

**UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF MISSISSIPPI
JACKSON DIVISION
HONORABLE DANIEL P. JORDAN III, U.S. DISTRICT JUDGE**

**J.H., ET AL, VS HINDS COUNTY MISSISSIPPI
3:11-CV00327 DPJ-FKB**

Monitoring Compliance Report:

**Report Draft Date September 30, 2013
Report Date October 9, 2013**

**Submitted by
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**The
Fifth Monitor's Report
Henley-Young Juvenile Justice
Leonard B. Dixon**

Background

On March, 28, 2012, Hinds County, Mississippi entered into a settlement agreement ordained and adjudged by Judge Daniel P. Jordan III, for the United States District Court Southern District of Mississippi, Jackson Division, regarding conditions of confinement at the Henley-Young Juvenile Justice Center, located in Jackson, Mississippi. According to the order the settlement agreement and its specifics requirements "shall apply to Henley-Young and any contractor that may provide services to Henley-Young in the future. The term "youth" herein often refers to individuals confined at Henley-Young. "The parties" understand that the requirements contained herein will be implemented without undue delay as soon as practicable. Unless otherwise indicated herein, the parties will collaborate to make all reasonable efforts to ensure that within 90 days of the effective date of the agreement, policies, and procedures consistent with the agreement are drafted, in the process of being implemented, and that all detention staff received training on the requirements. The parties agree and understand that the implementation will be an ongoing process that extends beyond the initial 90 days of the agreement. As part of the settlement agreement the defendant shall contract with Leonard Dixon, within 30 days of the court entry of this settlement agreement to serve as an expert who will be reasonable for documenting the defendant's compliance with the terms of the agreement and for providing and/or arranging technical assistance and training regarding compliance with this settlement agreement. I will have full and complete access to detained youth, institutional files, medical files, mental health files, education files, video tapes, and youth, staff records and all other information and other reports by staff, grievances, incident reports, and other relevant documents and files maintained by Henley-Young.

All non-public information obtained by the expert shall be kept confidential, except that on a quarterly basis the expert shall file a report with the court documenting the progress of compliance. Neither party, nor any employee or agent of either party, shall have any supervisory authority over the expert's activities, reports, findings, or recommendations. The expert shall file with the Court and provide the parties with reports describing the Defendant's steps to implement this Settlement Agreement and evaluate the extent to which the Defendant has complied with each substantive provision of this agreement. Such reports shall be issued quarterly, unless the parties agree otherwise. The reports shall be provided to the parties in draft form for comment at least two (2) weeks prior to their submission to the Court. These reports shall be written with due regard for the privacy interests of individual youth and staff and the interest of the Defendant in protecting against disclosure of non-public information. The expert shall have a budget sufficient to allow him to fulfill the responsibilities described in this Settlement Agreement. Mr. Dixon may consult other experts or consultants retained by either party. All parties shall receive copies of all draft reports from the other experts to Mr. Dixon prior to the issuance of Mr. Dixon's report, and shall have the option of being present at briefings from such experts to Mr. Dixon and Defendant. Mr. Dixon may initiate and receive ex parte communications with the parties and their respective experts and consultants.

Recommendations based on findings, observations and interviews

Result of visit on August 18-23, 2013

Documentation provided and reviewed

Resident Observation Sheet for Youth J.T. dated August 21, 2013

Court/Detention Case Files on Youths M.B., H.P., A.F., D.B., D. D., A.E., M.T., T.B., M.H., N.T.

Sat in on officers training

Synopsis for a contract between Henley-Young Juvenile Justice Center and Education Community Connection Consultants Inc. (ECCC) (no signatures on form)

Daily Population Sheets from May 3, 2013 to August 19, 2013**

**Missing weekend daily population sheets as well as May 27; June 12 and July 4-5

(Note: Monday July 8, 2013 is mislabeled Sunday July 8, 2013)

Medication Dispense Form for Youth D.H. dated August 13, 2013 to August 23, 2013

Psychological Evaluation for Youth T.B. dated November 3, 2011

HYJJC Incident Stats by Quality Assurance Department for July 2013 and August 2013

Draft Policies/Procedures:

Recreation & Leisure Time

Quality Assurance Program

Resident Orientation

Draft Resident Handbook

Quality Assurance Reports:

Facility Walk Through

Quality Assurance Audit dated June 10, 2013

Quality Assurance Audit dated June 17, 2013

Quality Assurance Audit dated July 8, 2013

Grievance Reports from 4 residents

HYJJC Grievance Count Stat Sheet from September 2012 to August 2013

Food Establishment Inspection Report dated August 2, 2013

Food Service Facility Inspection Results dated August 2, 2013

Preventative Maintenance Report dated May 31, 2013

Fire Inspection Report dated June 19, 2013

Mississippi State Department of Health Food Permit issued August 2, 2013

Filled and Vacant Care Staff/Positions by assigned units

HYJJC Organization Chart – Not dated

Hinds County Position/Employee Analysis dated August 16, 2013

Daily Schedule for Staffing

2013-2014 Parent and Student Handbook for Jackson Public Schools

Maintenance and Building Projects (various)

Due Process Reports (4)

Incident Records on youths A.F. (2), W.B. (13), C.E. (2), P.S. (2), D.B.

Recreation Schedule – Not dated

History and Physical Examination Medical Records on youths A.F., D.D., H.W., K.L., D.B., M.H., J.H., H.P., A.A., T.B., N.T.

Docket for Detention Hearings dated August 21, 2013

Southern Poverty Law Center letter dated August 13, 2013

Response letter dated August 20, 2013 from Carmen Davis regarding SPLC letter dated August 13, 2013

Staff Interviewed

Dale Knight Director
Eddie Lee Burnside Jr., Intake Counselor Aide and Safety and Security
Eric Dorsey, Intake Counselor Aide
Nurse Vickie Berryhill
Cook Juan Jackson
Mary Street, Central Control Detention Officer
Ginger Smith, PhD, School Director of the Henley-Young Juvenile School (JPS)

Youth Interviewed

Youth Q.J. 15 years old
Youth J.H. 15 years old
Youth D.H. 15 years old
Youth K.F. 16 years old
Youth M.H. 17 years old
Youth A.F. 17 years old
Youth D.B. 17 years old

Introduction

This report is the result of my fifth official visit to the Henley-Young Juvenile Justice Center. I visited the facility from August 18, 2013 through August 23, 2013 for the purpose of an official inspection. I would like to thank the staff and County Administration for their cooperation during my visit.

Since my last visit, a new facility director has been hired. This should provide leadership and consistency to the facility. The facility has had major turnover at the director's level and this should assist in providing stability. It is great that the facility has hired a new director and the administrative structure that is in place should assist in moving the facility forward. The new director should, along with the operational manager, ensure that the facility is visited during off hours (i.e. evenings and weekends) to ensure that policies and procedures are implemented properly and to determine the success of the overall programming for the facility. This would also ensure that supervisors are performing their duties as required.

The facility has hired two new Quality Assurance Coordinators who are developing tools to assist in assuring compliance with policies and procedures. Additionally, the facility has drafted one (1) additional policy— quality assurance, and two (2) updated policies, recreation, and resident orientation. Also a new schedule for hygiene has been implemented where youth are now receiving hygiene twice daily and the shower schedule has been moved to the evening which provides for residents to take showers prior to their bed time. The youth I interviewed were happy with the new hygiene schedule, which was great. However, there has been a decline in some areas of the facility and adequate policy and procedures need developing in others as my previous reports have suggested.

The facility has demonstrated the capacity to achieve varying degrees of success. Yet as my previous reports have explained the facility continues to have major developmental needs in many areas. These areas are staffing, mental health, medical, training, education and special education issues, program development, daily scheduling and record keeping, case management, behavioral management and rehabilitation programs which are major components of a detention program. To take this a step further, there are eight rudimentary areas that must be the framework for this facility in order for it to operate effectively. They are adequate systems of facility operations:

- A. Classification and intake
- B. Health and mental health care
- C. Access to counsel, the courts and family
- D. Programming, education and recreation
- E. Training and supervision of staff
- F. Environmental issues
- G. Restraint, isolation, due process and grievance
- H. Safety for youth and staff

The areas mentioned above are the core components of good juvenile detention. During this visit, the facility has made some additional improvement. There has been a newer monitoring system— a camera with audio and video capabilities—purchased that should enhance the facility's ability to

record incidents and assist the facility administration in reviewing areas that are currently in blind spots throughout the building.

The areas that are of a pressing nature for the facility are the following:

Staffing

Staffing continues to be a challenge at the facility. Although the County has allocated funding for several new positions, there are still times when residents are left unsupervised or the ratio far exceeds the staffing. During this visit, I arrived at the facility on a Sunday and found residents locked down. According to the residents and staff “they are always short on Sundays so they rotate who will be let out. And they must lock the residents down for safety. Also Sunday is visitation day when parents show up. If that happens then all residents will be locked down and if there is a new admission; residents will also be locked sometimes on the unit without any supervision.” During this, visit 3 staff members were participating in the correctional officer training. As I sat in on several parts of the training, I found the majority of the training was aligned with adult corrections. Although this training may be adequate for adult facilities, in the juvenile system training is required so that staff will have the skills to effectively interact and manage residents. This training did not provide these needed skills.

It should be noted that the County is in the process of working with the National Partnership for Juvenile Services (NPJS) to train staff at Henley-Young and to provide in-service and pre-service training for staff. The facility is also in need of adequate training on effective ways of de-escalating residents’ behaviors. This should be part of the pre-service and in-service curriculum. This de-escalation training should assist in managing disruptive and confrontational behaviors.

Although the facility is not overcrowded it still suffers from staff shortages. Even though the facility has hired new staff, the results of attrition still leave the County far short of the needed staff to properly run the facility. There have been three officers hired since my last visit, and of that group one officer has already resigned. Since the facility is short on staff, the staff members are under pressure to keep the peace at all cost. The Henley-Young officers are compelled to react to minor misbehaviors, out of fear that small situations will become big ones. As a result, they are locking down residents that present potential conduct issues so other residents will be safe. Further, the officers are not equipped to handle residents with mental health problems. This only exacerbates a resident’s misbehavior when they are outside their cells because they have nothing to lose because their misbehavior only gets them a return to their cells. The approach is counter-productive to good juvenile detention practices. Because there are no qualified mental health professionals at Henley-Young residents are isolated and their needs are not being met. This situation places direct care staff in a quandary on how to handle these residents. Without regular access to mental health professionals, children often deteriorate and staff members become apprehensive regarding their next step, so isolation becomes the norm. This should be addressed by the new director.

During this visit my observations and my record review revealed that because of the inadequate staffing levels there are no consistent security checks of residents who are placed on behavior management or isolation. This was evident in the isolation of resident J.D. who was placed in his cell without any supervisory or administrative approval. This resident has received outside mental health services and is also taking psychotropic medication. The behavior management/isolation sheet that was placed on his door gave no indication why he was being placed in his cell and no indication of a release time for the resident. It should be noted that we found the behavioral management sheet the next day thrown in the trash which indicates that staff are isolating residents without following any proper procedures (see exhibit #3). Therefore, there is a need for major training as it relates to behavior management and isolation of residents at Henley-Young.

Building cleanliness/environmental issues/maintenance

The facility is dirty again and unkempt. The units have a strong odor of urine. There is also graffiti resurfacing in the rooms and on the units. In addition, torn clothing, mattresses, blankets and sheets are left in youths' rooms. There appears to be no supervision once youth are placed in their rooms. Residents' cells are also not operable because of plumbing problems, cracked windows and uncovered electrical fixtures. Also, on several units lights are in need of repairing. There are also leaky showers and shower stalls that need repairing. The door in the intake area also needs repairing. The sprinkler heads need repairing (see room A107). The facility needs to develop an ongoing preventative maintenance program. Because institutions are so heavily used there must be ongoing inspections. Facilities require more than a one time environmental review. The facility's administration must ensure there is a constant vigilance as it relates to building cleanliness and maintenance. I have found that whatever the facility's administration focuses on the facility will focus on—order cleanliness and safety are key components for facility leadership. The facility is also in need of skilled tradesmen not just maintenance staff. The tradesmen would have practical and theoretical knowledge in the areas of electrical, plumbing, and carpentry etc.

Mental Health

The mental health component of the facility still needs to be addressed. During this visit, I found several residents (J.D., T.M., D.D., T.B., H.P., and D.B.) with mental health needs that had not been addressed. Where their MASYI-2 identified symptoms of distress (caution or warnings) that are characteristics of disorders or manifested feelings or behaviors that could require immediate attention no attention was given. The facility's addressing of these residents' ongoing mental health needs are extremely important because when not addressed it creates liability that can be catastrophic for the County, not to mention the mental health and safety of the resident. A clear example of this liability would be resident T.B. who is currently prescribed Risperidone and Trazodone. This youth was placed in his room on isolation for no apparent reason without any mental health services provided. During my review of the units the next day I found the resident had tied shirts together around a sprinkler pipe (which had no sprinkler head attached) which appears to have been inoperable for awhile (see exhibit #1). Isolations of this type have negative consequences for a resident with mental health needs. This use of isolation only exacerbates the mental health conditions for this resident and with no mental health

professional on site this resident is at a particularly high risk of “increased reactions”, including being more depressed and experiencing increased anxiety, psychosis and suicidal ideations based on the medications he is taking. With no mental health staff available at the facility and no staff trained on how to manage and work with this population, the County is opening itself up to serious liability. The facility must develop a suicide prevention program and provide each housing area with appropriate staffing. In addition, for each area where residents are housed, staff must have access to suicide cut down scissors (see exhibit #2). There are some basic mental health services that should be available for the residents at Henley-Young. These services should minimally include:

- 1) Appropriate and well-trained staff
- 2) Treatment services on or off-site crisis intervention including short-term individual and group therapy follow-up, as needed and psychotropic medication management.
- 3) Mental health, medical, and substance abuse services that are sufficiently coordinated such that patient management is appropriately integrated, health needs are met, and the impact of any of these conditions on any resident is adequately addressed.
- 4) All aspects of the standard are addressed by written policy and defined procedures.

Suicide Prevention

Based on my review of residents who are in need of mental health intervention, the facility does not make mental health services available for all residents who require them. Residents with mental health issues must have services available for them to maintain their best level of functioning while at Henley-Young. In my review of residents J.D.’s and H.P.’s files there were several indicators that stood out as potentially serious situations with serious consequences. Therefore, a suicide prevention program must be developed which includes at a minimum the following:

- 1) A suicide prevention program includes the following outcomes:
 - a) facility staff identify suicidal juveniles and immediately initiate precaution,
 - b) suicidal juveniles are evaluated promptly by the designated health professional who directs the intervention and ensures follow-up as needed,
 - c) actively suicidal juveniles are placed on constant observation; and
 - d) potentially suicidal juveniles should be monitored on an irregular schedule with no more than 15 minutes between two checks. If, however, the potentially suicidal juvenile is placed in isolation, constant observation is required.
- 2) Key components of a suicide prevention program include the following:
 - a) training
 - b) identification
 - c) referral
 - d) evaluation
 - e) treatment
 - f) housing and monitoring
 - g) communication

- h) intervention
 - i) notification
 - j) review
 - k) debriefing
- 3) The use of other juveniles in any way (i.e. companions, suicide-prevention aides) is not a substitute for staff supervision.
 - 4) Treatment plans addressing suicidal ideation and its recurrence are developed, and patient follow-up occurs as clinically indicated.
 - 5) The responsible health authority approves the suicide prevention plan; training curriculum for staff, intake screening for suicide potential and referral protocols, and training for staff conducting the suicide screening at intake.
 - 6) All aspects of the standard are addressed by written policy and defined procedures.
 - 7) Appropriate and well-trained staff.

Behavior Management/Isolation

The facility is still in need of an adequate facility-wide behavior management program. It should be noted that staff relationships with juveniles are the primary source of managing behavior. Behavior management is about getting juveniles to learn new appropriate behaviors and to be consistent in behaving properly. Juvenile behavior management consists of helping residents understand what is expected in the environment and also helps them modify their behaviors while in the facility. The staff at Henley-Young is still in need of training to ensure that they understand the distinctions between punishment and discipline. The facility also needs to develop a positive incentive program for controlling irresponsible behaviors. There are four main areas the facility must look at when developing their behavioral management programs and the difference between the following:

- 1) Consequence: The effect, result, or outcome of something occurring earlier,
- 2) Discipline: Training to act in accordance with rules, to learn self-control,
- 3) Punish: To subject to pain, loss or confinement as a penalty for some offense, transgression or fault
- 4) Rewards

The facility must also develop a point or level system that allows juveniles who exhibit positive behaviors to gain points and move to the next level in the facility. The juvenile should be able to trade points for special privileges (i.e. extra phone calls, extended visits, name brand deodorants, etc). Officers should be responsible for awarding points based on the resident's behavior, their functioning in school, hygiene, building cleanliness to name a few. The supervisors should ensure the program is operating as designed to make sure there is no abuse by staff or residents of the program. Finally, de-escalation techniques are critical to the implementation and directing of any good behavioral management program as stated above.

Activities/Recreation/Programming

During this visit, I found that the facility needs structured activities. Residents complained about constantly being locked down and only being allowed out of their cells on a rotating basis based on staff availability. This was confirmed by staff interviewed

and my observation. The County has hired Education Community Connection Consultants Inc. (ECCC) to assist in designing programming and activities for the facility. During my review of the program there were certain areas that were acceptable. The program however did not include the entire facility's population. There was no programming for residents during the weekends, which is one of the most critical times for activities or programming in a facility. I am suggesting that if the program is to stay in place it must be enhanced to ensure that all residents are involved in a regular, daily activity schedule and that programming for evenings and on weekends be developed. If that is not a viable option then the County should hire recreational staff that will solely be responsible for implementing programming and activities for residents. It should be noted that when designing programming and activities girls and boys should receive the same level of activities inside and outside of their units.

The facility however should be commended for their purchasing of televisions for each unit. According to the staff this has reduced some of the down time that existed in the facility prior to televisions being placed on units. Although planned activities are more conducive to good programming, the television may fill some downtime and should be part of the overall programming.

Also, in my discussion with the County Administrator, they are in the process of repairing and resurfacing the outdoor recreational areas. With this being done access to outdoor recreation could be implemented as another component of the facility's programming.

Medical, Medication Review & Disposal

As it relates to the medical component of the facility there are still major areas that need addressing. It should be noted that the County is in the process of facilitating a partnership with the University of Mississippi, School of Medicine for medical services; which is great! As stated in my previous report, the facility should ensure that residents receiving medical services be seen in private as per the Health Insurance Portability and Accountability Act of 1996 (HIPPA) guidelines. During this visit, I found that the facility's method for storing and administering medication is inadequate. During my review of the medical department, there were no protocols established and files for active and inactive residents were not properly stored – they were placed on top of cabinets and desks (see exhibit #3). Also, medications being dispensed was being secured in a McDonald's bag (see exhibit #4). In addition, other medications were stored in a closet and medications that should be discarded were placed in trash bags on the floor in a closet. Although the closet was locked, the medications were still inappropriately stored. There are no protocols for dispensing or discarding of medication. There is a need for a pharmaceutical doctor (Pharm. D) or pharmacist to come in and review and/or discard any medications that are left at the facility and over-the-counter medicines that have expired. There must be routine reviews of pharmaceutical services designed to identify risk factors that could lead to medication errors or suboptimal provisions of pharmaceutical services which include not having a Medication Administration Report (MAR) completed properly or reflect accurate information; not giving medicine on time;

not sending medication home to complete courses or improper storage (i.e. placing medications in a McDonald's bag).

