monthly meetings on May 15, July 17, August 21, and September 18, 2024
- Staff interviews during June 3-4 and September 4-5, 2024, monitoring site visits
- June 10, 2024, Technical Assistance Meetings

## 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 **Partial Compliance**

Description of the Monitoring Process



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


Findings and Analysis



DJJ training staff reported no requests for retraining were made from April to August 2024. A further review of BRRC corrective/disciplinary actions, reports of excessive force, and staff review of incidents also included no documented referrals for staff retraining. Reviews of incidents by the Acting Deputy indicated a few situations where procedures were not followed completely, with coaching recommended in at least one situation and one recommendation for a staff suspension; however, no retraining was recommended during this period.

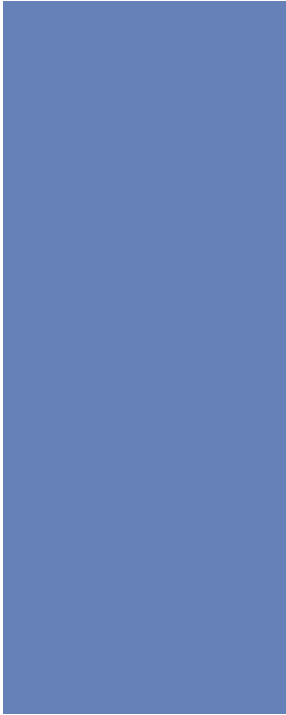
However, concerns were raised in item 43 and are brought up here about the adequacy of staff training and the potential need for retraining. DJJ should thoroughly evaluate staff responses to youth behaviors to assess whether additional and ongoing training would be beneficial. This training should focus on improving documentation and ensuring the staff’s responses to youth behaviors follow policy. Due to these concerns, this item is rated as partially compliant.

Recommendations to Achieve Compliance



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

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



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

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

### *SOURCES*

- April to August 2024, staff retraining records
- April to August 2024, Staff Review of Incident Logs
- April to August 2024, Investigations data
- Staff interviews during June 3-4 and September 4-5, 2024, monitoring site visits
- June 10, 2024, Technical Assistance Meeting






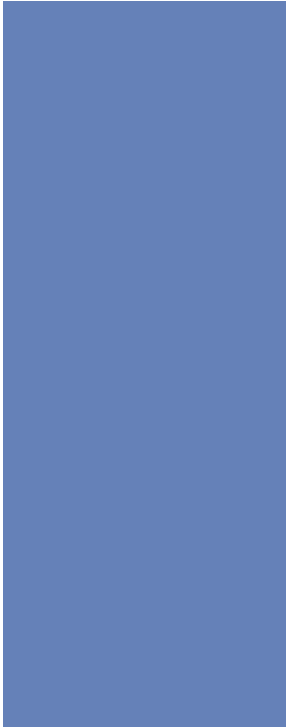
## Use Of Physical Force

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

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

Compliance Rating    Non-Compliance

	Compliance Rating	Non-Compliance
<p>Description of the Monitoring Process</p> 		<p>The monitoring team requested data on the number of staff trained in the updated policy and those who have not completed the training. If staff did not complete the training, the reasons why were requested. Training staff were also interviewed.</p>
<p>Findings and Analysis</p> 		<p>Revised Policy 315, Use of Physical Force, became effective on October 15, 2023. Training staff reported that the mandatory Safe Crisis Management (SCM) Training was updated to include the new policy changes that month. As noted in item 43, SCM completion rates were as high as 97% during this monitoring period.</p> <p>Training for staff who had already completed SCM before the policy change was planned later to coincide with the release of changes to the Event Reporting System (ERS) to capture more complete use of force data. Unfortunately, the ERS system changes were delayed. Training occurred ten months later, on August 21 and 28, 2024, when 88 staff were trained. The number of staff who did not complete this training was not provided. Due to the significant delay in training staff, this item is non-complaint.</p>
<p>Recommendations to Achieve Compliance</p> 		<p>It is recommended that DJJ take the following steps to move toward substantial compliance.</p> <ul style="list-style-type: none"><li>• Require all staff to read and acknowledge the policy review.</li><li>• Ensure all staff are scheduled for and complete Safe Crisis Management (SCM) training before working directly with youths.<ul style="list-style-type: none"><li>• Do not permit any staff who are not SCM-trained to work directly with youth. In instances where untrained staff are scheduled to work, they should be paired with SCM-trained staff.</li></ul></li></ul>



- Only SCM-trained staff should be allowed to use restraint and physical force on youths consistent with policies.
- Maintain records to verify that staff completed the required training.
- Ensure that all staff previously trained in SCM are trained in the updated Use of Physical Force policy.
- Conduct annual staff training.

