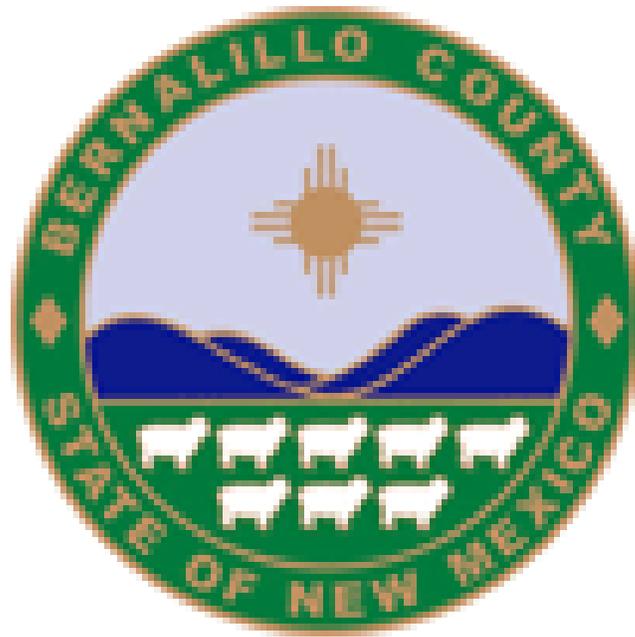




Bernalillo County Youth Services Center
JDAI Facility Self- Inspection Standards
Findings and Recommendations
June 26, 27, and 28, 2012



Bernalillo County Youth Service Center

JDAI Self-Inspection Report 2013

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Introduction

This report documents the findings of an intensive self-inspection of the Bernalillo County Youth Services Center (BCYSC) which was conducted June 26, 27, and 28, 2012. This inspection was commissioned by the facility Director, pursuant to the facility's collaborative participation as a nationally designated site implementing the Juvenile Detention Alternatives Initiative (JDAI) in New Mexico.

This is the third JDAI facility self-inspection for the BCYSC and the second dual inspection incorporating JDAI and the Children Youth and Families Department (CYFD) of New Mexico Juvenile Detention Certification process. Both are similar in protecting the rights of our incarcerated youth as well as promoting programming and alternative initiatives in an attempt to reduce the recidivism rate amongst our youth.

JDAI Values

JDAI embraces the philosophy that court-involved youth should be served in the least restrictive environment possible: in their own homes, schools and communities whenever appropriate and possible. When secure detention is necessary to protect public safety, JDAI works to ensure that conditions of confinement meet all Constitutional standards, case law requirements and professional best practices.

JDAI is a methodology that creates fairer, more efficient and more effective juvenile justice systems by ensuring that the right youth is served in the right place with the right services. Ultimately, it results in re-directing public funds away from expensive secure detention beds, and towards alternatives to secure detention which are less costly and more effective in reducing juvenile crime while protecting the community.

The Core Strategies of JDAI

There are eight core strategies each JDAI site commits to implement:

1. Interagency collaboration to improve problem solving and coordination.
2. Reliance on accurate data to guide program and policy.
3. Use of objective instruments to guide detention admissions decisions.
4. Increased or enhanced community-based alternatives to secure detention.
5. Expedited case processing to reduce lengths of stay and speed case resolutions.
6. Innovations to reduce the use of secure detention for probation violations, warrants and cases in which youth are awaiting placement.



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7. Use of best practices to reduce racial disparities in the detention population.
8. Routine facility inspections to improve conditions of confinement. Detention Self-Inspection

It is the eighth JDAI strategy (above) which is the basis for the detention self-inspection undertaken by the BCYSC. The purpose of the self-inspection process is to help ensure the safe and humane conditions for detained youth by thorough assessment of the physical plant and detention programming.

The evaluation is conducted using standards, guidelines and an inspection instrument developed specifically for JDAI sites by the Youth Law Center. Some of the standards included in the self-inspection are based on Constitutional guarantees, statutes, and evolving case law. Other standards are derived from current best professional practices aimed at protecting the health, safety and legal rights of detainees. In all, there are 308 standards grouped under eight general categories:

- classification
- health care
- access issues
- programming
- training and supervision of employees
- environmental issues
- restraints, punishment and due process
- safety

Based on their evaluation, the self-inspection team then offers comments and corrective suggestions for the officials responsible for administering detention. The process is intended to be open, constructive and ultimately of valuable assistance to detention administrators as well as of direct benefit to detained youth.

The detention evaluation is called “self-inspection” because it is generated from within the juvenile justice system, not because it is conducted exclusively by people from within the facility.

The Team

BCYSC’s JDAI project began assembling the self-inspection team in February 2012. The team included people who work within the detention facility as well as professionals from outside the facility.

The self-inspection team consisted of:

(Community Professionals)

- Arthur Murphy, Loss Prevention Specialist, NM Association of Counties
- Zoila Zapien, Sergeant, Luna County Juvenile Detention Center
- Leslie Pacheco, LISW, Region 3 Clinical Supervisor, Juvenile Probation Office



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- Leonel Urdenetta, MD, Regional Psychiatry Director, Corizon
- Kelly Jo Parker, Juvenile Probation Officer Supervisor, Juvenile Probation Office Court Unit
- Monica Roybal, Deputy Court Administrator, Juvenile Justice Center, 2nd Judicial Court
- Rafael Martinez, Director-Student Support, ACE Leadership High School
- Patti Vowel, State JDAI Coordinator, Children Youth and Families Department Juvenile Justice
- Danny Martinez, Staff Manager, Children Youth and Families Department Juvenile Justice
- Michelle Rael, Continuum Coordinator, Sandoval County Juvenile Justice Board
- Liyen Jong, Loss Prevention Manager, Bernalillo County Risk Management
- Diane Speakman, Deputy Fire Marshall, Bernalillo County Fire and Rescue Department
- Grace Phillips, Attorney, NM Association of Counties

(Facility Professionals)

- Craig Sparks, Director
- Chris Sanchez, Assistant Director of Operations
- Mark Saiz, Food Services Manager
- Eleanor Molina, Training Manager
- Eveline Zamora, Quality Assurance
- Mark Portillos, Intake Program Manager
- Cookie Norris, Program Manager
- Jason Salazar, Program Manager
- Eddie Baca, Special Projects Coordinator

The team was supported by an in-house work group co-led by Craig Sparks, Director, Chris Sanchez, Assistant Director of Operations, and Danny Martinez, Staff Manager CYFD. This team worked intensively to pull together and organize all necessary documentation, including relevant policies and procedures, logs, and forms which related to each of the 308 standards contained in the self-inspection requirements.



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The Process

The Facility Self-inspection team for the BCYSC site participated in a two-day training session provided by Craig Sparks and Chris Sanchez regarding the auditing process, use of the JDAI Standard Instrument, usage of the JDAI Audit Tool and interpretation of policies and procedures.

The file preparation began in May of 2012. Because the BCYSC has been accredited by the American Correctional Association (ACA) for approximately 20 years, the files were prepared in the format following the ACA process for review of documentation in accordance with the established JDAI Facility Self-Inspection Standards.

The BCYSC self-inspection team met between the dates of June 8-15, 2012. At these meetings, the teams were trained on observation and interview techniques as outlined by the JDAI Self-Inspection standards. Further, a self-inspection agenda was discussed and agreed-upon in regards to conducting the formal facility self-inspection.

Finally, self-inspection team leaders met discussed and finalized team assignments for their respective sections. Also, a staff and resident town-hall meeting was conducted to inform facility personnel and residents about the process the facility was undertaking regarding the JDAI Facility Self-Inspection.

Detention administration provided the self-inspection teams with a private conference room and meeting space. Documentation and other supplies were made available in the conference room so team members could study the written materials as their schedules permitted. The team had unlimited access to the detention area, either as a group or as individuals, any time of the day or night.

On June 26, 2012 Mr. Sparks and Mr. Sanchez kicked off the official start of the facility self-inspection by greeting all the inspection team members, provided a brief overview of the goals and objectives for the inspection and thanked everyone in advance for dedicating their time and efforts in assisting the facility through this process. Immediately following the introduction, Mr. Sanchez reviewed the three-day facility self-inspection agenda and provided each team with their respective JDAI section files for review.

Before conducting the documentation and policy and procedure review, a comprehensive tour of the facility was provided to the self-inspection team members. After the completion of the facility tour, team leaders assembled their team members and began a detailed inspection of the section files.

On June 27, and 28, 2012, evaluation of each standard was conducted through a combination of review of relevant policy and/or other documentation, observation by the team and interviews of staff and residents in accordance with their assigned JDAI Facility Self-Inspection Sections and New Mexico Juvenile Detention facility standards.

Prior to interviewing youth and staff, the team agreed on a protocol for how to introduce themselves and explain their purpose to ensure consistency in how they were perceived by youth and staff. The team



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explained they were an independent evaluation team, looking at detention programming and the facility in order to ensure the best possible services for detained youth. They assured staff and youth that their shared opinions and experiences were of great help in this effort. They also stated to youth that their privacy would be respected and all of their comments would be anonymous, except if they shared something which would invoke mandatory reporting, for example, reports of abuse or other crimes. On June 28, 2012, an out-briefing was conducted by each team leader with their team's representative regarding their findings, observations and interviews related to their JDAI Facility Self-Inspection Sections.

Findings and Recommendations

The team's findings and recommendations are summarized in Appendix A, JDAI Self-Inspection Instrument.

Summary

Overall, the teams were very impressed with the file preparation, documentation supplied to them, professionalism, dedication and quality of care shown by facility administration, managers and staff. They observed hard work, creativity, and sensitive, meaningful interaction with residents in a professionally operated facility.

Additionally, the teams expressed how professional and "youth-centered" the facility staff was during the inspection. Self-inspection teams applauded staff for being professional and very engaged with the youth.

Classification System and Intake

Detention is a traumatic event for a young person. From the moment the youth arrives at the facility, staff need to gather information quickly, make critically important decisions, and address the young person's emotional mental health, and physical needs. The classification section addresses these front end considerations, including criteria governing who comes into detention,



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housing and programmatic assignments to keep youth safe and mechanisms to reduce crowding an unnecessary detention.