As stated above, the facility must ensure that medical files are properly maintained and secured. I would direct the County to purchase the files that were suggested in my previous report that would assist the medical services area in developing an adequate filing system. This filing system should be used to control how information is separated, stored and retrieved. Without a good filing system, information placed in a storage area would be one large body of information with no way to tell where one piece of information stops and the next begins. In addition, these files should be placed in a locked filing cabinet and only retrieved as needed and by authorized personnel. Once files are completed they should be returned to the secured area from which they were taken.

As it relates to medication the following should be addressed at a minimum:

A. Storage Monitoring

1. All medications that require refrigeration will be stored in clean, secure refrigerator with the appropriate temperature.
2. Refrigerator temperature monitoring will occur daily and documented on a log.
3. Inspection of medication storage sites will be done at least monthly by a licensed pharmacist. Special attention will be paid to orderliness and cleanliness. A written report will be provided to the Director or designee.
4. Identification and disposal of expired medications will occur at least monthly.
5. Ultimate disposal will be provided by a company licensed by the State of Mississippi for the purposes of medical waste disposal.

B. Audits

1. A formal pharmacy audit will be done by a licensed pharmacist at least quarterly to evaluate compliance with the State of Mississippi Pharmaceutical Regulations.
2. A report will be delivered to the to the Director or designee'
 - i. A corrective action plan will be completed for review by the Director or designee at least quarterly
 - ii. The Pharm. D or designee will discuss audit reports at the Joint Staff meeting. All staff will participate in the corrective action plan development.

It should be noted that during this visit, two residents were involved in a physical altercation. Although the staff restrained the residents appropriately, one resident received a laceration which resulted in blood loss. The residents were taken to the nurse leaving a trail of blood on the floor to the medical area. There were no universal precautions taken to address the loss or droplets of blood. Even the nurse had blood on her person and did not use universal precaution. While observing the incident, a staff member asked another resident to "mop up the blood that was left on the floor" without being provided proper protective gear. Again, there were no universal

precautions taken. Therefore I am recommending at a minimum the following protocols be put in place as it relates to **universal precautions**:

- 1) Common sense hygienic practices:
 - Wash your hands frequently, before and after handling any and all potentially infectious materials
 - Wash your hands after removing gloves.
 - Be sure to wash, as soon as feasible, any part of the body after an inadvertent contact with another person's blood or body fluids.
- 2) Wear proper protective clothing, where feasible when faced with a potential exposure situation.
- 3) Wear latex/vinyl disposable gloves:
 - Subsequent to any searches, a visual search shall be conducted by conducting a physical search of any room, closet, etc.
 - When handling any potentially contaminated materials/subjects.
 - When handling sharps.
- 4) Replace gloves if torn, punctured, contaminated, or if their ability to function as a barrier is compromised. Never wash or decontaminate disposable gloves for reuse.
 - Wear protective outerwear such as a gown, mask, booties, surgical cap or hoods, etc.
 - When large volumes of blood and or body fluids are expectorated or inadvertently can occur.
 - When cleaning any potential contaminated site.
- 5) Wear protective outerwear such as masks, eye protection and face shield.
 - Whenever splashes, spray, spatter or droplets of blood or other potentially infectious materials may be generated.
 - Whenever the eye, nose or the mouth contamination can be anticipated.
- 6) Remove immediately or as soon as feasible any garment contaminated by blood or other potentially infectious materials (OPIM), in such a way as to avoid contact with the outer surface.
- 7) Have change of clothing available.

For further assistance, I would direct the facility to review the Mississippi Pharmacy Practice regulations part 3001. This would provide a structure and assist the facility with compliance.

Food Service

During this visit, I found there were **major** complaints regarding food service and food provided to residents at the facility. During a normal review of any institution there is an expectation that residents will make complaints regarding the food. However, each resident interviewed at Henley-Young had major complaints about the food, the portions, and the presentation of the food. During this review I observed the food and the distribution of the food. The breakfast was cold upon arrival and the lunch and dinner meals were also cold upon arrival. For example, I observed oatmeal that was provided to the residents that was cold, hard and flat and had no liquidity to it; if it were any harder it could be served as an oatmeal cookie (see exhibit #5).

Food service is an important part of institutional life. A comprehensive food service program must be developed if the facility is to meet the unique needs of its juvenile population. Juvenile health, nutrition, and morale in this environment are all directly related to the effectiveness of the food service program. Meals served to incarcerated juveniles must be nutritionally balanced and calorically adequate. They must be tasty, appealing, and served in an aesthetically acceptable manner to avoid conduct and behavior problems. If juveniles believe the facility's staff and management have maximized their efforts to provide a healthy and appealing food program, conduct could improve.

Juveniles typically have less than desirable eating habits. Nutritional guidelines for juveniles are extrapolations from the recommendations for children and adults. Recommended dietary allowances relate to the general time and rate of the juvenile's growth spurt is very important. Therefore I am recommending a meal pattern that provides nutritionally balanced meals with food items selected from various food components listed below:

- Breads, cereal, and other grain products (including several servings a day of whole-grain products)
- Fruit
- Vegetables (includes all types with dark green leafy vegetables and dry beans and peas used several times per week)
- Meat, poultry, fish and alternatives (5 to 7 ounces, lean per serving)
- Milk, cheese, yogurt, etc.
- Fats and sweets (at a minimum)

The meals I observed did not meet the above mentioned meal patterns. There has been a decline in food service at Henley-Young.

89 day program/Juvenile Court

As discussed in my previous reports, the 89 day concept is a very admirable idea. However, for this court program to function or to operate successfully there are major changes as it relates to programming and staffing that are needed. At this point, the program is more a revocation program than a therapeutic, treatment program that was intended. As I have stated in my previous reports, for this program to be effective and successful the following areas must be incorporated in the program:

- Sufficient staff
- Target appropriate juveniles for the program (i.e. medium to high-risk)
- Target risk factors for delinquent behavior that are responsive to intervention
- ensure they are individualized and family based, and delivered in community settings when discharged
- Programming based on a particular treatment model
- well-trained staff and a program director who strongly supports the program outside of the facility's director
- Deliver a sufficient amount of treatment

- Adhere to a program design
- Monitor juveniles' progress on an ongoing basis and modify the program as needed
- Provide aftercare services
- Individual treatment plan (ITP) that reflects why the juvenile is in the program and what goals juvenile should accomplish during his stay. Also mentioned in the ITP is the juvenile's individual education plan (IEP), which specifies how to accomplish the juvenile's educational goals.
- Develop cognitive behavioral programs confront juvenile's thinking errors and teach juveniles to overcome their thinking errors as a means of behavioral change.
- Develop positive peer culture (PPC) that teaches juveniles to assume responsibility for helping one another. It is based on the belief that the most powerful influence on a resident's behavior is peer pressure. PPC's goal is to teach basic values related to caring for others. PPC is centered on frequent meetings of small groups of juveniles (6-12) and one or two staff leaders. The juvenile are encouraged to help each other.
- Develop strength based practices that help juveniles to become accountable for their actions and responsible for their behaviors. Accountability is realized when a juvenile admits to the wrong and changes his/her behavior. When juveniles get into trouble, the care worker will initiate more behavior changes in juveniles by having them focus on how to solve their problems.

To ensure that there is an accountability case management in the 89 day program, I am recommending the following model be implemented:

- specifying troublesome behaviors
- identifying need(s)
- setting goal(s)
- evaluation

Need	physiological, social, psychological requirement(s) for the well being of an individual
Goal	behavioral statement of how the individual will be at the end of a specified period of time
Service Action	behavioral statement of what the case manager plans and does to assist the individual(s) in achieving the goal
Evaluation	systematic collection of information on goal indicators and/or service action(s) for the purpose of decision making and planning

In addition, the court has to determine what therapeutic programs they will be using. An example of these programs would be psychoanalytic therapy, behavioral therapy, rationale emotive therapy, persons centered therapy, reality therapy etc.

School

As it relates to the educational program at Henley-Young, no documents requested were submitted for my review. During this visit, I still found that residents were not spending the

entire day in the educational program. A clear example of this was residents were outside for physical education, however, there was no physical education teacher and no curriculum or scheduled activities for this time period. In addition, it came to my attention that the present school principal is leaving and a new principal will be hired. It should be noted that the school system has a policy which requires residents returning from court to be locked down in their rooms rather than returning to complete the school day. This policy undermines the student's education opportunities and it further reduces the effectiveness of the existing staff by requiring them to monitor these students in another part of the building. The school should retain a leader at this point with intuitional and broad experience in working with high risk residents. This is extremely important because of the need to understand detention and the dynamics of intuitional education. In the future, I am requesting that the school provides the requested documentation based on the court ordered agreement of March 20, 2012. I will reiterate again that there should be an independent evaluation of the school program and at a minimum the following areas should be addressed. Therefore I am repeating my previous report on the school. See below my previous recommendations for the school, in addition, I attached the previous response from the school principal regarding Henley-Young Jackson Public School dated May 2013 along with my response.

As it relates to the school, during my interview with the school principal, she stated that "There is a system problem at Henley-Young . . . there is no connectivity to school, GED, detention and courts . . . they don't plan together . . . they have to plan together." I agree. I also interviewed the new part-time GED instructor who has worked at the facility for three months and has over six years of GED preparation experience. She stated the following ideas:

- A. "need policy and procedure"
- B. "everyone needs to know what to do"
- C. "the expectations should be written even kids should know them"
- D. "policy and procedure should be based on standards"
- E. "everyone should have the tools to do their job"
- F. "proper staffing is needed"
- G. "staff should be well trained to deal with this type of population"

These are areas of concern I have discussed in my previous reports. In addition, the school should use small portable classrooms (which can be placed on the grounds of the facility within the security fencing) to help alleviate the congestion for students and teachers who are now forced to teach class in a storage closet, which is not conducive to learning. Again below are my recommendations from my previous reports:

Recommended School Plan:

- A. The Henley-Young Facility will create and implement a plan to provide all of the following services and programs within their control related to the aspects of residents' education:
 - a. maintain an adequate physical facility for education,
 - b. provide adequate security and support in the classroom,
 - c. establish an in-school points system based on rewards and consequences for behavior,

- d. establish and implement a schedule for transporting residents to and from school that assures that residents will have the opportunity to receive the required hours of educational services mandated by law.
- B. Develop policies and procedures for all of the areas discussed above.

Solution/Plan

1. The Henley-Young Facility will make every effort to develop and formalize an interagency agreement between the Jackson Public School System and the HYC that:
 - a. Provides adequate security within the school premises (including classrooms) for all residents including those residents requiring protective services or other special needs.
 - b. Residents requiring protective services or other special needs shall have the same or equivalent educational services as other residents.
 - c. Create an alternative educational plans for residents removed from the classroom for medical or behavioral issues.
 - d. Provides a schedule for transporting residents to and from school that ensures that residents will have the opportunity to receive the hours of educational services mandated by law.
 - e. Outline a cross training curriculum for HYC school employees and detention employees, which include an orientation and a safety curriculum and mandatory annual refreshment training for employees of the school.
 - f. Ensure trainings will provide educational staff with appropriate facility policies that relate to or overlap with the school's operations to include the policies regarding rules, discipline and the behavior management program.
 - g. Include development of a plan and appropriate materials for various educational levels, to be distributed and explained to residents in the health care unit, in room confinement or otherwise unable to participate in normal school classroom activities.
 - h. Ensure the class schedules are driven by the security of the facility and that the school looks toward developing individual learning plans for each student in the school.
2. The Facility Director or designee shall review the circumstances surrounding the placement of all residents who are in isolation or seclusion, or residents who do not attend school for medical reasons and other behavioral maintenance processes to assess the feasibility of an early release to attend school each day.
 - a. A list of the residents that are not allowed to attend school and the reasons for the administrative restriction shall be documented and distributed to the Principal of the HYC School.
 - b. The Facility Director shall designate a liaison to interact with school daily and the JPS Administration should create a position for Compliance Administrator to review the progress of the school on a weekly basis.
 - c. All instances in which school activities are suspended by the facility due to incidents or other extraordinary circumstances shall be reported to the Compliance Administrator within 24 hours.

When the School Principal or designee is having issues, whether of a safety nature or any other problems, they should be reported to the compliance administrator and the facility Director or designee immediately. **I am recommending again that the Jackson Public School system (JPS) hire a compliance officer to ensure that the school educational standards are being met.**

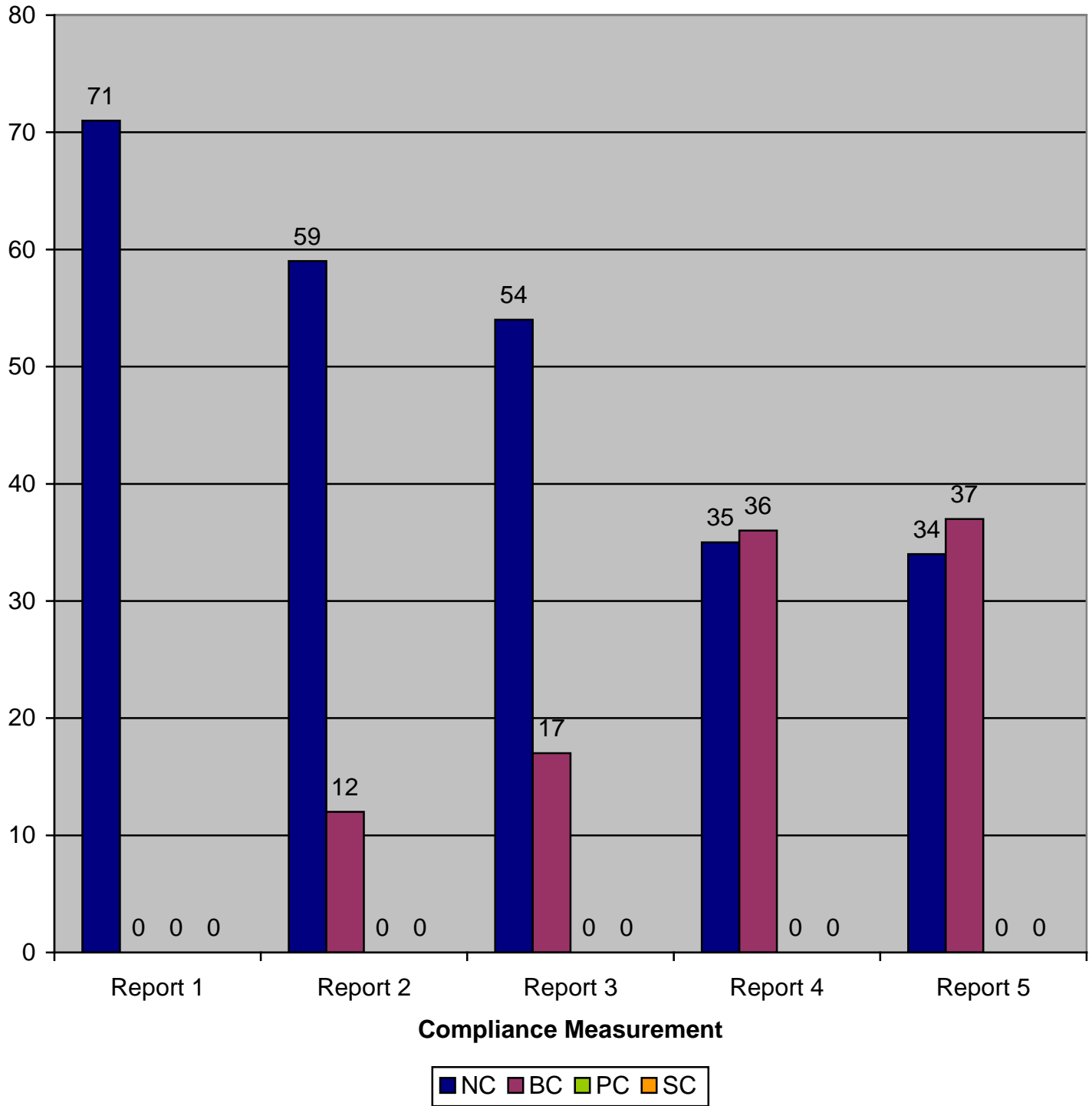
Below are the compliance ratings and summary of ratings that will be used in this report. Please be reminded that though most are in Non-Compliance, policy development is most important and the start of this process. However, as stated above the facility has made progress on some provisions which moved them from Non-Compliance to beginning compliance.

Please note that many of the comments and recommendations in the provisions are restatements of previous reports because in those areas little movement has been made. The new Director should use these comments as a road map to developing a successful facility plan. She must also develop a comprehensive corrective action plan for guidance. That plan should have the following:

- A. Clearly state the problem or weakness, including the root cause**
- B. List the individuals who will be accountable for the results of the corrective action**
- C. Create simple, measurable solutions that address the root cause**
- D. Each solution should have a person that is accountable for it**
- E. Set achievable deadlines**
- F. Monitor the progress of the plan**

The graph below has been included to show the progress made thus far on the 71 provisions:

COMPLIANCE SUMMARY



Compliance Code Measurements

Substantial Compliance (SC): Practices follow the county-approved policies, training materials or other documents; practices follow policy with rare exception and exceptions lead to corrective action; trained staff fill all positions and vacancies are filled within 3 months; the County has completed work in an acceptable manner; policies, procedures and practice and training are operational and quality-assurance audited and audit exceptions lead to corrective action; outcomes meet or exceed agreement requirements.

Partial Compliance (PC): Policy and procedure is implemented in some but not all locations or times; staff are hired but not trained; the County is working on implementation but tasks are not completed; system implemented at some but not all locations or times, outcomes meet or exceed agreement requirements some of the time and in certain area.

Beginning Compliance (BC): Policy and procedure is written by the county but has not been implemented; funding and hiring authority are approved by the County but positions are not filled; training materials prepared and approved by the county but training has not started.

Non-Compliance (NC): No action taken and immediate steps needed to maintain schedule or prevent further delay. A policy may exist, but the policy may need significant revision or modifications and rarely translates into practice.