DJJ should also consider the following recommended steps.

- Conduct quarterly refresher training on concepts learned in Safe Crisis Management to ensure staff can recall and apply the de-escalation strategies learned and approved techniques for using force when force is necessary
- Use incident data to determine if there are staff behavioral patterns that indicate a need to clarify 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 use physical force appropriately.




#### *SOURCES*

- Policy 315, Use of Physical Force
- Staff interviews during June 3-4 and September 4-5, 2024, monitoring site visits
- June 10, 2024, Technical Assistance Meetings
- August 21 and 28, 2024, training attendance records for Use of Force and ERS training

## 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 **Partial Compliance**

<p>Description of the Monitoring Process</p> 	<p>The monitoring team requested data on the number of staff required to be retrained within 90 days and the number who completed the training within the required time frame. Training staff were also interviewed.</p>
<p>Findings and Analysis</p> 	<p>Per item 97, DJJ training staff reported no requests for retraining were made from April to August 2024. Therefore, no data was available to ensure this provision was met during the rating period. A review of BRRC corrective/disciplinary actions, reports of excessive force, and staff review of incidents also corroborated that no staff retraining was required within 90 days.</p> <p>However, concerns were raised in item 43 and are brought up here about the adequacy of staff training and the potential need for retraining. DJJ should thoroughly evaluate staff responses to youth behaviors to assess whether additional and ongoing training would be beneficial. This training should focus on improving documentation and ensuring the staff's responses to youth behaviors follow policy. Due to these concerns, this item is rated as partially compliant.</p>
<p>Recommendations to Achieve Compliance</p> 	<p>It is recommended that DJJ take the following steps to achieve substantial compliance.</p> <ul style="list-style-type: none"><li>• Document incidents in which staff did not use appropriate force and where management has determined that retraining is needed.</li><li>• Once a staff member is identified as needing to be retrained, DJJ should schedule the staff member for training as soon as possible, but within the 90-day timeframe.</li><li>• Maintain records to verify that staff complete retraining 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>

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

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

#### *SOURCES*

- April to August 2024, staff retraining records
- April to August 2024, Staff Review of Incident Logs
- April to August 2024, Investigations data
- Staff interviews during June 3-4 and September 4-5, 2024, monitoring site visits
- June 10, 2024, Technical Assistance Meeting

## 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 **Substantial Compliance**

Description of the Monitoring Process




The training attendance records, investigations training lessons plan, and curriculum materials were reviewed to ensure that all requirements were met and that staff were properly trained.

Findings and Analysis



In the last monitoring period, all investigations staff completed a 5-hour Investigations training on January 29, 2024. However, the facility administrator and other supervisory staff did not complete the training then. They underwent the training on April 24 and 25, 2024. With the completion of this training, this item is now in substantial compliance.

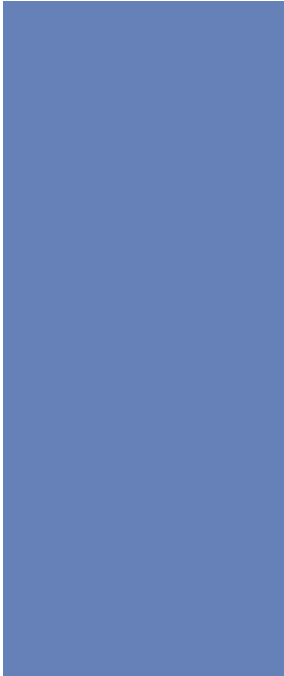
Recommendations to Sustain Compliance



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

- Ensure that all investigations staff, including supervisory investigative staff, are trained in the policy and the prompt, thorough, and independent investigation of allegations of youth-on-youth physical harm, inappropriate use of force, and inappropriate use of isolation. Training should be provided annually.
- Train the BRRC facility administrator and other facility security supervisory staff in the investigation process, the importance of thorough incident documentation, and video retention. Training should be provided annually.
- Maintain records to verify that staff completed the required training.
- Monitor implementation to ensure the policies have the desired impact.