Specific Detention Limitations:

JDAI Standard: There are written limitations on lower and upper ages for detention in the facility, and in no case may a youth under the age of 12 be held in the facility.

- **Finding:** Policy and Procedure does not explicitly state that youth under the age of 11 will not be detained; however New Mexico Children's Code Section 32A-2-10 requires that no youth under the age of 11 will be detained.
- **Recommendation:** None given.
- **YSC Response/Action Taken:**

Policy and procedure 6.1.2 was updated on 12/19/2013 to reflect The New Mexico Children's Code.

Addendum 1; 6.1.2: The Booking Process a); 1) No youth under the age of 11 will be detained at the Center.

JDAI Standard: The facility does not detain youth simply because the youth is undocumented.

- **Finding:** Policy and Procedure does not explicitly state that youth will not be detained solely based on undocumented status, however, the New Mexico Children's Code only allows a child to be detained when an alleged delinquent act has been committed. Based on this statute the BCYSC does not detain youth solely based on immigration status.
- **Recommendation:** Implement policy that states youth will not be detained solely on undocumented status.
- **YSC Response/Action Taken:**

Policy and procedure 6.1.2 was updated on 12/19/2013 to reflect the JDAI standard.

Addendum 1; 6.1.2: The Booking Process b); 1) Youth will not be detained based on undocumented status alone.

JDAI Standard: The facility does not detain youth with immigration hold if they have no delinquency case or charge, or if they would be released under state law.

- **Finding:** Policy and Procedure does not explicitly state that youth will not be detained solely based on undocumented status.
- **Recommendation:** Implement policy that states youth will not be detained solely on undocumented status.
- **YSC Response/Action Taken:**



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Policy and procedure 6.1.2 was updated on 12/19/2013 to reflect the JDAI standard.

Addendum 1; 6.1.2: The Booking Process b); 1) Youth will not be detained based on undocumented status alone.

JDAI Standard: Youth with serious medical or mental health needs, or youth who are severely intoxicated, are not admitted into the facility unless and until appropriate medical or mental health professionals clear them. Youth transferred from or cleared by outside medical or mental health facilities are admitted only if the detention center has the capacity to provide appropriate ongoing care.

- **Finding:** Policy and Procedure does not reference intoxicated youth.
- **Recommendation:** Implement a policy that references intoxicated youth.
- **YSC Response/Action Taken:**

Addendum 2 and 3: YSC Policy and Procedure does reference intoxicated youth. This is found in Chapter 6, *Juvenile Services*, under the *Intake and Admissions* section 6.1.1.3 as well as in the *Social Services* section 6.2.4.2.b.i.

Addendum 4; Intoxicated youth are also referenced in Chapter 5, *Juvenile Health Care*, under sections 5.1.OO, 5.1.PP, and 5.1.2.14.

Please note that the *Social Services* section of Chapter 6 and the entirety of Chapter 5 were both revised after the administration of the JDAI Self-Assessment.

JDAI Standard: Prior to the admission of the youth with disabilities (physical, visual, auditory, developmental or intellectual) the facility and its educational program document that the physical plant can accommodate the youth, and the facility’s programming can adequately address the youth’s needs. The facility has preexisting arrangements with the appropriate alternative placements to handle youth with disabilities.

- **Finding:** Policy and Procedure makes reference to the accommodation of youth with disabilities (reference Policy and Procedure 2.1 R.); however Policy and Procedure does not address what the process is for youth with disabilities “prior to the admission”.
- **Follow-up:** Policy will be adjusted to reflect the existing facility programming and physical plant modifications which accommodate youth with disabilities.
- **YSC Response/Action Taken:**

Detainment at YSC is driven exclusively by The State of New Mexico’s Children, Youth, and Families (CYFD) Juvenile Justice Services (JJS), in conjunction with The Administrative Office of the Courts (AOC).



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Addendum 2: As previously indicated, YSC reserves the right to refuse clearance when preexisting medical or mental health indicators determine the need for a more appropriate level of care. This applies also to youth with disabilities, and YSC Policy and Procedure 6.1.1.3 (*Juvenile Services -- Intake and Admission*) has been revised to reflect this clarification.

Addendum 4; The provision of appropriate accommodations to Residents with identified special needs is also referenced throughout Chapter 5, *Juvenile Health Care*, under sections 5.1.W, 5.1.DD, 5.1.EE, 5.1.FF, 5.1.GG, 5.1.NN, 5.1.OO, 5.1.PP, 5.1.2.3, 5.1.2.4, 5.1.2.5, 5.1.2.9, 5.1.2.10, 5.1.2.12, and 5.1.2.14. Please recall that this Chapter was revised following the results of our Self-Assessment.

The referenced YSC Policy and Procedure 2.1, *Physical Plant*, remains accurate and in effect.

Intake:

JDAI Standard: When communicating with parents of detained youth, staff does not rely on youth to serve as interpreters.

- **Finding:** Policy and Procedure makes reference to our access to bilingual personnel for interpretation purposes as well as the maintenance of a list available of all bilingual personnel (reference Policy and Procedure 6.1.1.4).
- **Recommendation:** Insert in the translation policy statement “A youth will not be used to translate when communication with non-English speaking parents.”
- **YSC Response/Action Taken:**

Addendum 2; Policy and procedure 6.1.1 was updated on 12/19/2013 to reflect the JDAI standard.

6.1.1 (Youth will not be used to translate when communicating with non- English speaking parents. A listing of certified bilingual staff will be kept and maintained in the Centers Master Control area. The list will be updated as staff may be added or removed from the said list reliant upon their certification.

Detention Process:

JDAI Standard: Staff screen youth to identify immediate individual issues, such as intoxication or injury, and collect information about the youth’s family, education status, and delinquency history.

- **Finding:** Policy and Procedure makes reference to the screening of youth for injury and intoxication; however it does not mention the collecting of information about youth’s family, education status, and delinquency history.
- **Recommendation:** Implement a policy that states we shall collect education history upon intake.
- **YSC Response/Action Taken:**



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Academic programming is provided by certified teachers with Albuquerque Public Schools (APS) through a Memorandum of Understanding (MOU) between YSC and The Board of Education. The MOU is reviewed annually, and includes Scope of Services.

All new Residents are interviewed by the appropriate APS Department Chair (General Education or Special Education) within one school day of YSC admission. They are then administered an Interim Academic Screening for appropriate classroom enrollment by the following school day.

The Interim Academic Screening instrument is approved by The Board of Education and includes the collection, review, and assessment of information such as education history.

JDAI Standard: Rules on contraband and facility search policies.

Information is provided in a manner the youth can understand paying particular attention to language and literacy needs of youth. At the time of admission or shortly thereafter, youth receive a written and oral orientation to institutional rights, rules and procedures including:

- **Finding:** Policy and Procedure was not located in reference to the search of youth for potential contraband.
- **Recommendation:** Policy and Procedure does not clearly state what is considered contraband and should be revised.
- **YSC Response/Action Taken:**

Addendum 5; Policy and procedure 3.6.6 was updated on 12/26/2013 to reflect the JDAI standard.

Procedure 3.6.6 Guidelines for Conducting a Person Search

ii) Pat searches shall be performed prior to departure from any secure area and when there is reasonable suspicion to believe a juvenile is in possession of contraband. These areas include but are not limited to:

- (1) Visiting area;
- (2) Recreation yard;
- (3) Gymnasium;
- (4) Multi-purpose rooms;
- (5) Arts and Crafts;
- (6) School;
- (7) Cafeteria;
- (8) Housing Units; and
- (9) Court

JDAI Standard: Policies on use of force, restraints, and isolation.



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Information is provided in a manner the youth can understand paying particular attention to language and literacy needs of youth. At the time of admission or shortly thereafter, youth receive a written and oral orientation to institutional rights, rules and procedures including:

- **Finding:** No information was located in the youth orientation handbook in reference to detained youth being made aware of the use of force, restraint, and isolation policies.
- **Recommendation:** Revise the Resident Orientation handbook to reflect information of the facilities use of force, restraints and isolation policies.
- **YSC Response/Action Taken:**

Addendum 6; The Orientation Handbook was updated to reflect the JDAI standard. YSC staff work with youth one on one to ensure each understands the handbook and their rules and rights..

JDAI Standard: Emergency procedures.

Information is provided in a manner the youth can understand paying particular attention to language and literacy needs of youth. At the time of admission or shortly thereafter, youth receive a written and oral orientation to institutional rights, rules and procedures including:

- **Finding:** Policy and Procedure was not located in reference to the youth of BCYSC receiving the emergency procedures of the facility.
- **Recommendation:** During initial orientation, residents will be informed of emergency procedures.
- **YSC Response/Action Taken:**

Addendum 6; YSC has implemented emergency procedures in the resident orientation handbook and the orientation quiz.

Classification Decisions:

JDAI Standard: Housing and programming decisions are made in accordance with classification policies. The facility administrator or designee regularly reviews the process and any decisions that depart from established policies.

- **Finding:** Policy and Procedure do not address this standard.
- **Recommendation:**
- **YSC Response/Action Taken:**

Housing and programming decisions which do not fall in to policy and procedural guidelines already used by intake staff will be referred to a program manager for final decision.



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JDAI Standard: Separation of younger from older youth.

- **Finding:** Policy and Procedure do not address this standard.
- **Recommendation:** The facility needs to develop a comprehensive Classification Policy and Procedure.
- **YSC Response/Action Taken:**

Housing and programming decisions are made through an extensive intake screening process in accordance with all best practice standards and using evidence based screening tools. Tools include the MAYSI II and are sensitive to age and stature.

JDAI Standard: Written Policy, Procedures, and actual Practices ensure that youth with disabilities receive appropriate accommodations in accordance with the Americans with Disabilities Act (ADA) and section 504 of the Rehabilitative Act of 1973.