Compliance Matrix						
Provision	Intake	1 st Report	2 nd Report	3 rd Report	4 th Report	5 th Report
1.(1)	All Residents Admitted to Henley-Young	NC	NC	NC	NC	NC
1.(2)	MAYSI-2 Mental Health Screening	NC	NC	NC	NC	NC
1.(3)	Prescription Medications	NC	NC	NC	NC	NC
1.(4)	Meal Compliance	NC	NC	NC	NC	NC
1.(5)	Telephone Usage	NC	BC	BC	BC	BC
1.(6)	Strip Search Policy	NC	BC	BC	BC	BC
Provision	Staffing and Overcrowding					
2.(1)	Direct Care Staff Ratio	NC	NC	NC	NC	NC
2.(2)	Maximum Capacity Adjustment	NC	NC	NC	BC	BC
2.(3)	One-Person Cell	NC	NC	NC	BC	BC

Provision	Cell Confinement					
3.(1)	Structured, Rehabilitative & Educational Programming	NC	NC	NC	NC	NC
3.(2)	Appropriate Access to Living Unit	NC	NC	NC	NC	NC
3.(3)	Dangerous Residents	NC	NC	NC	NC	NC
3.(4)	Isolation	NC	NC	NC	NC	NC
3.(5)	Direct Care Staff on Units	NC	NC	NC	BC	BC
Provision	Structured Programming					
4	Educational, Rehabilitative, and/or Recreational Programs	NC	NC	NC	NC	NC
Provision	Individualized Treatment Plans/Treatment Program for Post-Disposition Residents					
5.(1)	Residents Access to Adequate Rehabilitative Services	NC	NC	NC	NC	NC
5.(2)	Health and/or Substance Abuse Treatment	NC	NC	NC	NC	NC
5.(3)	Treatment Plans	NC	NC	NC	NC	NC
5.(4)	Review of Individual Treatment Plans	NC	NC	NC	NC	NC
5.(5)	Evening And Weekend Programs And Activities	NC	NC	NC	NC	NC
5.(6)	Quality Assurance Program	NC	NC	NC	NC	BC
Provision	Disciplinary Practices And Procedures					
6.(1)	Implement a Discipline Policy and Practice	NC	NC	NC	NC	NC
6.(2)	Policy for Residents Violations	NC	NC	NC	NC	NC
Provision	Use of Restraints					
7.(1)	Mechanical Restraints	NC	BC	BC	BC	BC
7.(2)	Mechanical Restraints Transportation	NC	BC	BC	BC	BC
7.(3)	Misuse of Mechanical Restraints	NC	BC	BC	BC	BC
7.(4)	Mental Health—Use of Mechanical Restraints	NC	NC	NC	NC	NC

7.(5)	No Restraint Chairs, Chemical Restraints and/or Tasers	NC	BC	BC	BC	BC
7.(6)	No Hogtying in Facility	NC	BC	BC	BC	BC
7.(7)	Mechanical Restraints—One-On-One Supervision	NC	NC	NC	BC	BC
7.(8)	Mechanical Restraints—Notice to Medical Professional	NC	NC	NC	BC	BC
7.(9)	No Electronic Restraints	NC	BC	BC	BC	BC
7.(10)	No Firearms in Facility	NC	NC	BC	BC	BC
Provision	Use of Force					
8.(1)	No Misuse of Use of Force	NC	NC	NC	NC	NC
8.(2)	Notice to Medical Professional After Use of Force	NC	NC	NC	NC	NC
Provision	Meals and Nutrition					
9.(1)	All Meals and Snacks Must Be Nutritional	NC	NC	NC	BC	BC
9.(2)	Comply with Nutrition Guidelines	NC	BC	BC	BC	BC
9.(3)	Provide Drinking Water Throughout the Day	NC	BC	BC	BC	BC

Henley-Young Juvenile Justice Center
Monitoring Compliance Report

Provision	Clothing					
10	Provide Basic Clothing Items	NC	NC	NC	BC	BC
Provision	Hygiene And Sanitation					
11.(1)	Provide Appropriate Hygiene Products	NC	NC	NC	BC	BC
11.(2)	Provide Sleeping Mats and Blankets	NC	NC	NC	BC	BC
11.(3)	No Deprivation of Mats and Blankets	NC	NC	NC	BC	BC
11.(4)	Sufficient Sanitary Mats and Blankets	NC	NC	NC	BC	BC
11.(5)	Clean and Sanitary Environment	NC	BC	BC	BC	BC
11.(6)	Fire Safety, Weather Emergencies, Sanitation Practices, Food Safety and Provide Safe Environment	NC	NC	NC	NC	NC
11.(7)	Clean Drinking Glasses and Eating Utensils	NC	NC	NC	BC	BC
Provision	Medical Care					
12.(1)	Provide Residents With Adequate Medical Care	NC	NC	NC	NC	NC
12.(2)	Provide Medical Professional When Needed	NC	NC	NC	NC	NC
12.(3)	Implement a Sick Call Policy to Ensure 24 Hr. Services	NC	NC	NC	NC	NC
12.(4)	Prescription Medications Only Dispensed by Medical Staff	NC	NC	NC	NC	NC
12.(5)	Provide Medical and Mental Health Services	NC	NC	NC	NC	NC
12.(6)	Proper Monitoring Residents Who Require Individualized Attention	NC	NC	NC	NC	NC

Provision	Mental Health Care					
13.(1)	Provide Adequate Mental Health Services	NC	NC	NC	NC	NC
13.(2)	Residents and Psychotropic Medications	NC	NC	NC	NC	NC
13.(3)	Within 72 Hours of Admittance Complete an Individual Mental Health Treatment Plans	NC	NC	NC	NC	NC
13.(4)	Implement Policies and Procedures for Referrals	NC	NC	NC	NC	NC
13.(5)	Sufficient Psychiatric Services	NC	NC	NC	NC	NC
13.(6)	Psychiatrist and/or Counselors to Record Review to Ensure Proper Care	NC	NC	NC	NC	NC
Provision	Suicide Prevention					
14.(1)	Multi-tiered Suicide Prevention Policy	NC	NC	NC	BC	BC
14.(2)	Evaluate Highest Level of Suicide Watch Every 12 hours By Medical Professional	NC	NC	NC	BC	BC
14.(3)	Closely Monitor Suicide Watch Residents During All Activities	NC	NC	NC	BC	BC
14.(4)	Court Shall be Notified Within 24 hours of Any Residents on Suicide Watch	NC	NC	NC	BC	BC
Provision	Family Support and Interaction					
15.(1)	Visitation Shall Not be Restricted or Withheld	NC	NC	BC	BC	BC
15.(2)	Provide Accommodations for Contact Visits	NC	NC	BC	BC	BC
15.(3)	Visitation Shall be Regularly Scheduled	NC	NC	BC	BC	BC
15.(4)	Phone Calls Shall be Allowed Based on Policy	NC	NC	NC	BC	BC

Provision	Miscellaneous Provisions					
16.(1)	Provide Equal Access To All Services	NC	NC	NC	BC	BC
16.(2)	Provide the Opportunity To Participate In Large Muscle Exercise Every Day	NC	NC	NC	NC	NC
16.(3)	Prohibit The Use Of Profanity In The Presence Of Residents	NC	NC	BC	BC	BC
16.(4)	Provide Adequate Grievance Policy	NC	BC	BC	BC	BC
16.(5)	Provide Residents Of All Ages With The Opportunity To See Their Attorney and/or Residents Court Counselor	NC	NC	NC	BC	BC

The following are my observations and recommendations specific to the provisions of this agreement.

1. Intake

Provision 1.1 Intake	<p>All residents admitted to Henley-Young shall receive a health screening, within 1 hour of admission or as soon as possible as reasonably thereafter, by appropriately trained staff as required by Mississippi Code Annotated § 43-21-321. Information obtained during the screening shall include, but shall not be limited to, the juvenile's: (a) Mental health; (b) Suicide risk; (c) Alcohol and other drug use and abuse; (d) Physical health; (e) Aggressive behavior; (f) Family relations; (g) Peer relations; (h) Social skills; (i) Educational status; and (j) Vocational status." Mississippi Code Ann. § 43-21-321(1).</p> <p>During this screening, Henley-Young shall obtain information regarding the resident's educational status by having the residents or intake officer complete an education screening form developed and provided by the Jackson Public School District.</p>
Status	Non-Compliance
Discussion	<p>Based on review, observations and interviews, the facility does not meet the requirements for this provision. The facility is still in the process of developing policies and procedures in addition to ensuring that areas A through J are part of the intake process. As it relates to policy, there has been none presented for review and approval. Also, according to this provision information acquired should be completed by an Intake Officer and educational screening forms developed and provided by the Jackson Public School District. Therefore there is no movement on this provision. Please see recommendations below. These are the same recommendations based on previous report. The provisions remain in non-compliance.</p>
Recommendations	<ol style="list-style-type: none"> 1. Fully develop admitting policies and procedures to reflect provision 2. The court should provide staffing for intake purposes 3. The facility should provide enough staff to fully cover the care and custody issues in the facility 4. Ensure all staff who admit residents are properly trained 5. Develop training records 6. Provide documentation in a organized way on residents being screened/admitted (files) 7. Ensure all residents' records are available for my review with all areas of the provisions placed in the resident's file
Evidentiary Basis	Document review, observation, interviews

Provision 1.2 Intake	All residents shall receive a MAYSI-2 mental health screening upon admission, as required by Mississippi Code Annotated § 43-21-321. The screening will be conducted in private by appropriately trained staff of Henley-Young. If the screening indicates that the residents is in need of emergency medical care or mental health intervention including, but not limited to, major depression, suicidal ideation, withdrawal from drugs or alcohol, or trauma, the detention staff shall refer those juveniles to the proper health care facility or community mental health service provider for further evaluation immediately or as soon as reasonably possible.	
Status	Non-Compliance	
Discussion	<p>Based on my review of documents and my observations, this provision continues to be non-compliant. Reread to the discussion below.</p> <p>During this visit I reviewed several residents' files as I noted in the introduction; and their mental health needs are still not being met. This is again an indication of the need for direct access to mental health care at all times. As I stated in my previous report, the research has clearly stated that over 60% of resident's entering a juvenile facility has some diagnosis of mental disorder. The facility needs first to answer the following questions below; then follow the recommendations.</p> <ul style="list-style-type: none"> A. What are the program objectives for mental health screening? B. What are the characteristics or common traits the program wants to identify for emergency or follow-up clinical consultation? C. What MAYSI-2 scores will the facility use as the signal for the program staff to obtain clinical consultation or services? D. What mental health follow-up services are available when the resident's MAYSI-2 score indicates that they are needed? E. In what way will the facility develop a database that creates a profile of mental health needs in the population and program decisions and adjustments needed to improve mental health services for the residents? 	
Recommendations	<ol style="list-style-type: none"> 1. Develop comprehensive policy and procedures for this provision 2. Develop residents files that are organized and arranged properly 3. Develop training and provide documentation of training 4. Identify person or person(s) whose responsibility is to score the instrument 5. Provide documentation on who reviews the instrument and note what services are provided for the residents in the facility and what services should continue when the residents leave the facility 6. Develop process whereby facility staff and court employees develop system for the sharing of information and reviewing of residents' files which are centrally located and accessible to detention staff. 	

Evidentiary Basis	Document review, observation, interviews	
Provision 1.3 Intake	Prescription medications will be secured for all residents who have a valid, current prescription within 8 hours of admission, if possible, but in no case, longer than 24 hours after admission, including weekends and holidays. If during a resident's detention, a medical professional either prescribes a new medication or renews a resident's previous prescription medication, Henley-Young will secure the prescription medication within 8 hours of receiving the prescription, if possible, but in no case, longer than 24 hours after receiving the new prescription, including weekends and holidays. Henley-Young shall procure and/or purchase all prescription medications prescribed to confined residents.	
Status	Non-Compliance	
Discussion	<p>During this visit, I reviewed several residents' files as I noted in the introduction; and their needs are still not being met. Specifically, training of universal precautions is sorely needed.</p> <p>Based on document review, interviews and observations, the facility remains non-complaint with this provision. Therefore, the facility should continue to follow the recommendations below which are the same as in the previous report. The initial intake/admission process is a critical part of residents' transition when they are entering the facility. During my review I found that because of the lack of staffing, it was very difficult for staff to really get a firm understanding of residents when they entered the facility. On one occasion during my visit, staff members were pulled from the Master Control area to ensure that a resident was admitted.</p> <p>Since there is no medical staff on duty after 2 pm during the week or on the weekends, it is very difficult for the facility to meet this provision. In addition, I found no documentation of Henley-Young purchasing prescription medication for residents confined at the facility. While the facility is soliciting a medical provider to carry out medical services to the facility, and a medical provider has not been selected, it still has the responsibility to maintain medical/medication and all other medical needs to the residents. Based on my review of documents and observation, services are not in place and are still not being provided for this provision. Therefore I am reiterating that the suggested actions and recommendations from my previous report be reviewed and put into action.</p>	
Recommendations	<ol style="list-style-type: none"> 1. Develop written policy and procedures or protocol for this provision 2. Document staff training on distribution and side effects of medication 3. Provide documentation on efforts to obtain prescription drugs 	
Evidentiary Basis	Document review, observation, interviews	

Provision 1.4 Intake	Upon admission to Henley-Young, all residents shall be offered a snack or meal in compliance with the United States Department of Agriculture's School Meals Program standards.	
Status	Non-Compliance	
Discussion	<p>My observations and review showed that there is no formal way of tracking the providing of snacks. As I have noted in the introduction; there needs to be a systematic way to keep track of whether youth are provided snacks.</p> <p>During this visit, my interviews with residents and my observations, all indicate that some residents' were being offered snacks or meals upon their admittance to the facility and others indicated that they were not. Because there is no record keeping regarding this provision it is hard to keep track of what is or is not happening. As policies and procedures are developed around this provision it should include a way of tracking when and what residents are offered and whether the residents receives or refuses the offering. This can be accomplished by either notations in the log book or a specific form or tablet can be used for this specific purpose.</p>	
Recommendations	<ol style="list-style-type: none"> 1. Continue in the development of policies and procedures for this provision. 2. Procedures should be part of intake/admission procedure. 3. Ensure there are snacks or sandwiches available for residents being admitted between 6 pm and 5 am. 	
Evidentiary Basis	Document review, observation, interviews	

Provision 1.5 Intake	Upon admission to Henley-Young, all residents shall be permitted to telephone a parent or legal guardian free of charge and to take a shower before being placed on the pod.	
Status	Beginning Compliance	
Discussion	<p>Based on my observation and review, the facility has developed a policy regarding this provision as stated in my previous report. Although the facility does permit residents to make telephone calls to parents and legal guardians without charge, several, residents that I interviewed stated that they were not allowed to take showers prior to being placed on their units. This should be addressed during the implementation of the policy and procedures and the training of staff.</p>	
Recommendations	<ol style="list-style-type: none"> 1. Develop a consistent way to document the intake process that shows that a phone call and shower were completed. 2. Develop policy and procedure for this provision.(executed) 3. Train staff and document this training. 	

Evidentiary Basis	Document review, observation, interviews	
Provision 1.6 Intake	Within 60 days of the date of this agreement, Henley-Young shall develop and implement policies that limit strip searches to instances where Henley-Young staff has an articulable suspicion that a resident may possess weapons or contraband. Anytime a strip search is conducted, Henley-Young staff must document, in writing, their suspicion, obtain permission from a supervisor, and conduct the search in a manner that minimizes the intrusion into the resident's privacy.	
Status	Beginning Compliance	
Discussion	Based on my observations and review, as stated in my last report, the facility does have policy and procedures for this provision and during my interview with residents I found no residents who acknowledged there was inappropriate intrusion during the search process upon their admission to the facility. I did review the process, however to become further compliant with this provision there must be documentation of the policy and documentation of staff training on this procedure. Continue to comply with this provision.	
Recommendations	Staff must be provided with the necessary training with information stating the trainer, name of the training class/course, time, date and location of training. This documentation should be kept and logged in facility records. I will review this process during my next visit.	
Evidentiary Basis	Document review, observation, interviews	

2 Staffing and Overcrowding

Provision 2.1 Staffing and Overcrowding	Within 90 days of the date of this agreement, Henley-Young shall operate with a direct care staff to resident ratio of 1:8 from the hours of 6:00 a.m. until 10:00 p.m. and a ratio of 1:10 from the hours of 10:00 p.m. to 6:00 a.m.	
Status	Non-Compliance	
Discussion	<p>As stated in my introduction, staffing continues to be a challenge at the facility. Although the County has allocated funding for several new positions, there are still times when residents are left unsupervised or the ratio far exceeds the staffing. During this visit, I arrived at the facility on a Sunday and found residents locked down. According to the residents and staff "they are always short on Sundays so they rotate who will be let out. And they must lock the residents down for safety. Also Sunday is visitation day when parents show up. If that happens then all residents will be locked down and if there is a new admission; residents will also be locked sometimes on the unit without any supervision."</p> <p>During this visit, 3 staff members were participating in the correctional officer training. As I sat in on several parts of the training, I found the majority of the</p>	

training was allied with adult corrections. Although this training may be adequate for adult facilities, in the juvenile system training is required so that staff will have the skills to effectively interact and manage residents. This training did not provide these needed skills.

It should be noted that the County is in the process of working with the National Partnership for Juvenile Services (NPJS) to train staff at Henley-Young and to provide in-service and pre-service training for staff. The facility is also in need of adequate training on effective ways of de-escalating residents' behaviors. This should be part of the pre-service and in-service curriculum. This de-escalation training should assist in managing disruptive and confrontational behaviors.

Although the facility is not overcrowded it still suffers from staff shortages. Since the facility is short on staff, the staff members are under pressure to keep the peace at all cost. The Henley-Young officers are compelled to react to minor misbehaviors, out of fear that small situations will become big ones. As a result, they are locking down residents that present potential conduct issues so other residents will be safe. Further, the officers are not equipped to handle residents with mental health problems. This thinking only exacerbates a resident's misbehavior when they are outside their cells because they have nothing to lose because their misbehavior only gets them a return to their cells. The approach is counter-productive to good juvenile detention practices. Because there are no qualified mental health professionals at Henley-Young residents are isolated and their needs are not being met. This situation places direct care staff in a quandary on how to handle these residents. Without regular access to mental health professionals, children often deteriorate and staff members becomes apprehensive regarding their next step, so isolation becomes the norm. This should be addressed by the new director.

During this visit my observations and my record review revealed that because of the inadequate staffing levels there are no consistent security checks of residents who are placed on behavior management or isolation. This was evident in the isolation of resident J.D. who was placed in his cell without any supervisory or administrative approval. This resident has received outside mental health services and is also taking psychotropic medication. The behavior management/isolation sheet that was placed on his door gave no indication why he was being placed in his cell and no indication of a release time for the residents. It should be noted that we found the behavioral management sheet the next day thrown in the trash which indicates that staff are isolating residents without following any proper procedures (see exhibit #6). Therefore, there is a need for major training as it relates to behavior management and isolation of residents at Henley-Young.