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



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

#### *SOURCES*

- Investigations Lesson Plan and PPT, January 2024
- April 24 and 25, 2024, Training Attendance Roster

# QUALITY ASSURANCE

## General Provisions

### 101. QUALITY ASSURANCE SYSTEM

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

Compliance Rating **Partial Compliance**

#### Description of the Monitoring Process



The monitoring team received a draft Quality Management—DOJ Implementation Plan on March 4, 2024, and reviewed it to determine whether it met the requirements of this provision. The team also met with Quality Management staff during the June and September site visits and during a technical assistance call on June 20, 2024, to discuss the quality assurance system and efforts to implement it.

#### Findings and Analysis



DJJ provided a draft of the Quality Management (QM) Implementation Plan during the last monitoring period to meet items 101 to 106 of the settlement provision. The plan has been developed and utilized, though it remains in draft. The plan consists of seven phases, including daily, quarterly, and monthly reviews, forming a Quality Improvement Committee, and monitoring and continuous improvement. It was recommended that the plan would benefit from having deadlines attached to tasks and identifying who is responsible for implementing plan components. The Quality Improvement Committee met monthly during the rating period except for July. The data submitted showed that a standard agenda was introduced beginning in May, and the reviewed data elements were shared with the monitoring team for July and August. Participants in the monthly meetings include:

- Division of Security and Operations
- Division of Program and Services
- Division of Investigative Services
- Division of Education and Workforce Development
- Quality Management Team
- Agency Supports

The Committee adopted a standing meeting agenda that includes the following:

- Review of Monthly Data
- Review of Action Steps
- Discussion of Current Setbacks, Challenges and Progress
- Discussion of Strategies for Improvement
- Action Steps

An excerpt from the July meeting shows a sampling of the items and issues discussed:

- Isolation and overall length of stay of all youth placed in isolation
- Limited housing options to accommodate youth that needed
- Concerns with the amount of space to house youth
- The need for Security and Operations and Clinical to be on the same page with documentation.
- Accountability for staff not following policy and procedure
- Next steps for training and strategies to improve staff knowledge
- Paperwork review meeting schedule
- Quality checks documentation
- Scheduling weekly/biweekly huddle meetings with medical and clinical to improve documentation
- ERS modification and new isolation forms

The QA Unit continues to use an Incident Processing Portal until an agency dashboard is completed. The portal lets staff enter incident information, including management reviews and medical responses. The system has been in place since February 1st and has the potential to ensure appropriate actions are taken and documented. In the portal, the Facility Administrator can record notes about whether staff actions were appropriate concerning safety and security issues. However, the meeting notes do not detail their discussions regarding follow-up actions related to these notations.

QM continues to respond to requests to conduct random reviews of practices. They also will select certain aspects of the Settlement Agreement to review. The team reported conducting an audit of the master schedule in April. No follow-up on this topic could be found in subsequent meetings. The QA processes continue to be refined.

Recommendations to Achieve Compliance



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

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



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

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

#### *SOURCES*

- *Quality Management - DOJ Implementation Plan draft*, received on March 4, 2024
- April, May, June, and August 2024, BRRC Monthly Data Review Meeting Minutes
- Staff interviews during June 3-4 and September 4-5, 2024, monitoring site visits
- Verbal reports from BRRC administration during meetings on April 17, May 28, June 25, July 17, and August 21, 2024

## 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 **Partial Compliance**

### Description of the Monitoring Process



The monitoring team requested information on the type of data collected monthly, the review and analysis of the data, and the assessment of trends in youth-on-youth physical harm, inappropriate use of force, and inappropriate use of isolation. Information from Data Review meeting agenda along with data and investigations reviews were examined for April to August, and staff interviews were conducted.

### Findings and Analysis



DJJ has been holding Monthly Data Review Meetings since March 2024. The agenda includes reviewing monthly data and discussing current setbacks, challenges, progress, strategies for improvement, and action steps. Four of the five meeting agendas and notes included a data summary. The data reviewed during the meetings provided details about the type of injury a youth sustained, the average length of stay in isolation, types of grievances filed, programs provided, and sanctions given to youth. The data was not provided consistently each month. The agenda for two of the months included a discussion about the inappropriate use of force and inappropriate isolations; however, data and meeting notes do not record the outcomes of those discussions. Administrative reviews and investigation data were provided for one month. The plan had been to implement a data dashboard; however, there is no evidence that the dashboard has been launched. No meeting outcomes were disclosed, identifying trends in youth-on-youth physical harm, inappropriate use of force, and inappropriate use of isolation. Improvements are needed to the monthly review to achieve substantial compliance.