- **Finding:** Policy and Procedure do not address this standard.
- **Recommendation:** Incorporate language from the ADA and section 504 of the Rehabilitative Act of 1973 into YSC policy and procedure.
- **YSC Response/Action Taken:**

YSC is one of 28 different departments within Bernalillo County Government. All County Departments adhere to County Policies, which include assurances of ADA compliance irrespective of public service type (i.e. from Finance to Youth Services). Each Department is subsequently bound by their Department-specific policies and procedures. As such, YSC was and remains compliant with this standard both in practice and by way of County Policy and Procedure. As an additional measure, however, YSC will revise its Department-specific policies to explicitly incorporate language from The Americans with Disabilities Act (ADA) and section 504 of the Rehabilitative Act of 1973.

JDAI Standard: Housing and programming decisions are made in accordance with written classification policies. The facility administrator or designee regularly reviews the process and any decisions that depart from established policies.

- **Finding:** Policy and procedures do not address the standard.
- **Recommendation:** Develop policy and procedures to reflect the classification practice being carried out at intake with each youth. Also develop procedures to red-flag non-compliance to classification policy and procedures and designate facility staff to review and investigate as necessary.
- **YSC Response/Action Taken:**



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Housing and programming decisions are made through an extensive intake screening process in accordance with all best practice standards and using evidence based screening tools. Housing and programming decisions which do not fall in to policy and procedural guidelines already used by intake staff will be referred to a program manager for final decision.

Health Care

Youth often come into detention with medical and mental health conditions needing prompt attention. Many youth have not received adequate health care in the community and have unrecognized health needs. Other youth have chronic medical or mental health care needs.

Mental Health Services:

JDAI Standard: Youth with significant mental health needs receive a professional evaluation by a qualified mental health professional and ongoing mental health services in accordance with a treatment plan. The treatment plan includes identification of mental health issues to be addressed; medication or medical course of action to be pursued; planned activities to monitor the efficacy of any medication or the possibility of side effect; A description of any behavior management plan or strategies to be undertaken; a description of any counseling or psychotherapy to be provided; a determination of whether the type of level of treatment can be provided in the detention center; a plan for monitoring the course of treatment; any necessary modifications to the standard use of force and restraint procedure; a transition plan for when the youth leaves the care of the facility.

- **Finding:** There is not a treatment plan- mental health services at BCYSC are reported to be crisis oriented and based on suicide level. Mental Health/ Behavioral Health issues are generally identified but diagnosis is not provided- bio psychological assessments done on all clients. There is a lack of groups/ interventions for mental health issues except for substance abuse which has limited groups. There is no plan for monitoring treatment. Mental Health staff does not develop a transition plan for youth, and rely on JPO.
- **Recommendation:** Review the YSC current practices and address the findings as stated.
- **YSC Response/Action Taken:**

To underscore the multi-agency flow of residents received here, Service Plans are driven exclusively by The State of New Mexico's Children, Youth, and Families Department (CYFD) and The Administrative Office of The Courts (AOC). As well, CYFD is required to refer residents to a local Core Service Agency (CSA) for behavioral health care. CSAs are behavioral health agencies selected by The State of New Mexico and contracted to follow a "Clinical Home" model of care for all State-referred youth. As such,



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it's these agencies where behavioral health services are administered and monitored in association with a formal Treatment Plan.

The primary focus of our clinical team is to manage identified mental health issues while our case workers coordinate commencement and continuity of care with the assigned CSA. Transition plans are developed and driven by CYFD with significant support from the YSC behavioral health team. Due to our short lengths of stay and nature of our mission, this important JDAI standard is met through this consortium of professionals committed to the care of youth.

YSC is a pre-adjudicatory detention center with an average length of stay of 17 days (and in many cases mere hours). While here, residents receive a mental health screening upon Intake, with follow-up provided by a licensed clinician and when clinically determined a contracted psychiatrist where diagnoses are provided. We concur that our group services are lacking, however, and have enhanced our current array of behavioral health services to include groups on a regular basis beginning January 2014.

JDAI Standard: Staff encourages youth who are assessed as vulnerable or at risk of self-harm to engage in appropriate activities and programs that will raise their self-esteem and reduce the risk of further self-harming behavior.

- **Finding:** There are limited interventions available for youth assessed as vulnerable for self-harm other than individual therapy/ pet therapy.
- **Recommendation:** Review current activities and programs. Identify best practice programs that reduce the risk of self-harming behavior. Implement revised and or enhanced programs that work towards raising the self-esteem of residents
- **YSC Response/Action Taken:**

YSC is in the process of reviewing applicable evidenced-based practice models for future implementation. In the interim, we are working to provide a wider array of trauma-informed activities that will assist in the reduction of risk for self-harming behaviors.

JDAI Standard: Staffing for psychiatric care is adequate for the number and anticipated needs of youth in the facility, including regular on-site services.

- **Finding:** Mental Health staff report the current psychiatric care is not enough to meet the needs of the population and that they have to “staff” kids to receive psychiatric care and many kids get bumped from the list due to the need to triage more serious cases.
- **Recommendation:** Review current practice to ensure adequate psychiatric care is available for youth in the facility.
- **YSC Response/Action Taken:**



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This finding and recommendation are tied to a self-inspection that occurred in June of 2012. At that time, our average daily population was 70 residents. Also at that time we had one contracted psychiatrist and two licensed clinicians. These ratios illustrate the accuracy of this particular finding.

We are extremely pleased to share that since then – and due largely in part to the efforts of our JDAI initiative – our average length of stay has been cut in half. As well, we now have (M.D.) Residents assisting our contracted psychiatrist, and we have four licensed clinicians. These ratios now reflect adequate availability of psychiatric and mental health care for facility youth.

JDAI Standard: On site staffing for psychological care is adequate for the number and anticipated needs of youth in the facility.

- **Finding:** The two clinical staff interviewed do not feel that there is adequate mental health staff to meet the needs and that they are limited on the interventions that can be provided other than “crisis oriented” and substance abuse groups. Lack of clinical supervision- the two staff who aren’t independently licensed have to pay for and get supervision outside of the facility. Consult cases with behavioral health director on as needed basis but not regular and they are not provided clinical feedback.
- **Recommendation:** Review data regarding youth needs for psychological care in the facility. Create a strategic plan to address any identified staffing needs including clinical supervision.
- **YSC Response/Action Taken:**

Again, this finding and recommendation are tied to a self-inspection that occurred in June of 2012. At that time, our average daily population was 70 residents. Also at that time we had one contracted psychiatrist and two licensed clinicians. These ratios illustrate the accuracy of this particular finding.

And we are again extremely pleased to share that since then – due largely in part to the efforts of our JDAI initiative – our average length of stay has been cut in half. As well, we now have (M.D.) Residents assisting our contracted psychiatrist, and we have four licensed clinicians. These new clinicians were part of a strategic plan to address staffing needs, and these ratios now reflect adequate availability of psychiatric and mental health care for facility youth.

Regarding clinical supervision for non-independently licensed clinicians: The State of New Mexico’s Regulation and Licensing Department is the governing body that determines eligibility of clinical supervisors from the respective disciplines (social work, counseling, etc.). The YSC Behavioral Health Services Manager supervises clinicians with varying degrees and disciplines of licensure, and provides Board-approved clinical supervision hours where eligible according to the clinician’s respective licensing Board.



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Finally, we developed a Resident Needs Survey to ensure that their voice was heard the loudest when implementing new or enhanced programs. These surveys are now administered and reviewed on a quarterly basis, and programs are tailored accordingly.

JDAI Standard: On-site staffing for care by a psychiatric social worker and or psychiatric nurse is adequate for the number and anticipated needs of youth in the facility.

- **Finding:** There is not staff with this level of expertise.
- **Recommendation:** None given
- **YSC Response/Action Taken:**

YSC does not employ Psychiatric Social Workers or Psychiatric Nurses as we are not a Psychiatric Hospital. Rather, and as outlined earlier, our psychiatry services are performed by contracted psychiatrists and we hold agreements with the local Children's Psychiatric Hospital.

JDAI Standard: If the facility relies on health staff who are not mental health professionals to provide any mental health service otherwise permitted by state law (e.g., screening interviews), the responsible mental health authority for the facility approves such staff, and ensure that they have received adequate training in identifying and interacting with individuals in need of mental health services .

- **Finding:** Documentation of staff receiving MAYSI training is not centralized- lack of process of identifying residents who do not take the MAYSI seriously. Mental Health staff feel training is needed but not adequate for line staff and clinical supervision training.
- **Recommendation:** Review current practice and ensure that training is provided and a centralized process is developed as it pertains to the MAYSI.
- **YSC Response/Action Taken:**

Full and proper MAYSI training is now a regular part of New Employee Orientation as well as our annual Professional Development Plan, and it is provided by our Behavioral Health Services Manager.

JDAI Standard: All staff working with youth receives training on recognition of behavioral and verbal cues indicating vulnerability to suicide, and what to do in case of suicide attempts or suicides (e.g., the use of a cut- down tool for youth hanging)

- **Finding:** Line staff are very knowledgeable of the suicide protocols but not the behavioral or verbal cues they were unable to name.



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- **Recommendation:** Provide best practice suicide prevention training to all staff in the facility. Examples can be found on the SAMSHA website.
- **YSC Response/Action Taken:**

Addendum 7; Suicide prevention training reflective of best practices is a regular part of New Employee Orientation as well as our annual Professional Development Plan. These trainings are provided by the YSC Behavioral Health Services Manager, and are based on the Lindsay Hayes Suicide Prevention in Custody model.

JDAI Standard: Youth on suicide watch are not left naked, or clothed or housed in degrading, embarrassing, or uncomfortable garments or environments.

- **Finding:** Youth on suicide watches are required to wear gowns and are subject to teasing from other residents. Additionally that information is documented on boards that are in the common public area on every unit that can be seen by other residents.
- **Recommendation:** None given
- **YSC Response/Action Taken:**

The gowns worn by residents on suicide watch are for their safety, and apply only to Residents assessed at Levels S1 or S2. Please note that any Resident assessed at Level S1 is referred to an inpatient psychiatric care facility.

Unit Boards have been revised to reflect only Resident Levels; all other information is contained in a confidential shift log located in an area occupied by staff.

JDAI Standard: Staff provide youth released from suicide watch enhanced supervision for at least two days.