Recommendations	Units	Day Shift	Evening Shift	Night Shift	Total
	A officer	3	3	2	8
	B officer	3	3	2	8
	C officer	3	3	2	8
	D officer	3	3	2	8
	Intake	1	1	1	3
	Master Control	1	1	1	3
	Staff for Court Transportation	2	2		4
	Internal Transportation	2	2		4
	Laundry	2	2		4
	*Director	1			
	*Deputy Director	1			
	*Operation Manager	1			
	Supervisors	3	3	2	8
	26	23	12	61	
Duty Post Staffing/Administration					
61 Direct care/supervisor/laundry staffing X 1.5 Relief Factor—Total staff needed to effectively operate the facility—91.5 1 to 8 Awake—2 to 10 Sleep					
<u>Misc. post coverage</u> Medical/MH Hospital Runs One on One MH/Medical Visitation *Administration *Maintenance					
Evidentiary Basis	Document review, observation, interviews				

Provision 2.2 Staffing and Overcrowding	If the staff-to-residents ratio falls below the requirements of section 2.1 for longer than two (2) days, the Director or his assignee shall immediately identify residents accused of nonviolent offenses who are eligible for less restrictive alternatives to secure detention and request an emergency release for eligible residents from the appropriate Residents Court. The maximum capacity of Henley-Young shall be calculated by determining how many direct care staff members can supervise residents in accordance with section 2.1. The current maximum capacity of Henley-Young is 84.	
Status	Beginning Compliance	
Discussion	The policy for the release of nonviolent residents in the instance of overcrowding at the facility has been signed by the Court Administrator, the YC Judge and the Executive Director. Procedures have been written; now the facility needs to complete training and documentation of training for implementation.	
Recommendations	Provide training to ensure that everyone is aware of the new policy and prepared for implementation should the need arise.	
Evidentiary Basis	Document review, observation, interviews	

Provision 2.3 Staffing and Overcrowding	No more than one resident shall be placed in a one-person cell.	
Status	Beginning Compliance	
Discussion	As previously stated, I found no indication that the facility had more than one resident in a room. The facility has developed policies and procedures for this provision.	
Recommendations	<ol style="list-style-type: none"> 1. Develop and provide adequate training for this provision. 2. All training shall be documented. 	
Evidentiary Basis	Document review, observation	

3 Cell Confinement

Provision 3.1 Cell Confinement	Residents shall be engaged in structured, rehabilitative, and educational programming outside of their cells during the hours of 7:00 a.m. to 9:00 p.m. each day, including weekends and holidays.	
Status	Non-Compliance	
Discussion	Please review the introduction as it pertains to activities, recreation and programming. As to the school I direct you to read the introduction and I further recommend that the school be fully evaluated. My review of the files showed that there is no case management within the facility as a whole.	

	According to the residents, their basic recreation consists of playing cards and dominoes. They are allowed to go outside but there are no scheduled activities. Other than sitting on the bleachers and playing basketball those who are engaged in that sport, there was nothing for residents to do. There are no positive behavioral management programs within the facility.
Recommendations	<ol style="list-style-type: none"> 1. Develop policies and procedures for this provision. 2. Review the schedules to be sure that they adequately reflect all daily activities. 3. Develop positive behavior management systems with rewards and consequences. 4. Remove the dark film from the Plexiglas in towers on unit which would allow staff to view the unit without there being visual obstruction (when lights on). 5. Develop monthly recreation schedule. 6. See all of the recommendations for recreation activities and programming and for the school in the introduction.
Evidentiary Basis	Document review, observation, interviews

Provision 3.2 Cell Confinement	Except when residents are in protective custody or confined subject to section 3.3 of this Settlement Agreement, residents placed in the Suicide or Booking cells shall be allowed to spend the hours of 7:00 a.m. to 9:00 p.m. on the appropriate living unit and to have the opportunity to engage in structured, rehabilitative, and educational programming, unless medically counter-indicated.	
Status	Non-Compliance	
Discussion	<p>The facility still has not developed policy and procedures for this provision. During my review, I found that two girls were placed in cells in the booking area because they were suspended from school. If a resident acts out in school there should be a behavioral management process in place to allow the residents to return to school as soon as possible; this should not continue to occur. During this visit I also found a third girl in the booking area the next day because she had been suspended from school. Moreover, the introduction discusses how residents are placed in isolation and are not allowed to attend school. Also, I recommend that students who are disruptive in the classroom and are removed from the classroom receive either behavioral management or are written up and receive due process. However, they should continue to be a part of the educational process. The school needs to revise any policies they may have regarding suspension of students from a school within a controlled environment. A student cannot be suspended from school in a detention facility therefore the school needs to develop a better behavioral management system. If a resident is removed from school due to behavioral problems that resident should never be placed in</p>	

	<p>the booking area.</p> <p>The facility still needs to develop data collection tools to use to determine and identify who is placed on units, time, length etc. when they are placed out of school. The facility remains non-compliant with this provision, therefore I am reiterating that the suggested actions and recommendations from my previous report be reviewed and put into action.</p>
Recommendations	<ol style="list-style-type: none"> 1. Follow recommendations as set forth in section 3.1. 2. Develop adequate policies and procedures for this provision. 3. Develop data collection for residents who are placed in protective custody or confinement. 4. Residents who are removed from school should be placed in a designated living area.
Evidentiary Basis	Document review, observation, interviews

Provision 3.3 Cell Confinement	Residents who pose an immediate, serious threat of bodily injury to others may be confined in their cells for no longer than 12 hours at a time without administrative approval. Residents who are placed on cell confinement for this reason shall be released from their cells daily to attend school, maintain appropriate personal hygiene and to engage in one hour of large muscle exercise. Staff must perform visual checks on residents who are subject to cell confinement every 15 minutes. Staff must document all instances of cell confinement in writing and must document the justification for determining that a resident poses an immediate, serious threat of bodily injury.
Status	Non-Compliance
Discussion	<p>During this visit, I did find that the facility has developed a system for procedural due process for facility violations. However, I did not find any indication of 15 minute checks performed while residents were confined to their rooms. Additionally, I found a resident, J.D., was locked down without any supervisory or administration approval for approximately 16 hours with no defined reason and was not released from his room until the next morning. The facility needs to develop policy and procedures and train staff on the process. I did review the new forms developed and although they are in the beginning stages they are aligned with best practices, however they are not being appropriately used and based on this case the form was thrown in the trash by an officer. See my discussion of this matter in the introduction. Though processes on a few provisions have begun, it is vitally important that policy and procedures are developed to ensure a consistent, comprehensive, and standardized way of running the facility.</p>
Recommendations	<ol style="list-style-type: none"> 1. Develop adequate policies and procedures for this provision.

	<ol style="list-style-type: none"> 2. For residents placed in their rooms, develop forms that indicate the time residents will be in their rooms and post it on their doors. 3. Ensure that supervisors sign off on the form in 15 minute staggered visual checks when residents are placed in their rooms. 4. Develop a system of major and minor consequences for behavior. 5. Develop form for 15 minute checks and include in policy.
Evidentiary Basis	Document review, observation, interviews

Provision 3.4 Cell Confinement	Residents shall not be automatically subjected to cell confinement and/or isolation upon their admission to Henley-Young unless he or she would be subject to cell confinement under section 3.3.	
Status	Non-Compliance	
Discussion	As stated in my previous report, the facility is still coordinating this provision with provision 3.3 and policies and procedure are still in developmental stages. Once completed training and documentation will need to be addressed. However, during my visit on several occasions, I observed residents that were placed in their cells and locked down because there was a lack of staff, with no orientation and no freedom to move about the unit. This can only be addressed when there is enough staff. No residents should be gratuitously subject to lock down, please review my introduction.	
Recommendations	<ol style="list-style-type: none"> 1. Develop adequate policies and procedures for this provision. 2. Ensure all staff is trained and document training. 3. See provision 3.3 	
Evidentiary Basis	Document review, observation	

Provision 3.5 Cell Confinement	At all times between the hours of 7:00 a.m. to 10:00 p.m., at least one direct care staff shall be stationed on any living unit where two or more residents are placed, and direct care staff shall be actively engaged with residents. From 10:00 p.m. to 7:00 a.m., staff shall conduct visual checks on residents every 15 minutes. Henley-Young shall ensure that every cell has an operating intercom that allows residents to communicate with staff at all times.	
Status	Beginning Compliance	
Discussion	The facility has developed a policy and procedures regarding this provision. Again due to the lack of staff it is very difficult for the facility to address this provision. Again I found residents were left unsupervised as stated in my previous reports and this continues to happen. During this visit, residents were left on the unit, visitation and booking area as I stated in my discussion above. On the male units, residents were left in the cells without	

	<p>supervision and on a couple of occasions during my visit, residents were out on the units without supervision. This is extremely dangerous because residents who are angry, more impulsive and without supervision have the potential to harm themselves and other residents. This creates a major liability for the facility. On another occasion, residents were on the unit without supervision although one staff was in the tower. There were doors opened on the unit which also allows for serious things to happen between residents. This is a major area of concern and must be addressed. It continues to make me uneasy as it has during my previous visits. Review of documentation and direct observation reveals that staffing continues to be a major problem at Henley-Young. The facility remains non-compliant with this provision, therefore I am reiterating that the suggested actions and recommendations from my previous report be reviewed and put into action. Since a policy has been developed this provision will move to beginning compliance, see introduction.</p>
Recommendations	<ol style="list-style-type: none"> 1. Develop adequate policies and procedures for this provision. 2. Provide adequate staffing. 3. Provide adequate staff supervision.
Evidentiary Basis	Document review, observation, interviews

4 Structured Programming

Provision 4 Structured Programming	<p>Henley-Young shall administer a daily program, including weekends and holidays, to provide structured educational, rehabilitative, and/or recreational programs for residents during all hours those residents shall be permitted out of their cells, pursuant to section 3.1. Programming shall include:</p> <ol style="list-style-type: none"> a. activities which are varied and appropriate to the ages of the residents; b. structured and supervised activities which are intended to alleviate idleness and develop concepts of cooperation and sportsmanship; and c. Supervised small group leisure activities, such as a wide variety of card and table games, arts and crafts, or book club discussions.
Status	Non-Compliance
Discussion	<p>During this visit I observed none of the ascribed activities being provided to the residents. The facility has developed a daily schedule however because of inadequate staffing, the schedule is not followed. During my visit, I observed residents with very little to do except play cards and dominoes. There were no arts and crafts programs and no structure or supervised activities. The facility still needs to develop this provision. The facility remains non-compliant with this provision, therefore I am reiterating that the suggested actions and recommendations from my previous report be</p>

	reviewed and put into action. The facility has purchased televisions for each unit which are working, further they have contracted with ECCC INC. to provide recreational and activities programming, please see activity, recreation and programming section in introduction.
Recommendations	<ol style="list-style-type: none"> 1. Continue to develop adequate policies and procedures for this provision. 2. Provide adequate schedules for weekdays and weekend programming and act on it. 3. Purchase televisions for each unit and board games for each unit.(Executed) 4. Develop an adequate monthly recreation schedule with age appropriate games and programs.
Evidentiary Basis	Document review, observation, interviews

5. Individualized Treatment Plans Treatment For Post-Disposition Residents

Provision 5.1 Individualized Treatment Plans Treatment Program for Post-Disposition Residents	Henley-Young shall ensure that residents have access to adequate rehabilitative services. Henley-Young shall ensure that children placed in the facility post-disposition will receive constitutionally compliant rehabilitative services.	
Status	Non-Compliance	
Discussion	<p>See the discussion of the 89 day program in the introduction.</p> <p>Since there is no structured programming outside of individual counseling, the County may want to hire case managers to provide initial and ongoing treatment plans, assess family strengths and weaknesses in various areas i.e. education, psychology, and health; develop treatment plans and remedy problems for residents and family for resident within the facility. Also the case manager will identify indicators of goal achievements, specify the person responsible for implementing the resident’s and family’s treatment goals; update treatment plans; and develop discharge plans with recommendations. In addition, the facility needs counselors who are responsible for a resident’s safe adjustment to secure confinement.</p>	
Recommendations	<ol style="list-style-type: none"> 1. Develop adequate policy and procedures to meet this provision. 2. Either fund properly or discontinue the 89 day program. 3. Review light weight residents in program (i.e. disturbing the family peace) and find alternative placement for them. 4. Fund appropriate staffing to develop individualized treatment plans for residents in 89 day program. 5. Develop and fund alternative community programming for residents 	

	<p>in 89 day program that can be serviced in community.</p> <p>6. Hire 3 case managers who are assigned and work for the facility director.</p>
Evidentiary Basis	Document review, observation, interviews

Provision 5.2 Individualized Treatment Plans Treatment Program for Post-Disposition Residents	<p>Henley-Young shall ensure that residents in need of mental health and/or substance abuse treatment and/or who are in the facility post disposition shall have appropriate treatment plans developed and implemented in accordance with generally accepted professional standards of practice for mental health and rehabilitative services.</p>	
Status	Non-Compliance	
Discussion	<p>Based on my review of documents and observation, services are not in place and are still not being provided for this provision. I am reiterating the action and recommendation from my previous report below.</p> <p>Residents entering the facility pre or post disposition (89-day program) still have no treatment plan as it relates to mental health although some residents are being seen by Hinds Behavioral Health counselors. Once a resident enters the facility and the screening shows evidence and warning signs of suicidal ideations, traumatic experiences, depressed moods, and/or somatic complaints etc. that are indicated by the MAYSI-2, the residents should be evaluated and have a treatment plan developed.</p> <p>There is no documentation to show that treatment was provided to residents based on identified warning signs; there are no treatment plans available, and there is no mental health staff available to implement the treatment plans. Also, I found no treatment plans for residents that were currently at the facility or post treatment plans for residents leaving Henley -Young. Interviews with staff showed they were very frustrated with the lack of mental health services at the facility. In addition, there is no functional system in place to address residents with mental health issues or exhibiting mental health behaviors. Also, residents having problems within the school should at least have an IEP to determine whether they are in need of placement within the special education program over and above any need for mental health services. At this point, there is no indication that any mental health services, beyond the MAYSI-2 are being provided other than those services provided by Hinds Behavioral Health which is limited at best. However, I found no documentation of any services provided to residents at Henley-Young (i.e., treatment plans, screenings or evaluations .etc), see introduction.</p>	
Recommendations	<ol style="list-style-type: none"> 1. Develop adequate policies and procedures for this provision. 2. See recommendations under (5.1). 	

Evidentiary Basis	Document review, observation, interviews	
Provision 5.3 Individualized Treatment Plans Treatment Program for Post- Disposition Residents	<p>Henley-Young shall implement policies and procedures for the required content of treatment plans, which shall include;</p> <ol style="list-style-type: none"> a. That the treatment plan be individualized; b. An identification of the mental and/or behavioral health and/or rehabilitative issues to be addressed; c. A description of any mental health, medication or medical course of action to be pursued, including the initiation of psychotropic medication; d. A description of planned activities to monitor the efficacy of any medication of the possibility of side effects; e. A description of any behavioral management plan or strategies to be undertaken; f. A description of any counseling or psychotherapy to be provided; g. A determination of whether the type or level of treatment needed can be provided in the resident’s current placement; and h. A plan for monitoring the course of treatment, and if necessary, for revising the treatment plan. i. A description of the precise terms the of the facility’s long-term and short-term objectives for the residents, the full range of services to be provided, and procedures, and timetables and staff assignments for the implementation of such treatment plan; j. A plan for regularly engaging the family in the resident’s treatment plan; k. A comprehensive re-entry plan that will assist the residents re-enroll in their home school and access medical, mental health, Vocational and rehabilitative services based in the community. 	
Status	Non-Compliance	
Discussion	<p>The facility still has not developed policy and procedures for this provision. Please see previous report. As stated in provision 5.1, the facility still needs to develop the appropriate program structure with adequate staffing, etc. adequate therapeutic treatment, supervision, education etc. Henley-Young is still in Non-Compliance as it relates to this provision. Because there has been no movement on this provision therefore I am reiterating the actions and recommendations from my previous report below see introduction.</p>	
Recommendations	<ol style="list-style-type: none"> 1. Develop comprehensive policies and procedures for this provision that includes the contents (A-K). 2. The County/Court shall define the criteria for the program <ol style="list-style-type: none"> a. It is important that post dispositional programs in other facilities be reviewed. b. Often seeing what is being done in other facilities provides insight into how to develop and operate these programs. 	

	<ol style="list-style-type: none"> 3. Provide dedicated staff to manage program. 4. Provide intensive training to these staff members. <ol style="list-style-type: none"> a. Train staff in various treatment modalities i.e. cognition, behavioral modification, modeling, psychotherapy, reality therapy, group therapy and group dynamics and other skills required to successfully facilitate the goals of the 89 day program. b. Create treatment teams c. Develop case planning and program development d. Assessment of the program to determine if it meets the needs of the court placed residents. e. Assessment tool to regularly monitor the success or lack of success of all residents in the program. 5. Provide auxiliary training to all other direct care staff.
Evidentiary Basis	Document review, observation, interviews

Provision 5.4 Individualized Treatment Plans Treatment Program for Post- Disposition Residents	Henley-Young shall institute a program of periodic staff reviews every three weeks and evaluations of each resident’s progress under his/her individualized treatment plan and of the appropriateness of the plan itself and Henley-Young’s plan for such review.	
Status	Non-Compliance	
Discussion	Based on my review of documents and observation, services are not in place and are still not being provided for this provision. I am reiterating the actions and recommendations from my previous report below. Please see the previous report and provisions 5.1 and 5.3, take note of the discussion of these issues in the introduction.	
Recommendations	<ol style="list-style-type: none"> 1. Develop comprehensive policies and procedures for this provision. 2. Provide training to all staff. 3. Identify roles and responsibilities of direct care, treatment and educational staff as it relates to the staffing for 89 day program through policies and procedures and adequate funding and staffing. 	
Evidentiary Basis	Document review, observation, interviews	

Provision 5.5 Individualized Treatment Plans Treatment Program for Post- Disposition Residents	Henley-Young shall develop and implement a program that provides for evening and weekend programs and activities that allow residents to engage in meaningful activities.	
Status	Non-Compliance	
Discussion	Based on my review of documents and observation, services are not in place and are still not being provided for this provision. I am reiterating the actions and recommendations from my previous report below. The program of the facility is at a standstill as it relates to this provision. There are very few activities on weekends therefore there is no meaningful programmatic structured/activities except for card playing and dominoes, take note of the discussion of these issues in the introduction.	
Recommendations	<ol style="list-style-type: none"> 1. Develop comprehensive policies and procedures to meet the needs for this provision. 2. Provide adequate staffing for this program. 3. Develop a monthly recreational program with activities. 4. Keep records of activities provided and note those that were not provided and why. 5. Purchase board games etc. 6. Hire recreational staff. 	
Evidentiary Basis	Document review, observation, interviews	

Provision 5.6 Individualized Treatment Plans Treatment Program for Post- Disposition Residents	Henley-Young shall develop and implement an adequate quality assurance program.	
Status	Beginning Compliance	
Discussion	The facility's policies and procedures for an individualized treatment program for post disposition residents have not been presented or approved. The facility still is in need of an adequate Quality Assurance program. Although, the facility has hired two Quality Assurance Coordinators and they are developing a quality assurance program for the facility, which is not an overnight development it is in progress. It should be noted that the courts must also be involved in the development of the quality assurance	