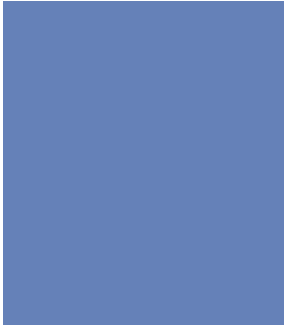
### Recommendations to Achieve Compliance



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

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

DJJ should also consider the following recommended steps.



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

### *SOURCES*

- Quality Management - DOJ Implementation Plan draft, received on March 4, 2024
- April to August 2024, monthly data reports
- Staff interviews during June 3-4 and September 4-5, 2024, monitoring site visit
- Verbal reports from BRRC administration during meetings on April 17, May 28, June 25, July 17, and August 21, 2024

### 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    Non-Compliance

Description of the Monitoring Process

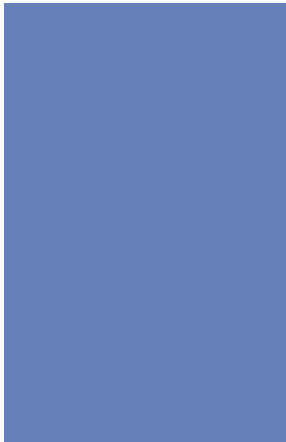


The monitoring team reviewed the April to August BRRC Monthly Data Review Agenda and notes, including the monthly data collection report, when present, to determine whether the data elements collected included items i. through xvii. of this provision. Staff interviews were also conducted.

Findings and Analysis



The monitoring team reviewed the Quality Assurance monthly meeting agenda and notes from April to August 2024, and three meeting notes included data charts during the rating period. The months of May, July, and August included data reports. The data from July and August were titled June 24; however, they included



different data points, and one likely included a typo in the date. Agendas and notes were also reviewed for April and June; however, no data was included in those reports. The data table for the July meeting labeled June 24 was the most inclusive and had data lines for all but two of the required elements. The two missing data points are highlighted below:

- v. source of youth injury
- viii. The consequences imposed on staff for improper uses of force or restraints

Not all lines included data, such as the investigation lines, which were all blank. The other two data tables include fewer elements. The inconsistency and lack of data results in a finding of non-compliance.

Recommendations to Achieve Compliance



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

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

DJJ should also consider the following recommended steps.

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



- For data elements xiii-xviii, include why youth were isolated.
- For data elements xiii-xvii, add the frequency at which the same youth is isolated.

### *SOURCES*

- Quality Management - DOJ Implementation Plan draft, received on March 4, 2024
- April to August 2024, monthly data reports
- Staff interviews during June 3-4 and September 4-5, 2024, monitoring site visits
- Verbal reports from BRRC administration during meetings on April 17, May 28, June 25, July 17, and August 21, 2024

## 104. SAMPLE DATA REVIEW

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

Compliance Rating    Non-Compliance

Description of the Monitoring Process	
Findings and Analysis	The monitoring team reviewed the draft Quality Management - DOJ Implementation Plan received on March 4, 2024, the BRRC Monthly Data Review for April to August 2024, the Daily Administrative Reviews spreadsheet, and interviewed staff.  As discussed in items 102 and 103, the quality assurance plan should involve monthly reviews of incidents and investigations. However, this plan seems to have not been fully implemented with the proposed dashboard. The monitoring team received an overview of the dashboard in August, but it has not been launched. DJJ appears to be collecting the necessary information for this review, as seen in the Daily Administrative Review log, where some documentation of recommendations to handle situations better can be found. Although the monthly Data Review Meetings cover some aspects of this requirement, such as the number of incidents and isolations and strategies to address them, there is no documentation of a review of specific incidents or recommendations for handling them. As a result, this item is found to be in non-compliance.
Recommendations to Achieve Compliance	It is recommended that DJJ take the following steps to move toward substantial compliance. <ul style="list-style-type: none"><li>• Include in the Implementation Plan steps for how DJJ will review a sample of incident reports, isolation justification and continuation documents, and investigations. The process should include how the review and subsequent recommendations will be documented.</li></ul> DJJ should also consider the following recommended steps. <ul style="list-style-type: none"><li>• DJJ should define what constitutes a “sample.”</li></ul>

### SOURCES

- Quality Management - DOJ Implementation Plan draft, received on March 4, 2024
- April to August 2024, monthly data reports
- Staff interviews during June 3-4 and September 4-5, 2024, monitoring site visits

- Verbal reports from BRRC administration during meetings on April 17, May 28, June 25, July 17, and August 21, 2024



## 105. OTHER DATA REVIEW RECOMMENDATIONS

The Subject Matter Expert may recommend to DJJ additional information related to youth-on-youth physical altercations, use of force, or isolation that DJJ will consider for collection, review, and analysis on a regular basis.