- **Finding:** There was no enhanced supervision plan in the file nor could the unit staff or clinical staff provide an example of how they have done this.
- **Recommendation:** Review current practice to ensure that an enhanced supervision plan is in place.
- **YSC Response/Action Taken:**

Addendum 7; Since our JDAI Self-Assessment, YSC has revised its policy and procedure involving suicide prevention practices. Youth released from suicide watch are provided enhanced supervision for a minimum of two days, and this is documented in both the psychiatric and mental health chart.

The current YSC suicide policy and procedure is based on the best-practice model as described by Lindsay Hayes, Ph.D., a nationally recognized expert in suicide prevention and intervention.



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The protocol incorporates the eight crucial components of the Hayes evidence-based suicide policy, with fidelity review accomplished with each applied clinical case and through staff training.

JDAI Standard: Youth released from suicide watch have an individualized plane of care that is followed by mental health staff and communicated to all staff who come into contact with the youth.

- **Finding:** No individualized plan was observed nor file and the clinical staff report that this isn't something they do.
- **Recommendation:** Review current practice to ensure that a suicide prevention plan is in place.
- **YSC Response/Action Taken:**

; Since our JDAI Self-Assessment, YSC has revised its policy and procedure involving suicide prevention practices. An individualized plan of care -- referred to as a Special Management Program (SMP) -- is developed for youth released from suicide watch. The SMP includes prevention practices, is monitored by mental health staff, and is communicated both verbally and in writing to all staff who come into contact with the youth.

JDAI Standard: Staff promptly notify parents or guardians following any incident of suicidal behavior or self-harm.

- **Finding:** Clinical and medical staff state that there is not a procedure for this and it is not done consistently.
- **Recommendation:** Review policy and procedure to ensure that this standard is incorporated into policy and practice of key medical and behavioral health personnel as well as administrative staff at the facility.
- **YSC Response/Action Taken:**

YSC staff promptly notifies The State of New Mexico's Children, Youth, and Families Department (CYFD) following incidents of suicidal behavior or self-harm. Notice to parents or guardians by YSC directly occur when a Resident receives treatment from an external psychiatric center. **Medical, Mental Health and Dental Records:**

JDAI Standard: Written policies, procedures, and actual practices ensure that access to confidential information is limited to those staff with a demonstrable "need to know" consistent with applicable state and federal laws. Written policies, procedures, and actual practices ensure that staff information where appropriate to provide for safety, security, health, treatment, and continuity of care for youth.

- **Finding:** Concerns about confidential information being posted on white boards regarding clients suicide/ self-destructive/ RASA (which is assumed to be sex offender) violating confidential information.



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- **Recommendation:** Review current practice to ensure confidentiality is maintained for all residents within the facility.
- **YSC Response/Action Taken:**

(Unit information boards contain information which is not appropriate) Policy and Procedure modified indicating that information boards will contain ONLY behavioral levels and names of residents and will be updated shift to shift by a staff member.

While YSC Policies ensure full Resident protections in accordance with this Standard (and consistent with applicable State and Federal laws), we acknowledge that this wasn't reflected in our prior utilization of Unit Boards. These have since been corrected to indicate Resident Levels only; all other information is contained in a confidential shift log located in an area occupied by staff.

JDAI Standard: There is a record for each child that includes screening forms, assessment records, findings, diagnosis, treatments, prescribed medications and records of administration, lab test records, consent for refusal forms, insurance information, discharge summaries, and reports from other health providers (e.g., dental or psychological).

- **Finding:** Consent for mental health services was signed by client not approved by parent but client lacked mental capacity to give consent (developmentally delayed).
- **Recommendation:** Review current practice and policy to ensure safe guards are implemented for any youth deemed incapable or not having the mental capacity to give consent.
- **YSC Response/Action Taken:**

The case referenced in the finding for this Standard was an exception to an otherwise well-adhered to rule. Supervision of case managers (who secure Consent) and bi-monthly random sample chart audits are a regular part of YSC practices.

JDAI Standard: Written policies, procedures and actual practices ensure that staff transfer medical records with youth between facilities or placements so youth receive consistent and timely medical services.

- **Finding:** Medical records aren't transferred to other placements or facilities.
- **Recommendation:** Review current policy and practice to verify that we are in compliance with the established JDAI standard.
- **YSC Response/Action Taken:**

The YSC Medical Team coordinates with the receiving Medical providers to ensure continuity of care. While original YSC Medical Records are retained at YSC, relevant copies are provided to applicable providers with an appropriate Release of Information.

ADDITIONAL FINDINGS and SUGGESTIONS:



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Self-inspection team members reported to have found “no policies addressing Quality Assurance and Continuous Quality Improvement (CQI). Credentialing is part of this process and we found no specific policy devoted to that aspect of management”.

They also reported that they “did not find policies pertaining to the scope of practice of each service (nursing, medical, psychiatric, Mental Health) and guiding their relationships”.

SUGGESTIONS:

Develop a QA and CQI program with their respective policies and procedures. Peer Review and Utilization Management, very important parts of such program, require special attention.

Consider having standard forms for the medical and psychiatric evaluation and follow up of patients.

Care Management meetings should have documentation in the records of the respective patient.

Supervision should be documented with supervisory notes.

○ **YSC Response/Action Taken:**

As shared earlier, YSC’s policies are department-specific to YSC. Within these, our respective divisions, units, and/or teams contain their own Operating Procedures pertinent to their explicit scope of practice. Within our Medical Unit, for example, these are referred to as Treatment Protocols (an industry standard commensurate to that of Operating Procedures but specific to Medical applications and signed by a M.D. rather than an administrative director).

YSC does not feel the suggestion to standardize the form used by the (primary care) Medical Doctor and the Psychiatrist is appropriate, as their respective scopes of practice require variance in the assessment/form itself.

And YSC appreciates the suggestion to develop a QA and CQI program, inclusive of Peer Review and Utilization Management. Effective February 2014, YSC has commenced with this process.

Environmental Issues

Juvenile detention facilities should not look like or be operated as jails. This section encourages facilities to provide a non-penal environment appropriate for youth who need to be held in a secure setting. It requires that the facility is clean, meets fire and safety codes, and has properly functioning temperature controls, light, ventilation and offer youth appropriate living conditions. This section also encompasses quality of life issues- assuring that youth will have clean, properly-fitting clothing; pleasant, normal eating experiences and that they may have personal items and some measure of privacy.



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Positive Institutional Atmosphere:

JDAI Standard: The buildings and grounds are well maintained.

- **Finding:** Shed's on the south side have a large pile of wire. Units: Openings left by removing the washers and dryers. Unit C: The back area coming from the unit to the back field is covered by vegetation.
- **Recommendation:** Wire needs to be placed into either a 55 gallon drum to keep in a cleaner state then it is currently. Units: Cover the openings left by removing the washers and dryers. Unit C: The back area coming from the unit to the back field need to be cleared of all the vegetation.
- **YSC Response/Action Taken:**

COMPLETED

Temperature, Ventilation, and Noise:

JDAI Standard: There is adequate ventilation in indoor areas.

- **Finding:** Warehouse air quality due to no ventilation from all the laundry supplies and the heat from the dryer.
- **Recommendation:** Request for purchase of an air conditioning unit for the warehouse area.
- **YSC Response/Action Taken:**

Air vents were opened and air quality has improved. This situation will be accessed during the summer months of 2014. If needed a request will be placed to provide adequate air quality equipment during the fiscal year of 2014-2015.

Emergency Preparedness and Fire Safety:

JDAI Standard: The facility has fire extinguishers in appropriate locations and in working condition. Staff receive training in the use of fire extinguishers. Staff regularly check and service fire extinguishers, and document the servicing.

- **Finding:** ABC fire extinguishers do not belong in the kitchen. Staff are not receiving fire extinguisher training as per International Fire Code (IFC).
- **Recommendation:** Replace ABC extinguishers with K fire extinguishers in the kitchen. YSC Employees shall all be instructed in the use of proper of portable fire extinguishers and other manual fire suppression equipment. Training on proper use of portable fire extinguishers for all new staff shall be provided promptly upon entrance on duty. Refresher training shall be provided annually.
- **YSC Response/Action Taken:**



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Fire extinguisher training has been implemented in the training calendar of 2014 and will continue to be a topic covered in the annual training program.

Safety

All JDAI standards were met in this section as the inspection team noted no discrepancies and no recommendations.

Training and Supervision of Employees

The quality of any facility rests heavily upon the people who work in it. This section requires that properly qualified staff is hired, and that they receive the training they need to work with troubled youth. Staff should also perform their work in an operational setting that enables them to do their work well- through appropriate staffing ratios and proper administrative supervision. The section further requires that the facility engages in ongoing quality assurance and self-improvement through documentation of serious incidents, citizen complaints, and child abuse reports.

Staffing:

JDAI Standard: The facility has adequate staff with language capacity to provide limited English proficient youth with meaningful access to programs and activities. The facility keeps accurate records of staff able to speak other languages and youth with limited English proficiency.

- **Finding:** It appears it's understood that staff are available to help with translation, but there is no list of staff kept with translating capabilities.
- **Recommendation:** Review current practice and ensure an up to date list of staff able to speak proficient in other languages for all shifts, and is readily available to all.
- **YSC Response/Action Taken:**

Addendum 2; Policy and procedure 6.1.1 was updated on 12/19/2013 to reflect the JDAI standard.

6.1.1 (Youth will not be used to translate when communicating with non- English speaking parents.

- 7) A listing of certified bilingual staff will be kept and maintained in the Centers Master Control area. The list will be updated as staff may be added or removed from the said list reliant upon their certification.

Restraints, Isolation, Due Process, and Grievances

Security and good order in a facility are best exercised when expectations are clear; staff is well-trained to help prevent and de-escalate crisis; and there are positive relationships between youth and staff. This section addresses what happens when those protective factors are insufficient and



force, restraint, room confinement or isolation must be used. This section includes the facility's rules for discipline, provisions for due process, and discipline sanctions. Finally, this section addresses the facility response to concerns and complaints by youth through an effective grievance process.