	<p>program. There must be a system in place to evaluate the 89-day program when residents are assigned to it. In addition, data should be collected and retained to determine if the program is achieving its expected outcomes. It is very difficult to develop an effective treatment program or individualize treatment plans without an adequate review of the processes in place.</p>
Recommendations	<ol style="list-style-type: none"> 1. Develop comprehensive policies and procedures to meet the needs for this provision for the facility, school program and SICU program. 2. Health Care: continuously assess the quality and adequacy of the health services provided, accurately evaluate the performance of staff providing health services and address identified deficiencies. 3. Recreation and Social programs: continuously assess the quality and adequacy of social and recreational programming provided; accurately evaluate the performance of staff in providing these programs. 4. Environmental Health and Safety: continuously assess the quality and adequacy of environmental health and safety, accurately evaluate the performance of staff in providing a safe and healthy environment and properly address identified deficiencies. 5. Discipline and order: continuously monitor use of discipline and promptly address misuse or over use of discipline and other identified deficiencies. 6. The facility will develop monthly performance measures to indicate achievement in the desired area. 7. Review State of Florida Quality Assurance Model and for assistance in developing contact CJCA Performance Based Standard for Juvenile Detention Programs, also use ACA standards to establish policy guidelines. 8. Develop data collection system
Evidentiary Basis	Document review, observation, interviews

6 Due Process/Isolation/Disciplinary Practices and Procedures

Provision 6.1 Disciplinary Practices and Procedures	<p>Henley-Young shall implement a discipline policy and practice that incorporates positive behavior interventions and supports. This policy shall include guidelines for imposing graduated sanctions for rule violations and positive incentives for good behavior.</p>	
Status	Non-Compliance	
Discussion	<p>This is a critical component of the disciplinary and behavioral management process to ensure residents are treated fair, humane and that there is no misuse of the isolation and disciplinary process, review the introduction regarding this matter. As stated in my previous report, the facility is implementing a due process behavior system which is partially complete. There is still no positive incentive program for good behavior and sanctions</p>	

	for rule violation. Based on my review of documents and observation, positive behavioral intervention and supports are not in place and are still not being provided for this provision. I reiterate, the suggested actions and recommendations from my previous report. The facility should continue to follow the recommendations from the previous report. The facility is making improvement on the due process isolation and practices procedure. Although processes on a few provisions have begun, it is vitally important that policy and procedures are developed to ensure a consistent, comprehensive, and standardized method of running the facility.
Recommendations	<ol style="list-style-type: none"> 1. Develop adequate policies and procedures for this provision. 2. Develop new resident handbook. Residents are to receive these handbooks during orientation. <ol style="list-style-type: none"> a) They shall include resident’s rights, major and minor rule violations and the grievance policy. b) The handbook will explain to residents in their own language the rules and shall also be explained by staff that will have them sign and date a form indicating that both processes have occurred. c) These rules shall be posted on each unit. 3. Due process rules shall be posted on each unit. 4. Develop positive behavior intervention programs. 5. Assign and train an independent person(s) to handle due process isolation hearings. The person(s) must be independent of the unit staff. 6. Ensure residents who are in isolation are provided recreation and education services.
Evidentiary Basis	Document review, observation, interviews

Provision 6.2 Disciplinary Practices and Procedures	Residents who violate major rules may be subject to cell confinement for up to 24 hours for a single rule violation. An occasion in which a resident is alleged to have contemporaneously violated multiple major rule violations shall count as a single rule violation for the purposes of this section. No residents shall be confined to a cell for longer than 8 hours for a single rule violation without receiving written notification of the alleged rule violation and the occurrence of a disciplinary review/due process hearing before an impartial staff member, which includes participation by the accused residents. Under no circumstances shall residents be subjected to involuntary cell confinement for longer than 24 hours for disciplinary purposes. Residents who are placed on cell confinement shall be released daily from their cells to attend school, maintain appropriate personal hygiene, and to engage in one hour of large muscle exercise.
Status	Non-Compliance
Discussion	Based on my review of documents and observation, adequate disciplinary practices and procedures are not in place and are still not being provided for this provision. I am reiterating that the suggested actions and

	recommendations from my previous report be put into action and restated in the introduction.
Recommendations	<ol style="list-style-type: none"> 1. Develop policies and procedures for this provision. 2. Develop sheets to place on door of any residents in confinement that identifies the reason for confinement and is review and signed by supervisor. 3. Ensure residents in confinement receive education and recreation services. 4. See 6.1 recommendations. 5. Provide training for all staff on these policies and procedures.
Evidentiary Basis	Document review, observation, interviews

7 Use of Restraints

Provision 7.1 Use of Restraints Mechanical	Mechanical restraints shall not be used to punish residents or for the convenience of staff. Mechanical restraints shall only be used to prevent self-harm and/or harm to others, subject to section 7.4, and for transportation to and from court, subject to section 7.2.	
Status	Beginning Compliance	
Discussion	As stated in my previous report. The facility continues to follow the policies and procedures of this provision. To move past beginning compliance, staff needs to be trained and all training documented etc. based on recommendations below.	
Recommendations	<ol style="list-style-type: none"> 1. Officers shall receive training on policy and procedures. 2. Officers shall be trained on when it is appropriate to use mechanical restraints. 3. All training shall be documented. 4. The policy will require the documentation of any use of mechanical restraint and use of force incidents. 	
Evidentiary Basis	Document review, observation	

Provision 7.2 Use of Restraints Mechanical	Nothing in this section shall prohibit mechanical restraints from being placed on residents who are being transported to and from court or out of the facility, if staff have reason to believe that a residents presents a flight risk or is an imminent danger to the residents or others, or will engage in violent behavior. However, mechanical restraints should be removed immediately after the resident is placed in a cell and at no time shall a resident be placed in a cell wearing mechanical restraints.	
Status	Beginning Compliance	

Discussion	As stated in my previous report. The facility continues at beginning compliance. To move past beginning compliance, staff needs to be trained and all training documented etc. based on recommendations below.
Recommendations	<ol style="list-style-type: none"> 1. Develop and provide adequate training for this provision. 2. All training shall be documented. 3. The policy will require the documentation of any use of mechanical restraint and use of force incidents. 4. Operationalize the edicts of this provision.
Evidentiary Basis	Document review, observation

Provision 7.3 Use of Restraints	Restraints shall not be used to secure residents to a fixed object such as a restraint chair, bed, post, or chair.	
Status	Beginning Compliance	
Discussion	As stated in my previous report. The facility continues to be in beginning compliance. I found no indication during my visit or interviews that residents were being secured to fixed objects in the facility. However, to move past beginning compliance the facility needs to follow the recommendations (2, 3 and 4) below.	
Recommendations	<ol style="list-style-type: none"> 1. Complete the comprehensive policies and procedures for this provision. 2. Provide training for staff within the facility as described above on this provision and provide documentation of training. 3. Develop and use a mechanical restraint log. 4. Provide training on de-escalation techniques to try to use mechanical restraints only as a regular part of facility transport. 	
Evidentiary Basis	Document review	

Provision 7.4 Use of Restraints	No residents shall be restrained for longer than 15 minutes, unless restraints are approved by a mental health professional or if determined to be necessary under section 7.2 or as reasonably necessary to prevent the residents from engaging in acts of self-harm or harm to others. If a residents must be restrained for longer than 15 minutes in order to prevent self-harm, that residents shall, as quickly as possible, be evaluated by a mental health professional or transported to a mental health facility.	
Status	Non-Compliance	
Discussion	As stated in my previous report, a policy and procedures need to be developed, training etc. as it relates to this provision. There has been no movement on this provision therefore I am reiterating that the suggested	

	actions and recommendations from my previous report be placed into action. The facility needs mental health professionals to help and enhance the development of these policies and procedures as they are the authorities in this area. This provision should be included in policy and procedure development once a mental health professional or agency is retained, please review the introduction.
Recommendations	<ol style="list-style-type: none"> 1. Develop comprehensive policy and procedures for this provision. 2. Provide training for staff on policy and procedures and document training. 3. Provide training on de-escalation techniques. 4. Develop Mental Health protocols for this provision. 5. Hire mental health professional or agency.
Evidentiary Basis	Document review

Provision 7.5 Use of Restraints	Henley-Young shall not use, or allow on the premises, restraint chairs, chemical restraints and/or tasers.	
Status	Beginning Compliance	
Discussion	Based on my most recent visit and my review of documents, I found no indications that restraint chairs, chemical restraints or tasers have been used at the facility. See recommendations below.	
Recommendations	<ol style="list-style-type: none"> 1. Provide training for staff on policies. 2. Document all training provided to all staff. 3. Retrain staff when deemed necessary. 	
Evidentiary Basis	Document review, video	

Provision 7.6 Use of Restraints	Henley-Young shall not subject residents to “hogtying,” which is the practice of placing a resident’s face down on a bed, floor, or other surface, and securing the resident’s hands to his feet.	
Status	Beginning Compliance	
Discussion	Based on my most recent visit and my review of documents, I still find no indication that the facility is violating this provision. The facility does have a policy and procedures developed however there is still a need for training of staff and documentation of all training. See recommendations below.	
Recommendations	<ol style="list-style-type: none"> 1. Provide training for staff on policies 2. Document all training provided to all staff. 	
Evidentiary Basis	Document review	

Provision 7.7 Use of Restraints	When a resident is placed in mechanical restraints, staff must provide one-on-one supervision for the duration of the restraint, except when mechanical restraints are deemed to be necessary for the reasons specified in section 7.2.	
Status	Beginning Compliance	
Discussion	Based on my most recent visit and my review of documents, the facility has developed a policy and procedures for this provision. However, there is still a need for training of staff and documentation of all training. In addition, any residents placed in mechanical restraints should be seen by a medical professional as soon as possible to assess if there are any injuries.	
Recommendations	<ol style="list-style-type: none"> 1. Provide training for staff on policies and procedures. 2. Document all training provided to all staff. 3. Ensure that residents who are placed in mechanical restraints are seen by a medical professional. 	
Evidentiary Basis	Document review	

Provision 7.8 Use of Restraints	Henley-Young shall notify a medical professional whenever a resident is placed in mechanical restraints for reasons other than those specified in section 7.2. A medical professional shall examine the residents as soon as possible after restraints are removed, except when the residents was restrained for the reasons specified in section 7.2.	
Status	Beginning Compliance	
Discussion	Based on my observations and review of documents, I am reiterating that although policies and procedures are developed, there must be adequate training and instruction to ensure that staff complies with policy and procedure. In addition, incident reports must be reviewed by the supervisors to ensure that accurate information is being provided. There is a strong need for accurate and consistent reporting of incidents. When incidents are not reported correctly, the integrity of the reporting system falls into question. This is also a training issue.	
Recommendations	<ol style="list-style-type: none"> 1. Develop comprehensive policies and procedures for this provision.(Executed) 2. Provide training on policies and procedures. 3. Document all training provided to all staff. 4. Ensure that residents who are placed in mechanical restraints are seen by a medical professional. 5. Ensure that information being reported is accurate and consistent. 	
Evidentiary Basis	Document review	

Provision 7.9 Use of Restraints	Hinds County does not currently and shall not in the future allow officers to enter the secure detention area of the facility with any electronic restraints, including, but not limited to, tasers.	
Status	Beginning Compliance	
Discussion	During my recent visit and review of documents, I found no indication that any electronic restraints i.e. tasers had been used. However, there is still a need for training of staff and documentation of all training.	
Recommendations	<ol style="list-style-type: none"> 1. Provide training for staff on policy. 2. Document all training provided to all staff. 	
Evidentiary Basis	Document review	

Provision 7.10 Use of Restraints	Henley-Young is required to ensure that no officer enters the secure detention area of the facility with a firearm.	
Status	Beginning Compliance	
Discussion	The facility has developed policy and procedures for this provision. However, there is still a need for training of staff and documentation of all training.	
Recommendations	<ol style="list-style-type: none"> 1. Provide training for staff on these policies and procedures. 2. Document all training provided to all staff. 3. Have signs displayed at all entrances. 	
Evidentiary Basis	Observation	

8 Use of Force

Provision 8.1 Use of Force	Physical force shall not be used to punish residents. Staff shall only use physical force to stop residents from causing serious physical injury to self or others or to prevent an escape. If physical force is necessary, staff must use the minimum amount required to safely contain the residents. Whenever possible, staff shall avoid the use of force by first attempting verbal de-escalation techniques. Staff shall be required to fully document in writing every instance of use of force.	
Status	Non-Compliance	
Discussion	Based on my review of documents, the facility still needs to develop policies and procedures for this provision. In my review of incident reports, I found that there have been incidents of use of force. However I found no indication that any de-escalation techniques were used. Although officers are doing reports, they are not accurately recording information. When officers are captioning information, it should be truthful, accurate and detailed enough so they can testify on their observations 2 years from now if needed. It appears from reviewing the documents, that there is a major	

	<p>need for de-escalation and proper restraint training and accurate documentation of incidents. In addition, reports must be legible, in plain English, and specific behavioral terms should be used. Regardless of how accurate and useful an observation may be, it has no value to others unless it is recorded legibly. Police and other juvenile detention facilities have addressed the legibility problem by typing their reports. Most agencies are completely computerized, and some are experimenting with lap top computers. Computerized records may eliminate legibility problems for this facility. Some reports are still written in flowing scrip (cursive) and on various forms .There should be one facility wide form used to capture information. This has been stated in my previous reports. In addition, there is a major need for data collection as it relates to use of force. This was also stated in my previous reports. Good data will assist the facility in determining, answers to some of the following examples:</p> <ul style="list-style-type: none"> A. The location of use of force B. The number of use of force incidents C. The number of use of force requiring mechanical restraints D. The type of restraint used E. The number of incidents requiring chemical agents F. The number of incidents involving non lethal security devices (i.e. batons, tasers, etc.) G. The number of use of force incidents resulting in injury to residents or staff H. Plan of action to address each incident (i.e. disciplinary action, staff training or remedial training, resident’s isolation, resident’s behavior management, resident’s mental health screening or evaluation etc.) <p>Please review my previous report.</p>
<p>Recommendations</p>	<ul style="list-style-type: none"> 1. Develop policy and procedures for this provision. 2. Provide training for on policies and procedures 3. Document all training provided to all staff. 4. Adapt an appropriate curriculum for training staff on the use of verbal de-escalation skill and safe use of physical restraints or mechanical restraints. 5. Contact the National Partnership for Juvenile Justice for recommendations on training program in this area. 6. Document and file report when there is use of force. 7. Ensure any time use of force is used residents are seen by a medical professional
<p>Evidentiary Basis</p>	<p>Document review, interviews</p>

Provision 8.2 Use of Force	Henley-Young shall notify a medical professional, including but not limited to the licensed practical nurse on duty whenever physical force is used against a resident. A medical professional shall examine a resident immediately after the use of physical force.	
Status	Non-Compliance	
Discussion	Based on my most recent visit this provision is still non-compliant derived from documentation review, observations, and interviews. Based on my review of documents and observation, Henley-young shall notify a medical professional, including but not limited to the licensed practical nurse on duty whenever physical force is used against a resident. A medical professional shall examine a resident immediately after the use of physical force is not in place and is still not being provided for this provision. I am reiterating the actions and recommendations from my previous report are reviewed and followed. It is also important that appropriate staff be put in place to man the facility 24/7. In my interview with the facility director and the county administrator, they explained that they are working on procuring a contract for medical services to meet the demands of this provision, which will provide the necessary bodies and services to the facility. Once the contract is implemented the County should ensure that policies and procedures are developed that meet the medical standards and needs of the residents in the facility, please review the introduction.	
Recommendations	<ol style="list-style-type: none"> 1. Complete procurement of services as quickly as possible. 2. Develop comprehensive policies and procedures for this provision. 3. Provide training to staff on policies and procedures. 4. Document all training provided to all staff. 5. Review nursing schedule and provide more hours at facility. 6. Provide written documentation of examination of residents by medical professional in every instance. 7. Provide additional medical services after hours and on weekends. 8. Document and file in resident's records when there is use of force. 	
Evidentiary Basis	Document review, observation	

9 Meals and Nutrition

Provision 9.1 Meals and Nutrition	Residents shall be provided three meals and a snack daily. If a residents misses a meal because he or she is attending court, or some other appointment, he or she shall receive the missed meal upon his or her return to detention.	
Status	Beginning Compliance	
Discussion	During this visit, I found there were major complaints regarding food service and food provided to residents at the facility. During a normal review of any institution there is an expectation that residents will make complaints regarding the food. However, each	

	<p>resident interviewed at Henley-Young had major complaints about the food, the portions, and the presentation of the food. During this review I observed the food and the distribution of the food. The breakfast was cold upon arrival and the lunch and dinner meals were also cold upon arrival. An example of how poor the meals were I observed oatmeal that was provided to the residents that was cold, hard and flat and had no liquidity to it; if it were any harder it could be served as an oatmeal cookie (see exhibit #5).</p> <p>Food service is an important part of institutional life. A comprehensive food service program must be developed if the facility is to meet the unique needs of its juvenile population. Juvenile health, nutrition, and morale in this environment are all directly related to the effectiveness of the food service program. Meals served to incarcerated juveniles must be nutritionally balanced and calorically adequate. They must be tasty, appealing, and served in an aesthetically acceptable manner to avoid conduct and behavior problems. If juveniles believe the facility's staff and management have maximized their efforts to provide a healthy and appealing food program, conduct could improve.</p> <p>Juveniles typically have less than desirable eating habits. Nutritional guidelines for juveniles are extrapolations from the recommendations for children and adults. Recommended dietary allowances relate to the general time and rate of the juvenile's growth spurt is very important. Therefore I am recommending a meal pattern that provides nutritionally balanced meals with food items selected from various food components listed below:</p> <ul style="list-style-type: none"> • Breads, cereal, and other grain products (including several servings a day of whole-grain products) • Fruit • Vegetables (includes all types with dark green leafy vegetables and dry beans and peas used several times per week) • Meat, poultry, fish and alternatives (5 to 7 ounces, lean per serving) • Milk, cheese, yogurt, etc. • Fats and sweets (at a minimum) <p>The meals I observed did not meet the above mentioned meal patterns. There has been a decline in food service at Henley-Young.</p>
<p>Recommendations</p>	<ol style="list-style-type: none"> 1. Review portions to ensure residents receive enough food during meals. 2. Develop policy and procedures for this provision.(executed)

	3. Provide training for kitchen staff and all other staff members involved with handling food and preparing meals.
Evidentiary Basis	Document review, observation, interviews

Provision 9.2 Meals and Nutrition	All meals and snacks served to residents at Henley-Young shall, at a minimum, comply with the nutrition guidelines set forth in the United States Department of Agriculture's School Meals Program standards.	
Status	Beginning Compliance	
Discussion	The county has hired ABL Management Incorporated as the new food service vendor for the facility. I have reviewed their manuals and upon my next visit will review reports and inspection checklist. Also during my next visit, I will review training and policy and procedures records. I did interviewed residents and found no major complaints, however during this visit the food service was far below standards, see provision 9.1.	
Recommendations	<ol style="list-style-type: none"> 1. Develop policy and procedures for this provision(executed) 2. Provide training for kitchen staff and all other staff members involved with handling food and preparing meals. 	
Evidentiary Basis	Document review, observation, interviews	

Provision 9.3 Meals and Nutrition	Residents shall be provided access to drinking water throughout the day.	
Status	Beginning Compliance	
Discussion	The facility has not replaced the non-functioning water fountains, therefore, I am reiterating the actions and recommendations from my previous report that shall be reviewed and followed. I have reviewed documents which show the County has conducted an environmental test on the water system and concluded it is safe. The water is still available to the residents through the Igloo coolers that have been purchased and this provision remains at beginning compliance based on my last report. It should be noted that residents continue to complain of not being allowed to have water after outdoor recreation and during school.	
Recommendations	<ol style="list-style-type: none"> 1. Contact County or State Environmental office to conduct test on water system. (executed) 2. Ensure residents receive water during school and recreational periods and at night. 3. Develop a policy for incidents regarding water quality and procedures to address them. 	