Compliance Rating Not Rated

### Description of the Monitoring Process



The monitoring team will monitor DJJ's effort to implement a quality assurance system, provide feedback as necessary during the development process, and evaluate the system once it is adopted, including recommending other data review elements.

### Findings and Analysis



In the October 2023 Monitoring Report, it was recommended that DJJ consider collecting the following additional information.

- Establish baseline data for each data element to measure whether incidents increase, decrease, or stay the same over time.
- Establish benchmarks or targets for each data element to determine whether efforts to address a particular area have the desired impact.
- For data elements i-xvii, include youth and staff demographic data to evaluate whether certain youth or staff are more prone to being involved in incidents or certain behaviors.
- For data elements i-xvii, include location and time stamps to evaluate whether certain locations or time of day is related to incident rates.
- For data elements i-v, include whether camera footage was available, and whether the footage was retained for investigative purposes.
- For data elements vi and vii, include details about incentives and responses used to determine whether they conform to the behavior management system tiered structure and whether they have the desired impact on improving positive and decreasing negative behaviors.
- For data element ix-xi, track the outcome of grievances and investigations.
- For data elements xiii-xviii, include why youth were isolated.
- For data elements xiii-xvii, add the frequency at which the same youth is isolated.

None of these measures have been adopted; however, DJJ is still refining its data collection and review process. This item will be reassessed and rated during the next monitoring period.

Recommendations to  
Achieve Compliance



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

- Review and consider whether the recommended additional data elements are feasible based on available resources and staff.
- If a recommended data element is not adopted, provide rationale for why it is not feasible or useful. If it is not feasible, identify what steps, if any, are planned to address the issue.

*SOURCES*




- Quality Management - DOJ Implementation Plan draft, received on March 4, 2024
- April to August 2024, monthly data reports
- Staff interviews during June 3-4 and September 4-5, 2024, monitoring site visits
- Verbal reports from BRRC administration during meetings on April 17, May 28, June 25, July 17, and August 21, 2024

## 106. QUALITY IMPROVEMENT COMMITTEE

DJJ will develop and implement within 24 months [April 2024] of the effective date a Quality Improvement Committee that will:

- i. Review and analyze the data collected pursuant to paragraphs 103–105;
- ii. Identify trends and interventions,
- iii. Make recommendations for further investigation of identified trends and for corrective action, including system changes;
- iv. Monitor implementation of recommendations and corrective actions; and
- v. Develop systems to alert administrators to patterns of behavior or allegations that may indicate safety concerns, staff training deficiencies, or persistent policy violations.

Compliance Rating **Partial Compliance**

<p>Description of the Monitoring Process</p> 	<p>The monitoring team requested the Quality Improvement Committee membership list and documentation of their meetings and documentation of recommendations, monitoring, and action taken.</p>
<p>Findings and Analysis</p> 	<p>DJJ established a Quality Improvement Committee that meets quarterly to review the monthly data collected. During this rating period, DJJ provided detailed agendas for the Quality Improvement Committee meetings held on May 28 and August 27, 2024. The agenda includes a bar graph illustrating trends in incidents and the use of force. Additionally, data is reviewed each quarter, examining youth injuries, isolation, and grievances. Notes were provided for the May meeting, which was well attended by various disciplines and administrators. In addition to data and trends, problem areas were discussed, and action plans were developed to address these concerns. However, it is noted that no meeting minutes were provided for the August meeting, placing this in partial compliance.</p>
<p>Recommendations to Achieve Compliance</p> 	<p>It is recommended that DJJ take the following steps to move toward substantial compliance.</p> <ul style="list-style-type: none"><li>• Hold regular meetings of the QIC and ensure that agenda items address provisions i. to v.</li><li>• Document meeting attendance, monitoring activities undertaken, and recommendations/actions made and whether they have been completed. If they have not been completed, document steps taken to address the issue.</li></ul>

*SOURCES*

- Staff interviews during June 3-4 and September 4-5, 2024, monitoring site visits
- May 28 and August 27, 2024, Quality Improvement Committee Quarterly Meetings information
- Verbal reports from BRRC administration during meetings on April 17, May 28, June 25, July 17, and August 21, 2024