***Isolation is defined in this instrument as placing a youth in a room because of his or her current acting-out behavior. Isolation is not to be confused with room confinement, defined in this instrument as a disciplinary sanction.**

Physical Force, Mechanical and Chemical Restraints:

JDAI Standard: (Written policies and procedures in the facility set forth the principles below for use of force and mechanical restraints): Except for handcuffs used during transportation or facility emergencies, the only mechanical restraints that staff may use in the facility are soft or "therapeutic" restraints: fleece-lined leather, rubber, or canvas hand and leg restraints, and only with physician or mental health authorization as provided in this section.

- **Finding:** Policy and Procedure 3.4 Use of Force & Use of Restraints does not reflect that only soft-restraints will be utilized nor does it reflect the need for authorization by medical or mental health provider/ staff.
- **Recommendation:** Review and change current policy and procedures to ensure the correct language and practice is reflected as indicated by standard.
- **YSC Response/Action Taken:**

Deferred: The Youth Services Center is working toward a restraint free environment which employs the resources of positive behavioral management best practices. Policies, procedure and practice will be revised and updated in accordance with changes.

JDAI Standard: (Written policies and procedures in the facility set forth the principles below for use of force and mechanical restraints): During transportation (inside or outside of the facility), staff may use handcuffs to prevent injury or escape. In the rare instances that staff need additional restraints during transportation, such as belly belts/chains or leg shackles, staff must provide particularized reasons for their use and obtain approval by the facility administrator. Staff do not use belly belts/chains on pregnant girls. Staff do not handcuff youth together during transportation, or restrain youth to the vehicle.

- **Findings:** Policy and Procedure does not address the use of mechanical or soft restraints for youth moved within the facility. It does address the use of mechanical restraints as a routine practice during outside transports, but not as an exception.
- **Recommendation:** Review and change current policy to ensure the correct language and practice is reflected regarding use of mechanical restraints outside the facility and with pregnant girls as indicated by standard.



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- **YSC Response/Action Taken:**

Deferred: The Youth Services Center is creating a restraint free environment which employs the resources of positive behavioral management best practices. Policies, procedure and practice will be revised and updated in accordance with changes.

- JDAI Standard: (Written policies and procedures in the facility set forth the principles below for use of force and mechanical restraints): During facility emergencies, staff may use handcuffs to prevent injury or escape. Staff remove handcuffs promptly after youth is placed in his or her room, or is otherwise in a safe place. In the rare instances in which the youth remains out of control, staff seek physician or mental health authorization for the use of soft restraints. **Finding:** Policy and Procedure does not reflect the criteria or practice of when and how to use mechanical or soft restraints.
- **Recommendation:** Review and change current policy to ensure the correct language and practice is reflected regarding use of mechanical restraints and soft restraints during facility emergencies, as indicated by standard.
- **YSC Response/Action Taken:**

Policy and Practice- Deferred: The Youth Services Center is creating a restraint free environment which employs the resources of positive behavioral management best practices. Policies, procedure and practice will be revised and updated in accordance with changes.

Addendum 8; Current Practice and Training: In accordance with JDAI standards all detention staff is trained in the use of de-escalation and in the use of soft restraint in order to prevent injury or escape. Medical staff is available onsite 20 hours a day on site and are on call the other 4 hours. Mental Health staff is available onsite 16 hours a day and are on call the other 8 hours. Both Medical and Mental Health staff are called immediately upon restraint of any youth and remain with youth and staff until the restraint is complete. This is documented in a directive and has been in practice since November of 2010.

JDAI Standard: (Written policies, procedures, and actual practices prohibit): Use of chemical agents, including pepper spray, tear gas, and mace.

- **Finding:** Policy and Procedure does not specifically address the prohibited use of chemical agents, pepper spray, tear gas, and mace.
- **Recommendation:** Review and change current policy and procedure to ensure language and practice conform to the JDAI standards regarding the use of chemical restraint.
- **YSC Response/Action Taken:**

Policy and procedure 3.4 was updated on 12/19/2013 to reflect the JDAI standard.

Addendum 9; 3.4.5 Prohibited Actions 1); o) The use of inflammatory agents, chemical agents or distraction devices.



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JDAI Standard: Staff may only use soft restraints where a youth's behavior threatens imminent harm to self or others.

- **Finding:** Policy and Procedure does not reflect the protocols for use of mechanical or soft restraints. (NOTE: A written directive dated November 2010 was provided that addressed these issues, but were not written as policy and procedure revisions.)
- **Recommendation:** Review and change current policy and procedure to ensure language and practice conforms to the JDAI standard regarding mechanical and soft restraints.
- **YSC Response/Action Taken:**

Policy and Practice- Deferred: The Youth Services Center is creating a restraint free environment which employs the resources of positive behavioral management best practices. Policies, procedure and practice will be revised and updated in accordance with changes.

Addendum 8 and 10; Practice and Training: In accordance with JDAI standards all detention staff is trained in the use of de-escalation and in the use of soft restraint in order to prevent injury or escape. Medical staff is available onsite 20 hours a day on site and are on call the other 4 hours. Mental Health staff is available onsite 16 hours a day and are on call the other 8 hours. Both Medical and Mental Health staff are called immediately upon restraint of any youth and remain with youth and staff until the restraint is complete. This is documented in a directive and has been in practice since November of 2010.

JDAI Standard: Except in a clear emergency, only a physician or qualified mental health professional may authorize use of soft restraints. In a clear emergency, where neither time nor availability permit authorization by a physician or qualified mental health professional, facility staff who have been certified by the physician or psychiatrist may authorize the temporary use of soft restraints. The only facility staff who may be so certified and who may authorize of restraints are the facility administrator, the deputy administrator, the officer in charge of the facility, or a unit supervisor. If any of these facility staff authorize the use of restraints in an emergency situation, they must immediately contact a qualified mental health professional for consultation and crisis intervention.

- **Findings:** Policy and Procedure does not reflect the protocols for use of mechanical or soft restraints. (NOTE: A written directive dated November 2010 was provided that addressed these issues, but were not written as policy and procedure revisions)
- **Recommendation:** Review and change current policy and procedure to ensure language and practice conforms to the JDAI standard for authorization of soft restraint.
- **YSC Response/Action Taken:**

Current Practice and Training: In accordance with JDAI standards all detention staff is trained in de-escalation and the use of soft and restraint. Medical staff is available 20 hours a day on site and are on call the other 4 hours. Mental Health staff is available 16 hours a day and are on call the other 8 hours. Both Medical and Mental Health staff are called immediately upon restraint of any youth. A directive has



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been issued to reflect that current practice and the Youth Services Center is creating a restraint free environment which employs the resources of positive behavioral management best practices. Policies, procedure and practice will be revised and updated in accordance with changes.

JDAI Standard: Staff do not use soft restraints unless and until they try less restrictive techniques, such as talking with youth to de-escalate the situation and bringing in staff, mental health professionals, or other youth to talk with the youth, and such less restrictive techniques have proven ineffective. At the time restraints are applied, staff must tell the youth the reason for using the restraints and that they will remove the restraints as soon as the youth regains self-control. Except in emergencies, staff may not use soft restraints on girls who are pregnant.

- **Findings:** Policy and Procedure does not reflect the protocols for use of mechanical or soft restraints. (NOTE: A written directive dated November 2010 was provided that addressed these issues, but were not written as policy and procedure revisions.)
- **Recommendation:** Review and change current policy and procedure to ensure language and practice conforms to the JDAI standard for use of de-escalation and any other less restrictive restraints before soft restraints are utilized.
- **YSC Response/Action Taken:**

Addendum 8 and 10; Current Practice and Training: In accordance with JDAI standards all detention staff is trained in de-escalation and the use of soft and restraint. Medical staff is available 20 hours a day on site and are on call the other 4 hours. Mental Health staff is available 16 hours a day and are on call the other 8 hours. Both Medical and Mental Health staff are called immediately upon restraint of any youth. A directive has been issued to reflect that current practice and the Youth Services Center is creating a restraint free environment which employs the resources of positive behavioral management best practices. Policies, procedure and practice will be revised and updated in accordance with changes.

JDAI Standard: During any time that a youth is in isolation, staff provide one-on-one crisis intervention and observation. The staff member should be either in the cell with the youth or directly outside the cell providing constant observation of the youth and interaction as appropriate.

* Please note definition of *isolation* in the “Restraints, Isolation, Due Process and Grievances” Section introduction.

- **Findings:** There is no documented or recorded training for staff as it relates to youth isolation (i.e., one-on-one crisis intervention, observation, etc...)
- **Recommendation:** Ensure annual staff training is documented and supports best practice and JDAI Standards.
- **YSC Response/Action Taken:**

All YSC staff who provides direct care to residents or whom has resident contact on a regular basis (Youth Program Officers, Behavioral Health Clinicians, Nurses, Food Services, et al) are required to



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participate in 40 hours of training on an annual basis. Trainings are provided by internal and external experts on any particular subject matter.

The YSC Professional Development Program involves a wide menu of topics, and includes Best Practice JDAI Standards.

YSC uses an electronic management system for tracking staff training, and it captures everything from registration to confirmed course completion. This same information is additionally documented in employee training and HR files.

JDAI Standard: Staff do not place a youth in restraints for any fixed period of time. Staff must release a youth from restraints as soon as the youth’s behavior ceases to threaten imminent harm to self or others.

- **Findings:** Policy and Procedure does not reflect the protocols for use of mechanical or soft restraints. (NOTE: A written directive dated November 2010 was provided that addressed these issues, but were not written as policy and procedure revisions.)
- **Recommendation:** Ensure annual staff training is documented and supports best practice and JDAI Standards.
- **YSC Response/Action Taken:**

All YSC staff who provides direct care to residents or whom has resident contact on a regular basis (Youth Program Officers, Behavioral Health Clinicians, Nurses, Food Services, et al) are required to participate in 40 hours of training on an annual basis. Trainings are provided by internal and external experts on any particular subject matter.

The YSC Professional Development Program involves a wide menu of topics, and includes Best Practice JDAI Standards.