	4. Repair inoperable drinking fountains.
Evidentiary Basis	Document review, observation, interviews

10 Clothing

Provision 10 Clothing	Henley-Young shall provide basic clothing items for residents at all times. These items must include, at a minimum, socks, underwear, uniform, shoes, and undershirts. For girls, these items must also include a brassiere. When appropriate, Henley-Young shall also provide residents with a coat, hat, and gloves. Residents must be provided with a clean uniform, socks, undershirt, underwear, and brassiere, if applicable, upon intake and at least once per day. No residents shall be deprived of these basic clothing items for any reason, including, but not limited to, as a punishment, because these items are being washed, or due to overcrowding.	
Status	Beginning Compliance	
Discussion	Although, the facility has developed a policy and procedures for this provision, my discussion with the residents and my observations present a concern. The residents continued to complain that their clothes still have stains on them and the socks have holes. As I stated in my previous report, the facility must develop a system for discarding (torn or wear worn) clothing. I also recommended in my last report that clothing be prewashed which would loosen the soil in the clothing in particular white clothing (i.e. undergarments). Again, there has to be a system for replacing clothing on a regular and consistent basis. The developed policy and procedures that I mentioned above should address some of these issues. I am also recommending as in my previous report, that the facility has dedicated laundry staff to assist in the policy being implemented properly.	
Recommendation	<ol style="list-style-type: none"> 1. Check washer and dryer to ensure they are working properly. 2. Ensure that girls and boys are equally involved in cleaning and folding clothes. 3. Hire 2 laundry staff to ensure clothing is handled properly. 4. Ensure that all staff and residents wear protective material (smocks and gloves) when handling chemicals and clothing. 5. Discard clothing that is torn, dingy and in poor condition. 6. Develop a system for replacing clothing on a regular and consistent basis. 7. Develop schedule for distribution. 8. Develop a system for prewashing clothing (i.e. undergarments etc.) 	
Evidentiary Basis	Document review, observation, interviews, photographs	

11 Hygiene and Sanitation

Provision 11.1 Hygiene and Sanitation	Residents shall be provided with the means to maintain appropriate hygiene, including soap and shampoo for showers, which will occur at least once daily, soap for washing hands after each time the residents uses the toilet, and toothpaste and a toothbrush for tooth brushing, which will occur at least twice daily, a comb and brush, that if shared, shall be sterilized between uses by residents. Girls must be provided with panty liners on a daily basis and other feminine products as needed. Residents will be issued a comb and brush upon entering the facility; however, if residents are issued a recycled comb or brush or a comb or brush that has been used by another residents, Henley-Young shall ensure that the comb and brush is sterilized and in good condition.	
Status	Beginning Compliance	
Discussion	Since my last visit, the facility has moved to beginning compliance with this provision. The facility now needs to provide training and ensure that the process outlined in the policy and procedures is followed. During this visit, residents still complained that they were using each other's deodorant and soap. Also, residents continue to complain that other residents were using items from their hygiene kits. These areas should be addressed as soon as possible and the recommendations below are based on my previous report.	
Recommendations	<ol style="list-style-type: none"> 1. Ensure that hygiene kits are properly labeled and residents are not sharing each other's hygiene products or items. 2. Ensure items such as hair brushes, if shared, are sterilized and in good condition. 3. Provide training for staff on these policies and procedures. 4. Ensure that clean face towels are available for residents. 5. Develop a schedule for distribution of hygiene kits. 	
Evidentiary Basis	Document review, observation, interviews	

Provision 11.2 Hygiene and Sanitation	Residents shall be provided with sleeping mats and blankets that are clean and odorless sleeping mats shall be sanitized between uses by residents, and residents shall receive clean blankets weekly.	
Status	Beginning Compliance	
Discussion	Policies and procedures have been developed. The facility now needs to provide training to ensure that the process outlined in the policies and procedures is followed. During this visit, I did find blankets and mattresses that needed discarding and others that needed to be cleaned (see exhibit-#7). The facility needs now to follow the recommendation below.	
Recommendations	<ol style="list-style-type: none"> 1. Discard all blankets and mattresses that are tattered and have holes in them. 	

	<ol style="list-style-type: none"> 2. Clean and maintain laundry area in orderly fashion. 3. Develop forms or system of documentation for distribution and inventory 4. Label and designate an area for towels, sheets, clothing etc.
Evidentiary Basis	Document review, observation

Provision 11.3 Hygiene and Sanitation	Under no circumstances shall residents be deprived of mats and blankets.	
Status	Beginning Compliance	
Discussion	The facility has moved to beginning compliance for this provision. Now there needs be training to ensure that the process outlined in the policy and procedures is followed. During my interviews with residents, I found no indication that residents were being deprived of mats and blankets however I found mats and blankets that were in disrepair and ragged and should be discarded and replaced, (see exhibit-#7).	
Recommendations	<ol style="list-style-type: none"> 1. Provide training to staff on policy and procedures. 2. Develop system for inventory and distribution 	
Evidence	Observation, interviews and document review	

Provision 11.4 Hygiene and Sanitation	Henley-Young shall maintain a sufficient number of clean, sanitary mats and blankets that correspond with the facility's maximum capacity.	
Status	Beginning Compliance	
Discussion	The facility has moved to beginning compliance for this provision. The facility now needs to provide training to ensure that the process outlined in the policy and procedures is followed. During my interviews with residents, I found no indication that residents were being deprived of mats and blankets see provisions 11.2 and 11.3 for further explanation.	
Recommendations	<ol style="list-style-type: none"> 1. Develop policies and procedures for this provision. (executed) 2. Provide training to staff on policy and procedure. 3. Provide an inventory of mats and blankets. 	
Evidentiary Basis	Observation, interviews and document review	

Provision 11.5 Hygiene and Sanitation	Residents shall be provided with a clean, sanitary environment.	
Status	Beginning Compliance	
Discussion	As stated in my previous report, the facility had begun to make environmental improvements in the physical plant however during this visit I found the facility is again falling into disrepair, it is dirty and not being maintained. Building maintenance is an ongoing and continuous process. Please review the introduction.	
Recommendations	<ol style="list-style-type: none"> 1. Develop policies and procedures for this provision. (executed) 2. See areas in discussion that should be addressed. 3. Develop housekeeping and cleaning schedule. 4. Develop checklist or inspection report for each unit and area of building. 5. Develop work order system to ensure that when problem arise they are addressed. 6. Develop corrective action plans as needed. 7. Provide training for staff on policy and procedures. 8. Ensure delivered food items are dated and rotated from old to new. 	
Evidentiary Basis	Document review, observation, interviews	

Provision 11.6 Hygiene and Sanitation	Hinds County shall ensure that Henley-Young complies with relevant law regarding fire safety, weather emergencies, sanitation practices, food safety, and the elimination and management of environmental toxins.	
Status	Non-Compliance	
Discussion	Based on my review of documents and observation, policies and procedures are not in place and are still not being provided for this provision. I am reiterating that the actions and recommendations from my previous report be reviewed and followed.	
Recommendations	<ol style="list-style-type: none"> 1. Develop policies and procedures and plans for fire safety, evacuation etc. 2. Develop adequate staff training regarding fire safety. 3. Properly maintain and repair fire equipment. 4. Ensure intercom systems are operating properly. 5. Ensure all mattresses used by residents are fire resistant. 6. Routinely test all fire equipment and system. 7. Ensure that all electrical outlets, wires and equipment (lights) are properly working. 8. Develop work order system to ensure items are repaired. 9. Ensure that all areas in this provision are addressed by a certified professional. 	

Evidentiary Basis	Document review, observation	
Provision 11.7 Hygiene and Sanitation	Residents shall be provided with clean drinking glasses and eating utensils.	
Status	Beginning Compliance	
Discussion	The facility has moved to beginning compliance for this provision. During my visit to the facility, I did not find and did not receive any reports of unclean drinking glasses or eating utensils. Please see provision 9.3.	
Recommendations	<ol style="list-style-type: none"> 1. Develop policies and procedures for this provision. (executed) 2. See provision 9.3. 	
Evidentiary Basis	Document review, observation and interviews	

12 Medical Care

Provision 12.1 Medical Care	The parties agree, however, that henceforth, Henley-Young shall provide residents with adequate medical care, including: prompt screenings; a full physical exam within 72 hours after their detention hearing or disposition order, as applicable; access to medical professionals and/or prescription medications when needed; and prompt transportation to a local hospital in the case of a medical emergency. Hinds County is responsible for procuring and/or paying for all medications provided to residents.	
Status	Non-Compliance	
Discussion	<p>During this visit, I reviewed medical files. The documents reviewed are in poor condition, at best. Multiple dates are scratched out on a single page. It is not known if the health assessment data listed is current because of the re-dating of the document. There is no indication next to the questions as to whether to the answers were asked on the document is of a current admission or from previous ones. A new history and physical examination should be completed with each admission and maintained in one file in chronological order by date of admission (most current information first). The current documentation, poses a great liability to the County and risk of medical error for the residents. As it relates to documentation, there were multiply entries that had dates but no times, lack of signatures of medical personnel. Some of the documents reviewed had no indication of the resident's name, date of birth or admission date including the year. Other documents reviewed did not include the year in which the residents were seen. Each resident should have a separate medical file. However, during my review of documents I found files that had multiple names with some scratched through and others with different resident's names on both sides of tab. These are serious issues that must be addressed immediately. As stated in my introduction, the County should develop a connection with the</p>	

	<p>University of Mississippi Medical Center and schools of nursing in the community. This is a viable option that other communities around the country are utilizing to assist the medical department with its lack of staff. These schools provide an excellent training ground for medical professionals. The County is soliciting proposals for medical providers to provide medical care for the residents. However, no contract has been signed. The County has the responsibility to maintain medical care and provide medication and all other needs for residents. On this provision, I am reiterating that the actions and recommendations from my previous report should be reviewed and followed. The County must look at the medical filling system in place at this point and change it to meet contemporary medical standards, see addition discussion in the introduction.</p>
<p>Recommendations</p>	<ol style="list-style-type: none"> 1. Develop policies and procedures for this provision. 2. Develop policies and procedures and protocols based on standards for Health Services in Juvenile Detention and Confinement facilities. 3. Provide training for staff members who administer medication to residents on proper usage and possible side effects. Also, train the staff on emergency protocols if side effects occur. 4. Have a licensed medical professional review and sign off on policy and procedures. 5. Have a licensed health professional periodically review and provide supervision to the nurse at facility. 6. Develop forms to coincide with provision. 7. Remove medication from bags and place them in secure, organized areas and develop forms to determine what medications are present in the facility at all times. 8. Hire or have on contract a physician to review medical area. 9. Ensure that residents receive vision exams, dental screenings, mental health screenings, hearing tests, etc. 10. Order folders with 2 dividers, end tab, classification folders in letter size with 2 prongs for medical charts.
<p>Evidentiary Basis</p>	<p>Document review, observation, interviews</p>

<p>Provision 12.2 Medical Care</p>	<p>Henley-Young shall ensure that a medical professional is available to examine residents confined at the facility to identify and treat medical needs, when necessary.</p>	
<p>Status</p>	<p>Non-Compliance</p>	
<p>Discussion</p>	<p>Based on my review of documents and observation, the provision states, “Henley-Young shall ensure that a medical professional is available to examine residents confined at the facility to identify and treat medical needs, when necessary”, is not in place and is still not being provided for this provision. The County is soliciting proposals for medical providers to</p>	

	provide medical care for the residents. However, no contract has been signed. The facility still has the responsibility of maintaining medical care and medication for all of the health needs of the residents. On this provision, I am reiterating that the actions and recommendations from my previous report should be reviewed and followed, (see the introduction.)
Recommendations	<ol style="list-style-type: none"> 1. Hire qualified medical professional for nights and weekend care. 2. Develop policies and procedures for this provision. 3. Provide training for staff on this provision.
Evidentiary Basis	Document review, observation, interviews

Provision 12.3 Medical Care	Henley-Young shall implement its sick call policy and practice which ensures that confined residents who request non-emergency medical attention are examined by a medical professional within 24 hours of a residents placing him or herself on sick call, excepting weekends and holidays.	
Status	Non-Compliance	
Discussion	Based on my review of documents and observation, services are not in place and are still not being provided for this provision. The county is soliciting proposals for medical providers to provide medical care for the residents. However, no contract has been signed. The facility still has the responsibility of maintaining medical care and medication for all of the health needs of the residents. On this provision, I am reiterating that the actions and recommendations from my previous report should be reviewed and followed, (see introduction.).	
Recommendations	<ol style="list-style-type: none"> 1. Develop policies and procedures for this provision. 2. Place a kite box on each unit. 3. Provide training for staff on this provision. 4. Nurse or designated person, making daily rounds to retrieve kites (Request for Medical Service Forms). 	
Evidentiary Basis	Document review, observation, interviews	

Provision 12.4 Medical Care	Prescription medications shall only be distributed by licensed medical staff or Henley-Young staff who has been trained by licensed medical personnel.	
Status	Non-Compliance	
Discussion	Based on my review of documents and observation, the provision states that “prescription medications shall only be distributed by licensed medical staff or Henley-Young staff who has been trained by licensed medical personnel”, is not in place and is still not being provided for this provision. The County is soliciting proposals for medical providers to provide medical care for the residents. However, no contract has been signed. The facility	

	still has the responsibility of maintaining medical care and medication for all of the health needs of the residents. On this provision, I am reiterating that the actions and recommendations from my previous report should be reviewed and followed (see introduction.).
Recommendations	<ol style="list-style-type: none"> 1. Develop policies and procedures to address this provision. 2. These policies and procedures must include the appointment of a medication administration protocol. 3. There must be a medication record of all medicines administered. <ol style="list-style-type: none"> a. One record to reflect all medicines leaving the pharmacy; b. An additional record kept in each resident's case file. 4. Ensure that the training is comprehensive make certain that all medical contingencies are considered. 5. The staff should be trained on what side effects to look for drugs commonly prescribed to residents with mental health needs. 6. Provide training to staff on the policy and procedures for this provision. 7. All training should be documented and conducted annually.
Evidentiary Basis	Document review, observation, interviews

Provision 12.5 Medical Care	Medical and mental health services shall be provided in a manner that ensures the confidentiality of resident's health information.	
Status	Non-Compliance	
Discussion	Based on my review of documents and observation, services are not in place and are still not being provided for this provision. The County is soliciting proposals for medical providers to provide medical care for the residents. However, no contract has been signed. The facility still has the responsibility of maintaining medical care and medication for all of the health needs of the residents. On this provision, I am reiterating that the actions and recommendations from my previous report should be reviewed and followed (see introduction.).	
Recommendations	<ol style="list-style-type: none"> 1. Develop policies and procedures to address this provision. 2. Get HIPAA requirements and institute them the facility. 3. Designate the persons who have access to the resident's medical records within the facility and outside of the facility, but within the juvenile justice system. 4. Provide training to staff on policies and procedures. 5. Provide training to staff on HIPAA requirements, and document training. 6. Designate a HIPPA Privacy Officer. 	
Evidentiary Basis	Document review, observation, interviews	

Provision 12.6 Medical Care	Henley-Young shall develop procedures for monitoring residents who require individualized attention because of medical issues that do not involve requiring the residents to sleep on a mat in the visitation room.	
Status	Non-Compliance	
Discussion	Based on my review of documents and observation, services are not in place and are still not being provided for this provision. The County is soliciting proposals for medical providers to provide medical care for the residents. However, no contract has been signed. The facility still has the responsibility of maintaining medical care and medication for all of the health needs of the residents. On this provision, I am reiterating that the actions and recommendations from my previous report should be reviewed and followed (see introduction.).	
Recommendations	<ol style="list-style-type: none"> 1. Develop policies and procedures to address this provision. 2. Develop processes of continuous monitoring residents with stable medical issues, i.e. the care for diabetic residents who are on an insulin regiment. <ol style="list-style-type: none"> a. What are the medical requirements of the residents who need monitoring? b. Who is responsible for the monitoring? c. How are the records kept of the monitoring? 3. Provide training to staff on the policies and procedures for this provision. 4. Annual competency training. 	
Evidentiary Basis	Document review, observation	

13 Mental Health Care

Provision 13.1 Mental Health Care	Henley-Young's contractor, Hinds Behavioral Health Services, shall provide adequate mental health services to all confined residents with a mental health diagnosis or serious mental health need, as indicated by the MAYSI-2. This shall include, but is not limited to, the provision of individual and group counseling sessions upon the request of a residents or the resident's parent/guardian, access to a mental health professional at the detention center, and the distribution and medical monitoring of psychotropic medications by a medical professional.	
Status	Non-Compliance	
Discussion	Based on my review of documents and observation, services are not in place and are still not being provided for this provision. I am reiterating that the actions and recommendations from my previous report should be reviewed and followed. It is without question that there are residents entering this facility that need access to structured mental health services (i.e. residents J.D., T.M., D.D., T.B., H.P., and D.B.). There are still inadequate mental health services at this facility. Generally accepted professional standards	

	<p>require that mental health counseling be provided frequently and consistently enough to provide meaningful intervention for residents. Although residents may be seen by Hines Behavioral Health Services, is no documentation from the Services that indicate the needs of the residents or any planned strategies for the residents once they return to the facility. The Henley-Young mental health counseling is inadequate to the needs of mentally ill residents in both frequency and content. My review of records reveals no evidence of any counseling or use of any treatment plans or strategies. It should be noted that treatment planning, including identifying symptoms and behaviors is a critical part of effective treatment for residents with mental health illness or problems. An effective program should communicate treatment plans for mentally ill residents to all staff involved in the management of the residents in this detention facility and services should be coordinated prior to their implementation. Although some residents who are in need of mental health services are in the 89-day program and are assigned case managers, these individuals have no mental health training and they serve primarily as liaisons between the facility and the courts rather than focusing on coordinating care at the facility for mentally ill residents.</p>
<p>Recommendations</p>	<ol style="list-style-type: none"> 1. Ensure that the facility has a Standardized Assessment Tool i.e. the MAYSI-2 to use during the intake process. 2. Develop policies and procedures to address this provision. 3. Provide training to staff on policies and procedures and provide documentation of training. 4. Develop documentation that will track resident’s progress during their stay at facility. 5. Ensure there is communication between Hines Behavioral Health Services, Juvenile Court Case Managers and Facility Staff on residents receiving mental health services.
<p>Evidentiary Basis</p>	<p>Document review, observation, interviews</p>

<p>Provision 13.2 Mental Health Care</p>	<p>Residents who are confined for longer than thirty (30) continuous days and who are prescribed psychotropic medications, shall be evaluated by a psychiatrist every thirty (30) days. Such evaluations may be performed by and through employees of Hinds Behavioral Health.</p>	
<p>Status</p>	<p>Non-Compliance</p>	
<p>Discussion</p>	<p>Based on my review of documents and observation, services are not in place and are still not being provided for this provision. I am reiterating that the actions and recommendations from my previous report should be reviewed and followed, please review the introduction.</p>	
<p>Recommendations</p>	<ol style="list-style-type: none"> 1. Develop policies and procedures to address this provision. 2. Provide training to staff on policies and procedures. 	