YSC uses an electronic management system for tracking staff training, and it captures everything from registration to confirmed course completion. This same information is additionally documented in employee training and HR files.

JDAI Standard: A medical professional or health-trained staff directly monitors any youth in isolation at least every 15 minutes. A qualified mental health professional must directly monitor any youth held in isolation for longer than 30 minutes. If a youth is in isolation for longer than one hour, a qualified mental health professional must directly monitor the youth at least once every hour the youth is in isolation. * Please note definition of *isolation* in the “Restraints, Isolation, Due Process and Grievances” Section introduction.

- **Findings:** Policy and procedure does not reflect JDAI standards for isolation.



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- **Recommendation:** Ensure policy and procedure reflects best practice JDAI Standards for youth held in isolation.
- **YSC Response/Action Taken:**

Addendum 11; The room confinement policy 3.19 was implemented on 12/26/2013. As stated above, YSC staff receives 40 hours of training on an annual basis. And JDAI Best Practice Standards are included among these trainings. The YSC Professional Development Program may dually serve as the agency's communication venue when new policies will be implemented or when current policies are revised.

Addendum 15: YSC's policy 3.4.4 5 reflects that *"A qualified mental health professional may not authorize the use of soft restraints for longer than four hours. If a qualified mental health professional determines that a youth needs to be in soft restraints for longer than four hours, staff shall transport the resident to a mental health facility."*

JDAI Standard: A qualified mental health professional may not authorize the use of soft restraints for longer than four hours. If a qualified mental health professional determines that a youth needs to be in soft restraints for longer than four hours, staff shall transport the youth to a mental health facility.

- **Findings:** Policy and Procedure does not reflect the protocols for use of mechanical or soft restraints. (NOTE: A written directive dated November 2010 was provided that addressed these issues, but were not written as policy and procedure revisions.)
- **Recommendation:** Ensure annual staff training is documented and supports best practice and JDAI Standards and details new policy and procedures.
- **YSC Response/Action Taken:**

Addendum 10; Policy and procedure 3.4.4 was updated on 12/19/2013 to reflect the JDAI standard.

Addendum 10; (3.4.4 5) A qualified mental health professional may not authorize the use of soft restraints for longer than four hours. If a qualified mental health professional determines that a youth needs to be in soft restraints for longer than four hours, staff shall transport the resident to a mental health facility.

JDAI Standard: Youth in restraints have reasonable access to water, toilet facilities, and hygiene supplies.

- **Finding:** Policy and Procedure does not reflect the protocols for use of mechanical or soft restraints. (NOTE: A written directive dated November 2010 was provided that addressed these issues, but were not written as policy and procedure revisions.)
- **Recommendation:** Ensure annual staff training is documented and supports best practice and JDAI Standards.



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- **YSC Response/Action Taken:**

Addendum12: Policy and procedure 3.4.4 was updated on 12/19/2013 to reflect the JDAI standard.

Addendum 12; (3.4.4 8) Staff will ensure residents have reasonable access to water, toilet facilities, and hygiene supplies.

JDAI Standard: (Facility staff document all incidents in which a youth is placed in isolation, including): Referrals and contact with medical and mental health staff, including the date, time and person contacted.

- **Finding:** Documentation does not reflect that mental health staff are notified following any use of force or use of restraints incident.
- **Recommendation:** Suggest that the use of force report form or medical observation form identifies mental health staff notification, which includes time, date, and who was notified.
- **YSC Response/Action Taken:**

Addendum 12; Ongoing attention is being applied to this subject. The room confinement policy 3.19 was implemented on 12/26/2013.

JDAI Standard: Staff and youth involved in use of force or restraint incidents undergo an immediate debriefing process with supervisory staff and mental health staff to explore what might have prevented the need for force or restraint and alternative ways of handling the situation. Staff also notify parents of use of force or restrain incidents and ask for input and support on ways to prevent future such incidents.

- **Finding:** There was no documentation to review that supported a debriefing of staff or youth took place following a use of force/ restraints reviewed.
- **Recommendation:** Review current policy and practice to ensure that a debriefing process in place and is documented.
- **YSC Response/Action Taken:**

YSC is in the process of implementing the “Life-Space Interview” into policy and procedures. It is a current practice that residents initial all discipline, intervention, and debriefings upon completion.

JDAI Standard: A restraint review committee, which includes the facility administrator or designee, training staff, mental health staff, and line staff, regularly reviews all force and restraint incidents to identify departures from policy and issues needing policy clarification, to develop targeted training, and to provide feedback to staff on effective crisis management. Finding: No



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documentation reflecting a restraint review committee exists. (NOTE: It is known that the facility has an active Multi-Disciplinary Team- MDT Committee where such issues are discussed and reviewed.)

- **Recommendation:** Review current practices to ensure the Youth Services Center is in compliance with the JDAI standard for creating a restraint review committee, and that this review is documented.
- **YSC Response/Action Taken:**

YSC implemented a formal incident review debriefing during the month of November 2013. This debriefing includes the Assistant Director of Operations, Program Manager, and staff involved in the incident.

Voluntary Time Outs:

JDAI Standard: Staff allow youth to have a voluntary time out for a short period of time at the youth's request. A voluntary time out is defined as a youth choosing to remove him or her from programming to "cool off"; the youth is allowed to return to programming automatically without needing staff permission.

- **Finding:** Policy and Procedure does not reflect the option of resident Voluntary Time-Out... the opportunity for a resident to request short term room time in order to regain his-her composure. However, such a practice is noted on the respective Shift logs within each unit.
- **Recommendation:** Review policy and procedure to ensure language is incorporated as it pertains to "cool off" and the resident's right to use.
- **YSC Response/Action Taken:**

Addendum 12; The room confinement policy 3.19 was implemented on 12/26/2013.

Grievance Procedures:

JDAI Standard: Facility administrators ensure that youth receive no reprisals for utilizing grievances procedures.

- **Finding:** There is no policy statement which specifically prevents reprisals against residents using the grievance process.
- **Recommendation:** Review policy and procedure to ensure language and practices are implemented in order to conform to the JDAI standard.
- **YSC Response/Action Taken:**



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Addendum13; Policy and procedure 3.12.7 was updated on 12/19/2013 to reflect the JDAI standard.

3.12.7 Non-Retaliation

- 1) No Center employee, volunteer or contractor may retaliate against a youth, staff, volunteer, contractor or third party in any way for participating directly or indirectly in the grievance process.
- 2) Center employees, contractors and volunteers will report any incident of retaliation against a youth, staff, volunteer, contractor or third party for participation in the grievance process to the Director or Designee.

Access Issues

Success in the community is often linked to supportive relationships that youth have with family and others. This section addresses the rights of detained youth to have access to the outside community through visitation, correspondence, and access to the telephone. It also addresses the need for youth to be able to visit with and communicate with their attorneys and other advocates about their cases, problems in the facility, or other issues requiring legal assistance.

Mail:

JDAI Standard: Facility staff does not routinely read incoming or outgoing mail. Staff only read mail if there is a reasonable suspicion based on specific information that the mail itself constitutes a criminal act or threat to the security of the facility.

- **Finding:** Policy and Procedure 6.5.1 F states that “mail is read” and Policy and Procedure 6.5.1 5 states that “mail shall not be censored or read by staff”.
- **Recommendation:** Need to consolidate policies and not contradict them. All mail sections should be combined to ensure consistency and reduce confusion.
- **YSC Response/Action Taken:**

Addendum 14; Policy and procedure 6.5 was updated on 12/19/2013 to reflect the JDAI standard.

6.5 I.); F.) Facility staff do not routinely read incoming or outgoing mail. Staff only read mail if there is a reasonable suspicion based on specific information that the mail itself constitutes a criminal act or threat to the security of the facility.

JDAI Standard: Facility staff only open envelopes containing mail for a youth in the presence of the youth in order to inspect for contraband.

- **Finding:** Policy and Procedure does not require youth presence.



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- **Recommendation:** Review current policy and procedure to ensure language is implemented in order to conform to the JDAI standard.
- **YSC Response/Action Taken:**

Addendum 14; Policy and procedure 6.5.1 was updated on 12/19/2013 to reflect the JDAI standard.

6.5.1 General Mail Processing 6) Facility staff only open envelopes containing mail for a youth in the presence of the youth in order to inspect for contraband.

JDAI Standard: If staff withhold mail for any reason, staff inform the youth, log the date, time and reason for the action, place the mail in the youth's private property, and advise the youth that he or she may file a grievance over the decision to withhold the mail.

- **Finding:** No Policy and Procedure in place that allows youth to file a grievance in regards to withheld mail.
- **Recommendation:** Need explicit notification to youth and sender/publisher that they can grieve refusal of mail or mail that is withheld. Be more detailed in reference as to what is prohibited/ subject to refusal. Document refusal of mail or withheld mail and details of why the action was taken.
- **YSC Response/Action Taken:**

Addendum 14; Policy and procedure 6.5.2 was updated on 12/19/2013 to reflect the JDAI standard.

Addendum 14; 6.5.2; 5); a) In the event that any contraband or inappropriate material is found, staff shall immediately confiscate the contraband or material and letter, forward the confiscated items to Intake for the mail to be sealed in the juvenile's property bag, and shall notify the juvenile that the mail has been withheld via a **Correspondence Denial Form (CDF)**.

Addendum 15; 3.12.1 Juvenile Rights: Grievance Procedures iii); 2) The grievance process is applicable to all facets of facility operations.

JDAI Standard: Youth may receive reasonable numbers of books and magazines, which may be inspected for contraband.

- **Finding:** Policy and Procedure in place 6.5 1.E. does not conform to standard.
- **Recommendation:** Allow youth to receive publisher's publications so long as the content is appropriate.
- **YSC Response/Action Taken:**

Addendum 14; Policy and procedure 6.5.4 was updated on 12/19/2013 to reflect the JDAI standard.



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6.5.4 Publications 3) Juveniles detained at the Center are allowed to receive publications or books directly through the mail. All books and publications shall be approved by the Director or Designee.

JDAI Standard: Staff distributes mail within 24 hours of arrival at the facility, and post outgoing mail within 24 hours of receipt of mail from youth.