Evidentiary Basis	Document review, observation, interviews
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Provision 13.3 Mental Health Care	Within 72 hours of a resident's admission to the facility, staff shall develop individual mental health treatment plans for residents who are under the care of a mental health provider. Treatment plans shall emphasize continuity of care and shall ensure that whenever possible, residents are transported to appointments with their regular mental health provider, whether the appointments are standing or made after the resident's initial detention.	
Status	Non-Compliance	
Discussion	Based on my review of documents and observation, services are not in place and are still not being provided for this provision. I am reiterating that the actions and recommendations from my previous report should be reviewed and followed, please review introduction.	
Recommendations	<ol style="list-style-type: none"> 1. Develop policies and procedures to address this provision. 2. Provide training to staff on policies and procedures. 3. Policies and procedures shall be reviewed and signed by a licensed mental health professional (psychiatrist, etc.). 	
Evidentiary Basis	Document review, observation, interviews	

Provision 13.4 Mental Health Care	Henley-Young shall develop and implement policies and procedures for referring residents in need of psychiatric services to a licensed psychiatrist for a timely mental health evaluation. Such services may be provided by and through employees of Hinds Behavioral Health.	
Status	Non-Compliance	
Discussion	Based on my review of documents and observation, services are not in place and are still not being provided for this provision. I am reiterating that the actions and recommendations from my previous report should be reviewed and followed please review introduction.	
Recommendations	<ol style="list-style-type: none"> 1. Develop policies and procedures to address this provision. 2. Provide and document training to staff on policies and procedures. 	
Evidentiary Basis	Document review, observation, interviews	

Provision 13.5 Mental Health Care	Hinds County shall employ or contract for sufficient psychiatric services to permit a psychiatrist to fulfill the following functions: <ol style="list-style-type: none"> a. conduct needed psychiatric evaluations prior to placing residents on psychotropic medications; b. Monitor, as appropriate, the efficacy and side effects of psychotropic medications; c. Participate in treatment team meetings for residents under the psychiatrist's care; d. Provide individual counseling and psychotherapy when needed; e. Evaluate and treat in a timely manner all residents referred as possibly being in need of psychiatric services; and f. Provide adequate documentation of treatment. g. All evaluations and services outlined above may be performed and/or provided by and through employees of Hinds Behavioral Health or any other duly qualified Mental Health agency. 	
Status	Non-Compliance	
Discussion	Based on my review of documents and observation, services are not in place and are still not being provided for this provision. I am reiterating that the actions and recommendations from my previous report should be reviewed and followed please review introduction.	
Recommendations	<ol style="list-style-type: none"> 1. Develop policies and procedures to address this provision. 2. Provide training to staff on policy and procedures and document training. 	
Evidentiary Basis	Document review, observation	

Provision 13.6 Mental Health Care	The psychiatrist and/or counselors shall review, if necessary, incident reports, disciplinary reports, suicide watch logs, and lockdown logs of residents under their care to determine whether their treatment is working and, if not, how it should be modified.	
Status	Non-Compliance	
Discussion	Based on my review of documents and observation, services are not in place and are still not being provided for this provision. I am reiterating that the actions and recommendations from my previous report should be reviewed and followed please review introduction.	
Recommendations	<ol style="list-style-type: none"> 1. The mental health of the residents in the custody of the facility needs to be closely monitored at all times. 2. The facility needs to develop policies and procedures to address this provision. 3. Provide and document training to staff on policies and procedures and document training. 4. Facility needs documentation from a mental health organization on 	

	plan of action for residents receiving a mental health services.
Evidentiary Basis	Document review, observation

14 Suicide Prevention

Provision 14.1 Suicide Prevention	Henley-Young shall develop a multi-tiered suicide prevention policy that has at least three stages of suicide watch. Suicide watch shall not be used as punishment. The “suicide cell” shall be reserved for residents for whom the “suicide cell” is deemed necessary in conjunction with this suicide prevention policy.	
Status	Beginning Compliance	
Discussion	The facility has moved to beginning compliance for this provision. The facility has developed policy and procedures for this provision. Now the facility must develop training programs to ensure that staff learn and adhere to the policy and procedures. Further, staff must become familiar with the process. Once the facility hires a new mental health provider, they must ensure that the suicide prevention policy is included in the overall mental health program, please review introduction.	
Recommendations	<ol style="list-style-type: none"> 1. Develop policies and procedures to address this provision. (executed) 2. Provide and document training for staff on policy and procedure. 3. Facility needs to ensure that the suicide prevention policy is included in the overall mental health program. 	
Evidentiary Basis	Document review, observation	

Provision 14.2 Suicide Prevention	Any residents placed on the highest level of suicide watch shall be evaluated by a mental health professional, ideally within 12 hours, but in no case longer than 24 hours of his or her placement on suicide watch. If a resident on the highest level of suicide watch is not evaluated by a mental health professional within 24 hours, the residents shall immediately be transported to a local mental health facility or emergency room for evaluation and/or treatment.	
Status	Beginning Compliance	
Discussion	The facility has moved to beginning compliance for this provision. The facility has developed policy and procedures for this provision. Now, there must training programs developed to ensure that staff members adhere to the policy and procedures and that they are familiar with the process. Once the facility hires a new mental health provider, they must ensure that the suicide prevention policy is included in the overall mental health program, please review introduction.	

Recommendations	<ol style="list-style-type: none"> 1. Develop policies and procedures to address this provision. (Executed) 2. The facility needs mental health professionals to help and enhance the development of these policies and procedures as they are the authorities in this area. 3. Provide training for staff on policies and procedures and document training. 4. Identify a mental health agency to help develop policies, procedures and protocols. 5. Facility needs to ensure that the suicide prevention policy is included in the overall mental health program.
Evidentiary Basis	Document review, observation

Provision 14.3 Suicide Prevention	Residents on suicide watch shall participate in recreation, school, and any other structured programming. Residents shall not be required to wear a "suicide gown" unless locked in a cell. Staff shall closely monitor residents on suicide watch, which includes logging activities every 15 minutes.	
Status	Beginning Compliance	
Discussion	The facility has developed policy and procedures for this provision which has moved it to beginning compliance. Now a training program must be developed to ensure that staff members adhere to the policy and procedures and that they are familiar with process. Once the facility hires a new mental health provider, they must ensure that the suicide prevention policy is included in the overall mental health program, please review introduction.	
Recommendations	<ol style="list-style-type: none"> 1. Develop policies and procedures to address this provision with the assistance of a mental professional. (Executed) 2. Provide and document training for staff on policies and procedures. 3. Facility needs to ensure that the suicide prevention policy is included in the overall mental health program. 4. The facility needs mental health professionals to help and enhance the development of these policies and procedures as they are the authorities in this area. 	
Evidentiary Basis	Document review, observation	

Provision 14.4 Suicide Prevention	When a resident is placed on any level of suicide watch, a report shall be made within 24 hours to the resident's court, as well as to the resident's guardian, and his or her defense attorney.	
Status	Beginning Compliance	

Discussion	The facility has developed policy and procedures for this provision which has moved it to beginning compliance. Now a training program must be developed to ensure that staff members adhere to the policy and procedures and that they are familiar with process. Once the facility hires a new mental health provider, they must ensure that the suicide prevention policy is included in the overall mental health program, please review introduction.
Recommendations	<ol style="list-style-type: none"> 1. Develop policies and procedures for making and distributing the reports in this provision. (Executed) 2. Provide training for staff on policies and procedures and document training. 3. Facility needs to ensure that the suicide prevention policy is included in the overall mental health program 4. The facility needs mental health professionals to help and enhance the development of these policies and procedures as they are the authorities in this area.
Evidentiary Basis	Document review, observation

15 Family Support and Interaction

Provision 15.1 Family Support and Interaction	Visitation shall not be restricted or withheld from residents unless the detention center director determines that a visit will violate the security of Henley-Young or will endanger the safety of residents, visitors, or staff. Visitation should not be restricted as a form of punishment.	
Status	Beginning Compliance	
Discussion	Although the facility still maintains beginning compliance with this provision, it should be noted that because of varying staffing issues, the facility has had to divert from the new policy at times and return to the previous visitation program, which did not allow for contact visits. As stated in my previous report, the facility must ensure that there is proper staffing available to provide for the visitation process to maintain reliability in it. Please review the staffing section of the introduction.	
Recommendations	<ol style="list-style-type: none"> 1. Provide and document training for staff on policies and procedures. (Executed) 2. Provide and document training for staff on policies and procedures. 3. Ensure that there is proper staffing availability to maintain reliability. 	
Evidentiary Basis	Document review, observation and interviews	

Provision 15.2 Family Support and Interaction	Within 90 days of the effective date of this Settlement Agreement, Henley-Young shall provide accommodations that allow residents to have contact visits with their families.	
Status	Beginning Compliance	
Discussion	During this visit, I did review the visitation process and found that parents and residents were pleased with the new program. However, as stated in the previous provision 15.1, the facility must ensure that there is consistency in the visitation program. The current visitation schedule includes Tuesdays, Thursdays and Saturdays, according to the Director. The new visitation program will be more accommodating for parents and will be on Thursdays, Saturdays and Sundays. As in my previous report, the facility must ensure that there is enough staff to accommodate the program. In addition, staff must be trained to ensure that policies and procedures are being followed. With the addition of visitation on the weekends, this should reduce residents being "locked down" in their rooms for lack of supervision. The visitation program should be incorporated into the overall facility program that will help with providing a better structure, please review introduction.	
Recommendations	<ol style="list-style-type: none"> 1. Develop policies and procedures to address this provision. (Executed) 2. Identify area where contact visitation will take place. 3. Provide and document training for staff on policies and procedures. 4. Ensure that there is proper staffing availability to maintain reliability. 5. Ensure that visitation program is included in the overall facility program. 	
Evidentiary Basis	Document review, observation and interviews	

Provision 15.3 Family Support and Interaction	Visitation shall be regularly scheduled at least three times per week, which shall include evening and/or weekend visitation times in order to encourage family visitation. Henley-Young shall permit the minor siblings of confined residents to participate in visitation, as long as the minors' parent or guardian is present during the visit and the siblings are not harmful to the residents who are detained at Henley-Young. Henley-Young shall also permit a confined resident's own child (ren) to participate in visitation	
Status	Beginning Compliance	
Discussion	See provision 15.1 and 15.2	
Recommendations	<ol style="list-style-type: none"> 1. Develop policies and procedures and practices to address this provision. (Executed) 2. Provide and document training for staff on policies and procedures. 3. Ensure that there is proper staffing availability to maintain 	

	reliability. 4. Ensure that visitation program is included in the overall facility program.
Evidentiary Basis	Document review, observation and interviews

Provision 15.4 Family Support and Interaction	Residents may receive phone calls from their attorneys. At the discretion of the Director or assignee, in emergency situations, residents may receive phone calls from parents, primary caretakers, or legal guardians. Emergency phone calls and phone calls from attorneys should not be restricted as a form of punishment.	
Status	Beginning Compliance	
Discussion	The facility has developed a policy and procedures for this provision. Based on my review of the policy, additional phone privileges will be a part of the new behavioral management system once it is implemented. However, there is no indication that residents are allowed to mail letters as part of access to supportive relationships that residents have with families and others in the community. This (mail) is a major part of the rehabilitative process. Staff now needs to be trained on policies and procedures and the facility should ensure that policy and procedures are being supported.	
Recommendations	<ol style="list-style-type: none"> 1. Develop policies and procedures and practices to address this provision. (Executed) 2. Provide and document training for staff on policies and procedures. 3. Ensure that there is proper staffing availability to maintain reliability. 4. Ensure that residents are allowed to mail letters.(County will pay for postage) 	
Evidentiary Basis	Document review, observation and interviews	

16 Miscellaneous Provisions

Provision 16.1 Miscellaneous Provisions	Male and female residents shall be provided with equal access to educational and rehabilitative services, medical care, and indoor and outdoor recreation.	
Status	Beginning Compliance	
Discussion	The facility has developed a policy and procedures for this provision. However during my visit, I found that female residents were still assigned to laundry detail. In addition, according to the female residents I interviewed, they rarely participated in outside activities and, when they did, it consisted mostly of sitting on the bleachers because the male residents were using the basketball court and they are not allowed on the	

	court while the males were outside using it. If they were allowed to use the court, there is only one basketball goal usable.
Recommendations	<ol style="list-style-type: none"> 1. Develop policies and procedures and practices for this provision. (Executed) 2. Cease in the designation of female residents as being solely responsible for laundry; this is a duty male residents can perform as well as females. 3. Develop monthly recreational schedules. 4. Develop comprehensive facility schedules. 5. Provide training for staff on policies and procedures and document training. 6. Ensure that there is proper staffing availability to maintain reliability. 7. Repair court and goal area.
Evidentiary Basis	Document review, observation, interviews

Provision 16.2 Miscellaneous Provisions	The parties agree, however, that henceforth: All residents shall have the opportunity to engage in at least one hour of large muscle exercise a day.	
Status	Non-Compliance	
Discussion	<p>Based on my interviews with residents and my review of documents and observation, the residents are beginning to spend more time out of their cells during the weekdays. It should be noted that the County has purchased televisions for each unit and according to the residents; there are less fights and arguments on the units when they are out watching television. However, during the weekends, there are no planned programs for them to participate in and they are locked in their cells excessively. The majority of the residents I interviewed advised me that being out of their cells is determined by “what staff is working and if there is enough staff on duty and how staff are feeling”. There must be an organized recreational program in place with schedule to address this, please review introduction.</p>	
Recommendations	<ol style="list-style-type: none"> 1. Develop policies and procedures and implement practices to address the needs of this provision. 2. Develop and implement programming and recreational schedules. 3. Provide and document training for staff on policies and procedures. 4. Ensure that there is proper staffing availability so that residents are not unnecessarily “locked” in their cells. 	
Evidentiary Basis	Document review, observation, interviews	

Provision 16.3 Miscellaneous Provisions	Henley-Young shall implement a policy which prohibits staff from insulting residents or calling them names, and using profanity in the presence of residents	
Status	Beginning Compliance	
Discussion	The facility has developed a policy and procedures for this provision. During my interviews with residents they still complained about the staff's use of profanity. Although some residents said that "it's not as bad as it used to be" another residents explained that "staff respects us as long as we respect them". Since the policy has been developed for this provision, the facility administration must train staff and ensure staff adheres to the policy. In addition, the facility administration should ensure that there is a constant vigilance that promotes positive language by residents and staff.	
Recommendations	<ol style="list-style-type: none"> 1. Develop policies and procedures and practices to address the needs of this provision. (Executed) 2. Provide training to staff in the proper de-escalation techniques of residents. 3. Administration must provide enough supervision to reduce or eliminate insulting behavior by staff. 4. Discipline and retrain staff as needed. 5. Provide training for staff on policies and procedures and document training. 6. Hire an independent person to investigate allegations of abuse or complaints regarding staff by residents. (Executed) 	
Evidentiary Basis	Document review, observation and interviews	

Provision 16.4 Miscellaneous Provisions	Henley-Young shall implement an adequate grievance policy that is accessible to all residents regardless of literacy levels, and that provides residents with the opportunity to appeal facility level determinations. Residents shall obtain the grievance forms from the school liaison.	
Status	Beginning Compliance	
Discussion	Based on my interviews with residents and my review of documents, residents do not have confidence in the grievance process. Most residents said they were not aware of the grievance process and some residents advised me that they never filed a grievance. As stated in my previous reports, the mark of a good grievance system is that residents do file grievances. Most juvenile facilities have a resident's grievance system in place to allow residents to seek a resolution to problems that they may be having while at the facility. Typically, juveniles use the grievance system to attempt to resolve issues they may have with the application of facility rules, concerns about living conditions or food, problems with missing property, conflicts with other residents or staff, or seeking some sort of other assistance. All grievances should be tracked by the grievance	

	<p>coordinator to assure that a response is given. The nature, topic or presenting problem should be categorized and tabulated. The grievance coordinator should provide his/her supervisor, the facility director and other key staff, a summary grievance report each month. The report should include, at a minimum, the number of grievances filed, the living units from which the grievances were filed, the nature and final outcome of the grievances. A system should also be established to ensure that grievance resolutions are actually implemented. The grievance system should be viewed as an important tool for staff to communicate with the residents. The system should enhance the regular programming activities and not be viewed as an impediment. The administration should use cumulative data gathered from grievances as a tool to assist in monitoring what is going on within the institution. Such data can indicate where the program is functioning well and where there may be potential problems. In addition, in my review of some grievances, one resident filed a grievance then later retracted the grievance. There must be as part of the grievance process a component that the residents has the ability to retract the grievance and not the staff advising that the residents retract his/her grievance. The facility must now make certain that staff is trained properly and that residents are made fully aware of the grievance process.</p>
Recommendations	<ol style="list-style-type: none"> 1. Place grievance boxes on each unit and school, residents should not be required to request a grievance form. 2. Provide training for staff on policies and procedures and document training. 3. Provide training for residents on policies and procedures and document training. 4. Ensure that residents are adequately familiarized with the grievance process during their orientation into the facility 5. Add a place on the Resident's Grievance Resolution Report for a resident to request an appeal and place for the Director's resolution. 6. Ensure Resident's Grievance Resolution Reports are provided to the resident for their signature and their response to the outcome. If the resident disagrees with the resolution the resident has the right to appeal the decision to the director. 7. Any retractions of grievances should be done by residents and not by staff.
Evidentiary Basis	Document review, observation, interviews

Provision 16.5 Miscellaneous Provisions	Hinds County denies that Henley-Young does not currently have an adequate policy whereby residents can request to see their attorney and/or Residents Court counselor. The parties agree, however, that henceforth: Henley-Young shall develop and implement an adequate policy that allows residents of all ages and literacy levels with the opportunity to request to see their attorney and/or Residents Court counselor. Residents shall obtain the form requesting a visit from his/her counselor from the school liaison. Henley-Young agrees to collaborate with the Plaintiffs to design and implement a comprehensive juvenile justice pre-service and in-service training program for detention center staff. Training shall include, but is not limited to, the mandatory reporting requirements for direct care workers, the requirements of the Prison Rape Elimination Act, verbal de-escalation techniques, adolescent brain development and developmental issues, effective communication with adolescents, effective documentation, appropriate use of force and restraint, and best practices for detention center administration.	
Status	Beginning Compliance	
Discussion	The facility has developed a policy and procedures for this provision. During this visit, many residents complained that they have not had the opportunity to speak with their attorneys. Also, in my review of the records, there was no indication that attorneys had been visiting. However, court counselors were present in the facility and seeing the residents. Additionally, I found no forms for requesting visits from counselors, attorneys or school liaisons. And I found no training on the mandatory reporting requirements for direct care workers, the requirements of the Prison Rape Elimination Act, verbal de-escalation techniques, adolescent brain development and developmental issues, effective communication with adolescents, effective documentation, appropriate use of force and restraint, and best practices for detention center administration.	
Recommendations	<ol style="list-style-type: none"> 1. Develop policies and procedures and practices for this provision. (Executed) 2. Provide and document training for staff on policies and procedures. 3. Develop single form and system for incident reporting. 4. Develop system for receiving and mailing privileged and non privileged mail for residents. 	
Evidentiary Basis	Observation, interviews	

Conclusion

This is my fifth official visit to the Henley-Young Juvenile Justice Facility. The facility continues to make incremental (small positive) improvements. During this review one (1) additional provision has moved to beginning compliance (Quality Assurance) however as this provision continues there will be additional development and add-ons needed to this policy. In addition two policies have been updated (recreational & leisure time and the resident orientation). As stated in my introduction, the facility has hired a new director, purchased new video and audio equipment, installed a new schedule for hygiene and begun the development of a new Quality Assurance tool. Based on this review, the facility continues to have provisions that still need addressing (i.e. behavior management, medical, mental health, school etc.). It should be noted that residents continue to be locked down due to inadequate staffing and training. Since the last visit, it is without question the food service has deteriorated. If the food service is bad at some point everything else will go bad. Also, suicide prevention is a major concern. The residents I discussed during my introduction have serious mental health issues and without adequate mental health services, liability becomes more predominate. As it relates to the 89 day program, there is still major development needed if this program is to work. At this point and time the program is no more than a revocation for residents who are not following court sanctions. I must reiterate that adequate staff training and supervision is a must. As stated earlier, the facility maintenance and cleanliness is deteriorating. The mark of a well operated facility is grounded in how well it is maintained and organized. As stated in my introduction the facility is in need of skilled tradesmen as it relates to plumbing, carpentry and electrical. In addition, residents should be a vital part of ensuring that the facility is kept clean. As it relates to food it is a critical component in any rehabilitative process in a juvenile institution. The facility at this junction should continue to develop policies and procedures, train staff and follow the recommendation presented throughout this report.