- **Finding:** Policy and Procedure in place 6.5 1.H. does not conform to standard.
- **Recommendation:** Review current policy and procedure to ensure language is changed and practice is implemented in order to conform to the JDAI standard.
- **YSC Response/Action Taken:**

Addendum 14; Policy and procedure 6.5.3 was updated on 12/19/2013 to reflect the JDAI standard.

6.5.3 Out-going Mail 4) Promptly upon bringing the outgoing juvenile mail up to the Administration area, staff shall complete the **Resident Outgoing Mail Log** for each piece of outgoing mail and either place the appropriate postage on each piece of mail and place it in the U.S. Postal Service Mailbox located in front of the Juvenile Justice Center building, or place the mail in the outgoing mail box for pick-up by the County mail courier who will post and mail each envelope. This process will occur within 24 hours of receipt from the juvenile.

Telephone:

JDAI Standard: Facility staff provide youth with reasonable access to telephones, and staff do not routinely listen in on or record youth's conversations.

- **Finding:** Policy and Procedure does not address the prohibition of routinely listening in on youth phone conversations.
- **Recommendations:** Review current policy and procedure to ensure language is changed and practice is implemented in order to conform to the JDAI standard.
- **YSC Response/Action Taken:**

Addendum 16; Policy and procedure 6.5.6 was updated on 12/19/2013 to reflect the JDAI standard.

8) Staff does not routinely listen in on Resident phone calls. Recorded calls are listened to only for safety and security purposes.

JDAI Standard: Telephone calls are a minimum of 10 minutes in length (after a connection is established), at least twice a week. Staff may impose reasonable restrictions on length of calls beyond 10 minutes in order to accommodate all youth wishing to make telephone calls.



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- **Finding:** Policy and Procedure does not mention either the length of telephone calls for youth or access restriction.
- **Recommendation:** Review current policy and procedure to ensure language changed and practice is implemented in order to conform to the JDAI standard.
- **YSC Response/Action Taken:**

Policy and procedure 6.5.6 was updated on 12/19/2013 to reflect the JDAI standard.

6.5.6 Telephone Access 9) Telephone calls are a minimum of 10 minutes in length (after a connection is established), at least twice a week. Staff may impose reasonable restrictions on length of calls beyond 10 minutes in order to accommodate all youth wishing to make telephone calls.

Visitation:

JDAI Standard: Visits are at least one hour in length and are contact visits. Staff impose noncontact visits only when there is a specific risk to the safety and security of the facility.

- **Finding:** Policy and Procedure 6.5.7 c is not clear and is confusing as it mixes Super Honors with regular special visits.
- **Recommendation:** Policy and Procedure needs clarification and separation between the Super Honors special visits and the regular special visits.
- **YSC Response/Action Taken:**

Addendum 17; Policy and procedure 6.5.7 was updated on 12/19/2013 to reflect the JDAI standard.

6.5.7 Visitation 1) Juveniles detained at the Center shall be provided the opportunity and location availability to have professional and social visitation from persons from outside the Center. Visits are at least one hour in length and are contact visits. Staff impose noncontact visits only when there is a specific risk to the safety and security of the facility.

JDAI Standard: Staff may supervise the visiting area, but may not monitor conversations, absent a reasonable suspicion that a crime, escape, or threat to safety or security may occur.

- **Finding:** Policy and Procedure is not clear in regards to this standard.
- **Recommendation:** Review current policy and procedure to ensure language is changed and practice is implemented in order to conform to the JDAI standard.
- **YSC Response/Action Taken:**

Addendum 21 Policy and procedure 6.5.7 was updated on 12/19/2013 to reflect the JDAI standard.

6.5.7 Visitation 1) Staff may supervise the visiting area, but may not monitor conversations, absent a reasonable suspicion that a crime, escape, or threat to safety or security may occur.



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JDAI Standard: If staff conduct searches following visits, they use the least intrusive measure to protect against the introduction of contraband into the facility. Written policy and procedure clearly describes the facility's practice.

- **Finding:** Policy and Procedure 6.5.7 a. xvi clearly states that all visits will begin and end with a strip search which is not the least intrusive measure to protect against the introduction of contraband into the facility
- **Recommendation:** Review current policy and procedure to ensure language is implemented in order to conform to the JDAI standard.
- **YSC Response/Action Taken:**

Policy and procedure 6.5.7 was updated on 12/19/2013 to reflect the JDAI standard.

Addendum 17; 6.5.7 Visitation 1); a); xvi) Each juvenile shall be given a strip search prior to and following all family visits. The search shall be conducted by a same gender Youth Program Officer and in a location to offer the juvenile reasonable privacy.

JDAI Standard: Visitors are able to ask questions or register complaints about the treatment of youth. Facility staff or administrators promptly reply to such questions or complaints.

- **Finding:** Policy and Procedure in regards to this standard could not be located.
- **Recommendation:** Review current policy and procedure to ensure language is developed and practice is developed for a parent grievance procedure in order to conform to the JDAI standard.
- **YSC Response/Action Taken:**

Addendum 18; Policy and procedure 3.12.1 was updated on 12/19/2013 to reflect the JDAI standard.

3.12.1 Juvenile Rights: Grievance Procedures 1); a); ii) Third parties, including other youth, staff members, family members, legal guardians, outside advocates, and attorneys for youth, may file grievances on behalf of youth currently or formerly in custody at the Center and may assist youth in completing grievances and appeals.

Addendum 18; 3.12.4 Review and Investigation of Grievances 3) The Director or Designee will provide youth who reported the grievance with a copy of the original grievance and a written response within 5 days of receipt of the grievance except where the grievance requires substantial investigation that cannot be completed in that time frame, or referral to an outside agency for investigation. Where a third party filed the grievance, mail (certified letter when all other attempts of trying to contact said person(s) will happen within 10 days), explaining the resolution of the matter and the reasons for the decision. The Center will, within a reasonable time frame, notify youth and or a third party in the event that the grievance will take longer, with an explanation of the reason(s) why. This notification will be documented and attached to the grievance file.



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Access to Courts, the Counsel and Public Officials:

JDAI Standard: Attorneys other than the youth's delinquency attorney may visit, with consent of the youth. Youth may have access to legal assistance (e.g., pro bono lawyers, law students, paralegals) and legal research materials both pre- and post- adjudication

- **Finding:** Policy and Procedure for this standard could not be found.
- **Recommendation:** Implement a legal/ law library for youth
- **YSC Response/Action Taken:**

Legal research is not available to residents at this time. All other legal access which includes visits, phone calls, and correspondence are available for residents.

Programming

Education:

JDAI Standard: The facility school operates twelve months a year.

- **Finding:** Summer curriculum different from school calendar year.
- **Recommendation:** Review current summer program curriculum.
- **YSC Response/Action Taken:**

As previously shared, academic programming is provided by certified teachers with Albuquerque Public Schools (APS) through a Memorandum of Understanding (MOU) between YSC and The Board of Education. The MOU is reviewed annually, and includes a compensated Summer School Program.

APS notified YSC in November of 2013 that the earmarked compensation for the Summer School Program was insufficient according to Teacher Pay Grades. As such, YSC is in the process of developing an alternate plan to ensure that educational programs are provided for a full calendar year.

JDAI Standard: The facility school identifies youth with limited English proficiency and provides appropriate instruction to those students to allow for meaningful access to curriculum. Please list the teaching staff available for youth with limited English proficiency to the facility.

- **Finding:** Students (Spanish speaking) did not know if Spanish language books/materials were available for educational purposes.
- **Recommendation:** Review current policy and procedure to ensure language is changed and practice is implemented in order to conform to the JDAI standard..
- **YSC Response/Action Taken:**



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YSC provides English as a Second Language (ESL) program through its partnership with Albuquerque Public Schools. Spanish-language books and materials are available for this and other purposes. Teaching staff available for youth with limited English proficiency are Bianca Sapien, Kristina Gonzales, and Judy Wechsler

JDAI Standard: The facility school is annually reviewed and evaluated by the county superintendent of schools. Alternatively, the school program is accredited by an independent body (e.g., the North Central Association of Colleges and Secondary Schools, the Middle States, Southern States, or Western States Association).

- **Finding:** No documentation on school accreditation nor could staff confirm.
- **Recommendation:** Meet with school principal to determine how the YSC/ APS is evaluated and accredited.
- **YSC Response/Action Taken:**

Adele Evans is the School Principal, and has served in this role for nearly two decades. She – along with The School – are annually reviewed and evaluated by the Superintendent of Schools.



ADDENDUM

Addendum 1

Procedure 6.1.2: The Booking Process

- 1) The Intake Officer shall complete the following steps, which include, but not limited to, the following:
 - a) Ensure the juvenile is of proper age for admission as specified in the New Mexico Children's Code, Section 32A-2-10.
 - (1) No youth under the age of 11 will be detained at the Center.
 - b) Ensure that he/she meets the legal criteria for detention as specified in the New Mexico Children's Code, Sections 32A-1-1 thru 32A-27-7.
 - (1) Youth will not be detained based on undocumented status alone.



Addendum 2

Procedure 6.1.1 Initial Screening

- 3) The juvenile shall be screened for injury, intoxication, acute illness and immediate behavioral health status prior to accepting custody from the transporting/arresting agency.
 - a) Should no one from the medical department be available and the Intake Officer believes the juvenile needs medical/behavioral health attention, the Intake Officer shall refuse admission.
 - b) Proper documentation from the transporting/arresting agency shall be presented to the Intake/Medical Department indicating the juvenile has been initially treated and cleared prior to the juvenile's admission into the Center.

- 4) A bilingual staff roster shall be available to Center staff and shall be updated quarterly by a designated administrative assistant. This roster shall list staff who are available during their shift to assist with a juvenile who cannot communicate in English or needs assistance with proper interpretation. Youth will not be used to translate when communicating with non- English speaking parents.

- 5) A listing of certified bilingual staff will be kept and maintained in the Centers Master Control area.
The list will be updated as staff may be added or removed from the said list reliant upon their certification.