I would like to again thank the County Administrator and facility staff for their assistance and cooperation. This is a monumental task and they should continue moving forward.

**LEONARD B. DIXON**

Attachments

A – Response from Henley-Young/Jackson Public School dated May 1, 2013

B - Recommended files for medical, case management and mental health

Exhibits 1-7

Attachment A

May 1, 2013

Carmen Davis
Hinds County Administrator

Re: Henley-Young School Response

Dear Carmen:

On April 19, 2013, I received the response submitted by Dr. Ginger Smith, Director Youth Court School dated April 11, 2013, from Director Knight. I appreciate the response to my compliance reports regarding the school program. However, in my review of the response, I found that no procedures have been developed which are in concert with the facility's operations or school operations and no timeline for completion. In addition, I found no school procedures on youth removal from school, isolation, behavior management, individualized educational plan, school calendar, suspensions, home bound classes, classroom support, special education, 504 requirements, assessments, library services, teacher assigned to physical education program, behavior intervention plans, etc. The above are only a few of the areas that need to be addressed by policy and procedure.

I am also very concerned for youth on restriction, unit holdouts, disciplinary or security confinement in facility, who are not receiving an educational program comparable to youth in other units within the facility. For example, dropped off packets of work without adequate instructions, follow-up or grading are not sufficient, which the school is not providing. Also, the school must have procedures to determine which youth have previously been identified as having educational disabilities and promptly obtain special education records for those students. The school should also develop procedures related to services required by the IEP, such as services for speech pathology, audiology, physical therapy, occupational therapy, in-school counseling and psychology services, and school health.

The school must also have policies and procedures for the following but not limited to:

1. At the time of admission or soon after, youth receive a brief educational history screening with respect to their school status, special education status, grade level, grades, in a systematized manner. Staff uses this information to inform initial placement in the institutional educational program. There should be a systematic procedure for screening, assessment, and evaluation after admission that includes standardized testing so that each juvenile can be placed in appropriate educational programs. Educational staff should be qualified to interpret tests and decide when additional testing is needed.
2. Staff enrolls youth in the facility school at the earliest possible time and, at the latest, within three days of admission to the facility.

3. Within five days of admission to the facility, education staff conduct a more thorough assessment of educational functioning to facilitate placement in the appropriate classes, assigned appropriate class work, and request of records (including IEP's and 504 plans) from the youth's previous school(s).
4. The facility school complies with state and local education laws for the minimum number of minutes in a school day.
5. The facility school operates twelve months a year.
6. When a student is returned from court they should be returned to school unless that child is exhibiting stress or unusual behavior.
7. The facility school has **adequate staff** (including special education staff, physical education staff and general education staff) to meet state student-to-teacher ratios based on security. **Note:** the list of teachers for general education is established by the facility; however the resident to teacher ratio—special education and the special education staffing is based on state requirement, as well as the ratios in the facility.
8. There should be adequate substitute teaching staff to cover teaching duties of staff members who are on vacation, sick, or otherwise not available. **Note:** the list of substitute teaching staff available to the facility has to have completed all of the regular training schedule and up to date on all security matters within the facility.
9. The facility school is annually reviewed and evaluated by the MS Department of Education Office of Accreditation.
10. The facility school awards credit (including partial credit) for work completed, and forwards the youth's education records from the facility to other schools when requested from the facility school.
11. The facility school complies with the federal special education law (IDEA) and comparable state requirements for students with educational disabilities.

During my unannounced visit in April 2013, I found a familiar situation as stated in my report. On April 18, 2013, two (2) teachers were not present that day and no replacements were available which meant half the youth were not in school that day. Accordingly, Dr. Smith quoted to the Clarion Ledger that she "disputes claims the juvenile needs are not being met at the center".

As stated in my report, there must be an independent review of the school program and a compliance officer hired to ensure educational standards are being met. The school administration must become a partner with the facility in developing policy and procedures. I also recommended that the school visit other education detention programs. The school is a major component of the overall programming and should be seen as such.

Please advise if you need any additional information.



Leonard B. Dixon

cc: Dale Knight, Director
Corrie Cockrell, SPLC
Moore, Attorney Hinds County
Dr. Calvin Locket, JPS
Lisa Ross, Attorney
Tony Gaylor, Attorney Hinds County

Attachments with comments

Below are specific notes in red regarding Dr. Smith's response that directly respond to the proposed policies and training. Overall, these are good goals however they must be implemented correctly and staff must be appropriately trained with documentation of the training.

RESPONSE TO MONITORING COMPLIANCE REPORT
MARCH 22, 2013

Dr. Ginger Smith, Director
Youth Court School
April .11, 2013

1. The Henley-Young Facility will create and implement a plan to provide all of the following services and programs within their control related to the aspects of residents' education:

MAINTAIN AN ADEQUATE PHYSICAL FACILITY FOR EDUCATION.

Policy: The educational complex of the Henley-Young Juvenile Justice Center will maintain the physical facilities to serve the academic needs and learning environment of the students attending school.

Safety Procedures

- (1) Keep classroom and storage facilities clean, neat and orderly.
- (2) Supplies and other moveable containers are not to be placed on top of shelves.
- (3) Materials and supplies that are no longer needed should not be accumulated.
- (4) Spills are to be cleaned up immediately.
- (5) Sharp or pointed objects are to be kept in locked cabinets.
- (6) Employees are not to eat in classrooms.
- (7) Maintain fire inspections and other prevention measures.

PROVIDE ADEQUATE SECURITY AND SUPPORT IN THE CLASSROOM.

Policy: The Henley-Young Juvenile Justice Center detention officers will supervise and **control juveniles' behavior** (no child can be controlled the option is only to modify behavior) during the operation of the Youth Court School.

ESTABLISH AN IN-SCHOOL POINTS SYSTEM BASED ON REWARDS AND CONSEQUENCES FOR BEHAVIOR.

Policy: The Henley- Young Youth Court School will use the Positive Behavior Intervention for behavior management. The Henley-Young Youth Court utilize the Positive Behavior Intervention and Support (PBIS) System. PBIS is an evidence-based behavioral intervention that enhances academics and social behavior outcomes for all students. PBIS

emphasizes that classroom management and preventive school discipline must be integrated and working together with effective academic instruction in a positive and safe school climate to maximize success for all students. (If this program is implemented within the facility it would be a step in the right direction, however it is not presently in place).

ESTABLISH AND IMPLEMENT A SCHEDULE FOR TRANSPORTING RESIDENT TO AND FROM SCHOOL THAT ASSURES THAT RESIDENTS WILL HAVE THE OPPORTUNITY TO RECEIVE THE REQUIRED HOURS OF EDUCATIONAL SERVICES MANDATED BY THE LAW.

Policy: Detention officers will escort juveniles from the dayroom to the classroom. After class, officers will search juveniles for ensure that contraband and other items are secured. (With proper policies and procedures in place the need to search students at the end of class should be the exception to the rule rather than the rule).

- 1 e). OUTLINE A CROSS TRAINING CURRICULUM FOR HYC SCHOOL EMPLOYEES AND DETENTION EMPLOYEES, WHICH INCLUDE AN ORIENTATION AND A SAFETY CURRICULUM AND MANDATORY ANNUAL REFRESHMENT TRAINING FOR EMPLOYEES OF THE SCHOOL. (It is important to first understand the nuances of education within a detention facility as it pertains to safety and security first, and then make sure the training of educational staff is developed for the needs of the youth so that safety and security will allow for education to occur.).

Policy: The detention and school staff will be trained using the training curriculum below.

Training Curriculum

Orientation Courses (The list of training below has no specificity (i.e. core curriculum, syllabus etc.) as to who will receive it and to what degree. The educational staff should know that there is a certain level of security on the units and classrooms that should exist however they would not be directly responsible for this responsibility the facility would, so levels of training must be established). It should be noted that most of the areas below pertain to direct care and facility operation staff. However, it is a great idea to train school staff along with others in the process.

- Facility Overview
- Security Procedures
 1. Unit Security
 2. Control Center Operations
 3. Perimeter Security
 4. Shift logs
 5. Juvenile Counts
 6. Juvenile Movement
 7. Control of Contraband

8. Key Control
 9. Tools, Culinary Equipment and Sharps
- Juvenile Rules and Regulations
 - Juvenile Rights and Responsibilities
 - Admission and Release Procedures
 - Employee Code of Ethics and Conduct
 - Workplace Harassment and Violence
 - Fire and Emergency Procedures and Control of Caustic
 - Toxic, and Flammable Materials
 - Suicide Awareness and Self-Harm
 - Confidentiality and HIPAA
 - Behavior Management (Verbal De-escalation and Physical Intervention)
 - First Aid
 - CPR
 - Report Writing
 - Interpersonal Relations and Communication
 - Child and Adolescent Development
 - Airborne Pathogens
 - Blood Borne Pathogens
 - Child Abuse, Neglect and Sexual Victimization
 - Prison Rape Elimination Act
 - Supervision of Alleged Sex Offenders
 - Conflict Resolution
 - Customer Service
 - Medical/Mental Health Intake & Screening
 - Drug and Alcohol Identification
 - Gang Interdiction
 - Mentoring Techniques
 - Facility Programs for Juveniles
 - Managing Special Populations
 - Understand Psychotropic Drugs
 - Distribution of Medications
 - Facility Review
 - Updates

Attachment B

Description



Smead® End-Tab 2-Divider Classification Folders, 8 1/2" x 11", 2 Divider, 2 Partition, 50% Recycled, Green, Pack Of 10
Item # 760403



Smead® Fastener Folders With Dividers, Letter Size, Manila, Pack Of 10
Item # 782140



SJ Paper Top-Tab Economy Classification Folders, Letter Size, 2 Dividers, 35% Recycled, Red, Box Of 25
Item # 707800

Exhibit #1

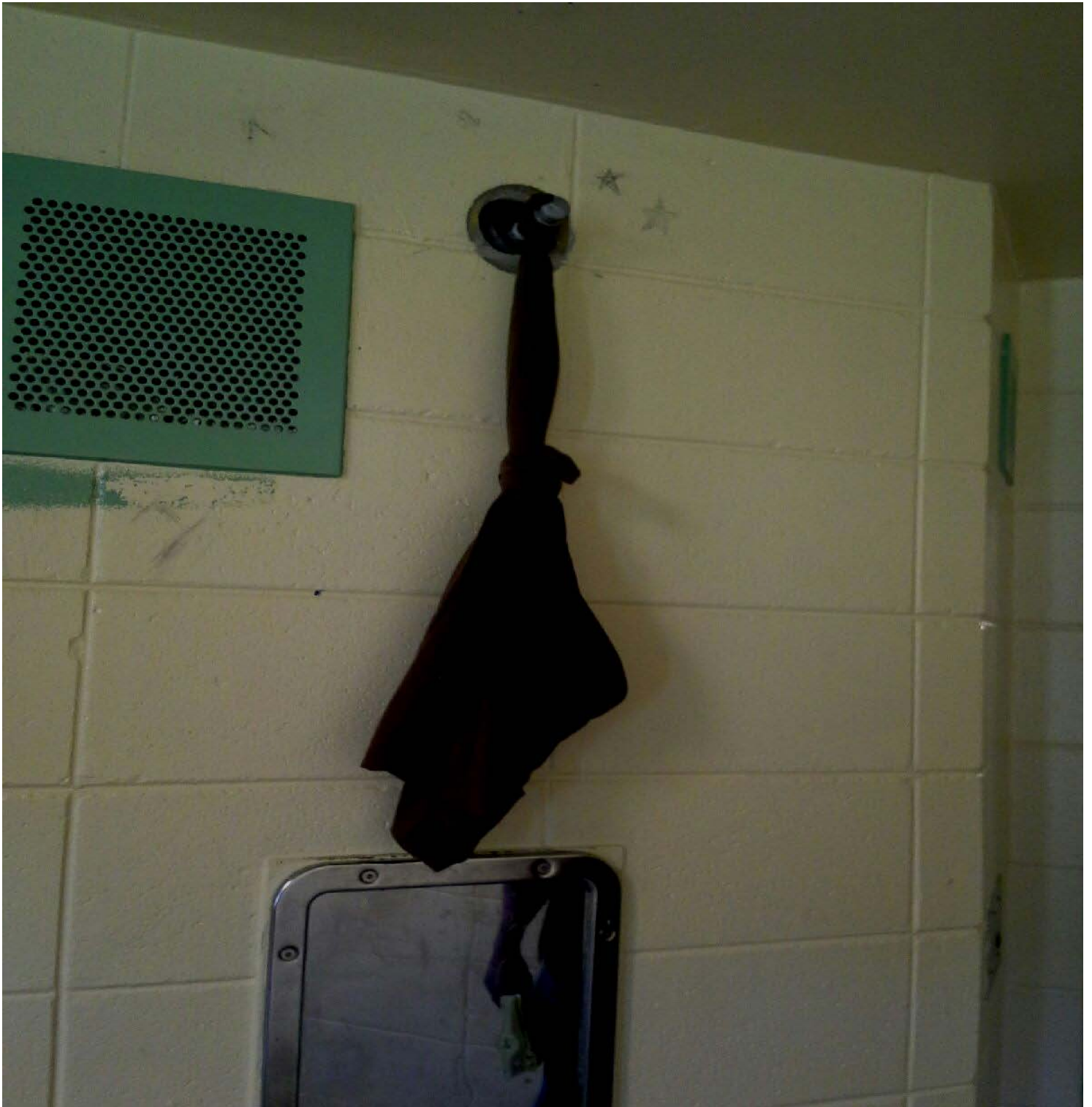


Exhibit #2



Exhibit #3-A



Exhibit #3-B

Bring glasses

up to date 7/16/13

Bg 1

Henley-Young Juvenile Justice Center
Medical Services

History and Physical Examination

Docket # _____ Date 10/31/11 Pod/Cell _____
 Name _____ Age 16 Sex M
 Date of incarceration 10/31/11 DOB 8/25/95

medicate

"I have received information on Medical Services and how to obtain them. I am aware that for any medical emergency that I should notify a detention officer, who will contact medical personnel."

I hereby give my consent to this examination and any necessary laboratory work.

Date 11/15/09 * _____
 Signature _____
 Witness _____

Face Zygote

Explanation (Date, treatment, ect.)

HISTORY

1. Current illness/injury	No	Yes <u>YES Sinus/ears</u>
2. Hospitalizations	No	Yes <u>YES bronch</u>
3. Previous surgeries	<input checked="" type="radio"/> No	Yes
4. Current Medicines	<input checked="" type="radio"/> No	Yes
5. Allergies to Medications	<input checked="" type="radio"/> No	Yes
6. Other Allergies	<input checked="" type="radio"/> No	Yes
7. Recent Communicable disease exposure?	<input checked="" type="radio"/> No	Yes
a) STD's	<input checked="" type="radio"/> No	Yes
b) AIDS	<input checked="" type="radio"/> No	Yes

* ALLERGIES SHOULD BE REPORTED TO THE DETENTION STAFF IN CASE OF EMERGENCY
 IF ALLERGIC TO A FOOD PLEASE INFORM THE KITCHEN STAFF AND DETENTION OFFICERS.

Exhibit #4



Exhibit #5-A



Exhibit #5-B



Exhibit #5-C



Exhibit #6

**HENLEY-YOUNG JUVENILE JUSTICE CENTER
 RESIDENT OBSERVATION SHEET**

INSTRUCTION: 1) PRINT LEGIBLE AND 2) ALL LINES MUST BE COMPLETED (with "N/A" if not applicable)

Check appropriate cell: Talk Spk. Non-Talk

Officer Name (Print) _____ Observation Unit _____ Date 9-30-13
 Resident's Name [REDACTED] Cell 2127
 Brief Description of Incident [REDACTED]

Seclusion/Personal Restraint at _____ **MENTAL HEALTH** Ended at _____
 Behavioral Management Started at _____ **GENERAL POPULATION** Ended at _____
 Due Process Inclusion Started at _____ Result of Due Process _____

Note: Times must be staggered with a max of 15mins intervals between observations (Please print initials)

Time	INT	Supv.	Beh Key	Time	INT	Supv.	Beh Key	Time	INT	Supv.	Beh Key	Time	INT	Supv.	Beh Key
11:25				11:40				11:55				12:10			

Note: Times must be staggered with a max of 15mins intervals between observations (Please print initials)

Time	INT	Supv.	Beh Key	Time	INT	Supv.	Beh Key	Time	INT	Supv.	Beh Key	Time	INT	Supv.	Beh Key

Behavior Key:
 1- Resident is asleep
 2- Resident is quiet/compliant
 3- Resident is agitated
 4- Resident is shouting/cursing
 5- Resident is banging on door/wall
 6- Resident is destroying property
 7- Resident is flooding cell
 8- Resident is trying to harm self
 9- Resident is in Nurse's station
 10- School
 11- Mail/line
 12- Recreation

Exhibit # 7