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Addendum 3

Procedure 6.2.4: Suicide Prevention and Intervention

- b) This assessment shall include the juvenile's potential suicide risk while in the Center.
Risk factors may include, but are not limited to:
- i) Intoxication



Addendum 4

Policy 5.1 (Juvenile Health Care)

W. At the time of the juvenile's admission, program staff shall be informed of juveniles' special medical problems or of any physical problems that might require medical attention.

DD. A written procedure shall provide for a special health program for juveniles requiring close medical supervision. A written individual treatment plan, which includes directions to health care and other personnel regarding their roles in the care and supervision of the patient, shall be developed for each juvenile by the appropriate physician, dentist, or qualified mental health practitioner as it is deemed appropriate.

EE. Chronic care, convalescent care, and medical preventative maintenance shall be provided to juveniles when medically indicated.

FF. Medical and dental prostheses shall be provided when the health of the juvenile would otherwise be adversely affected, as determined by the responsible physician.

GG. A written agreement shall exist, if applicable and/or necessary, between the Center and a nearby hospital(s) for all medical services that cannot be provided at the Center.

NN. Mentally ill, retarded, developmentally disabled, or mentally handicapped juveniles shall be provided screening, care, and/or referral for special needs care. The responsible physician or psychiatrist shall designate referral sources in advance of need and approves all transfers to mental health facilities. The Center shall report to the courts all such transfers no later than the next business day or as required by statute.

OO. Detoxification from alcohol, opiates, barbiturates and similar drugs shall be performed under the supervision of the responsible physician.

PP. The clinical management of chemically dependent juveniles shall include the following:

- 1) A standardized diagnostic needs assessment administered to determine the extent of use, abuse, dependency, and/or codependency;
- 2) A medical examination to determine medical needs and/or observational requirements;
- 3) An individual treatment plan developed and implemented by a multidisciplinary team;
- 4) Prerelease relapse-prevention education including risk management; and



5) Aftercare discharge plans that include the juvenile and the family, when appropriate.

Procedure 5.1.2: Assessments and Care

- 3) If during the initial medical intake assessment the juvenile has a medical or mental health illness/injury/concern that requires rapid/immediate care, or a level of care that is not available at the center, the juvenile is refused for detainment and referred to an appropriate higher level of care such as an emergency room.
 - a) Should the transport to the higher level of care be beyond the abilities of the booking/transport officer/entity the EMS system is activated to provide care and transportation.
 - i) If or when the juvenile returns to the center with a medical and/or mental health clearance and statement from a provider that he/she has been deemed safe for detainment then the initial medical assessment is completed at that time.
 - ii) Upon return to the center if the juvenile continues to require a higher level of care than what may be provided by the center, the juvenile will again be refused for detainment until the condition has been stabilized by the appropriate medical/mental health entity.
- 4) Juveniles with medical, dietary, special health needs, or mental health concern(s) that are identified during the initial medical screening, or during the course of their detainment, are followed by the appropriate medical or mental health provider(s) and discipline(s).
 - a) Secure staff is notified of the identified by the medical or mental health departments of special dietary/medical/mental health need(s), physical restrictions/limitation(s), or other concerns/information as appropriate and as necessary for safety, security and continuum of care.



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- b) Notification is accomplished through staff alerts, special medical needs reports, or dietary restriction reports.
 - i) These reports identify the care, action, concern or issue that needs to be addressed or observe for on the living units and throughout the center. Information that is delivered to the secure staff is based upon a “need to know” basis.
 - ii) All HIPAA laws, rules, regulations and guidelines are observed and followed.

- 5) Juveniles who are cleared for detainment but have non-urgent/emergent underlying medical or mental health need(s) that were defined during the initial medical assessment are referred to the next appropriate medical/mental health discipline(s) clinic(s).

- 9) Any physical or mental health care need(s) that require services not available in the center are referred to the appropriate provider, hospital, service in the community. The UNM provider will contact the appropriate health care specialist or service, and discuss the identified issues prior to the appointment being made. The center provides transportation, in an appropriate manner, to the appointment or service. Any follow up care that is required is addressed and completed.

- 10) Medical chronic and convalescent care of the juvenile(s) is provided through the medical department as directed by the medical provider during their detainment. Referrals to the appropriate community resource as well as ongoing care with the anticipation of the juveniles release is arranged prior to the release as appropriate and as the medical department is able based upon available information.

- 12) Medical and dental prosthetics are provided by the center based upon an identified need



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by the appropriate provider. Parents, legal guardians, or custodians are encouraged to bring already existing prosthetics into the center for the juveniles use during his/her detention.

14) Additional complaint based specific medical assessments are completed by the nurses on any juvenile(s) with signs, symptoms, or reported feelings of withdrawing from opiates, alcohol, barbiturates or stimulants. Based upon the nurse's assessment, a medical provider is contacted and the appropriate withdrawal treatment protocol is initiated or, the juvenile is referred to the next medical and/or psychiatric clinic. As necessary, based upon the clinical findings, assessment and providers orders the juvenile is referred to a higher level of care.

These same juveniles are monitored and reassessed, as appropriate, until the signs, symptoms of detoxification and/or withdrawal are no longer present. Staff alerts, dietary special needs, special medical needs, and referrals to mental health and the substance abuse clinicians are completed and sent as necessary/appropriate to provide a continuum of care while on the living units and to identify the need for substance abuse and mental health assistance.



Addendum 5

Procedure 3.6.6 Guidelines for Conducting a Person Search

ii) Pat searches shall be performed prior to departure from any secure area and when there is reasonable suspicion to believe a juvenile is in possession of contraband. These areas include but are not limited to:

- (1) Visiting area;
- (2) Recreation yard;
- (3) Gymnasium;
- (4) Multi-purpose rooms;
- (5) Arts and Crafts;
- (6) School;
- (7) Cafeteria;
- (8) Housing Units; and
- (9) Court



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Addendum 6

Youth Orientation Handbook



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ORIENTATION HANDBOOK



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Addendum 7

Procedure 6.2.4: Suicide Prevention and Intervention

4) Procedures:

- a) Upon determining that a juvenile requires placement on a suicide level, the responsible staff shall issue a **Staff Alert** in accordance with the **Staff Alert Protocol**.
- b) Once a juvenile is placed on a **Level 1 Status**, the responsible licensed behavioral health staff, in conjunction with psychiatry, shall make all reasonable efforts to have the juvenile admitted to a psychiatric/acute care facility.
- c) The following procedures shall be strictly followed unless modified in writing by an independently licensed medical or behavioral health staff in order to fit the individual juvenile's needs. Any such changes shall be documented and issued in accordance with the **Staff Alert Protocol**:
 - i) **Suicide Level 1**: Juveniles placed on a **Level 1 Status** shall be supervised in the following manner:
 - (1) The juvenile shall be placed in an observation room on a unit or shall be housed in Intake as determined by the Assistant Director of Operations (ADO) or his/her designee. If an observation room is not available, then the juvenile will be housed in a room closest to the officer's station. Staff **shall provide 1:1 supervision** at all times and maintain constant visual observation. **Five minute room checks** shall be documented by the staff providing the 1:1 supervision.
 - (2) When the juvenile is in his/her room, the juvenile shall be placed in the suicide gown with security bedding. She/he will be allowed to keep their underwear (male and female garments, inclusive of a sports bra). **No other items shall be allowed.**
 - (3) Staff shall be in arms reach when the juvenile is out of his/her room.
 - (4) When the juvenile is out of his/her room, attire will be determined and addressed by the unit management team and shall be documented in a **Staff Alert**.



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(5) The juvenile shall be **evaluated every 24 hours** by a licensed member of

the behavioral health staff.

(6) The **SD/FF** procedure, as described in #5 of this section (Self-Destruction/Finger Food Level) of this procedure, will be strictly enforced.

(7) A juvenile placed on a S1 status who does not present with violent behaviors and/or severe psychotic features shall be allowed and encouraged to participate in routine facility programming. Staff shall remain in arms reach of the juvenile.

(8) A juvenile placed on a S1 status who does present with violent behaviors and/or severe psychotic features shall have all phases of programming addressed through a special management program created on a case by case basis.

(9) A **Level 1 Status** shall only be lowered by a psychiatrist or licensed clinical psychologist.

ii) Juveniles placed on a **Level 2 Status** shall be supervised in the following manner:

(1) The juvenile shall be placed in an observation room on a unit, if one is available. If an observation room is not available, then the juvenile will be housed in a room closest to the officer's staff station.

(2) **Five minute room checks** shall be conducted and documented by line staff.

(3) When the juvenile is in his/her room, the juvenile shall be placed in a suicide gown with security bedding. She/he will be allowed to keep their underwear (male and female underwear, inclusive of a sports bra). **Initially, no other items shall be allowed.**

(4) Staff shall maintain direct principles of supervision when the juvenile is out of his/her room.

(5) When the juvenile is out of his/her room, attire will be determined and addressed by the unit management team and documented in a **Staff Alert**.

(6) The **SD/FF** procedure, as described in #5 of this section (Self Destructive/Finger Food Level Procedure) of this procedure, will be strictly enforced.

(7) The juvenile will be **evaluated a minimum of two times a week** by a licensed member of the behavioral health staff.

(8) A **Level 2 Status** shall only be lowered by a psychiatrist or a licensed member of the behavioral health staff

Addendum 8



Procedure 3.4.2 Physical Intervention Continuum

Bernalillo County Youth Services Center has implemented a **Physical Intervention Continuum** representing guidelines for the decision making process to escalate and/or de-escalate intervention strategies. Staff shall make necessary modifications to the standard use of force and restraint procedure for juvenile's who may have past trauma from a sexual assault experience, if circumstances and the level of threat permits. The Center mandates the staff shall utilize good judgment and reasonableness when implementing any physical intervention technique(s) during the course of their duties. All staff shall attempt to utilize non-physical intervention techniques and strategies **BEFORE** any decision to physically intervene when attempting to control a non-compliant juvenile. Staff shall conduct themselves in a controlled, responsible manner when confronted with a crisis situation involving youth.

Procedure 3.4.3 Physical Intervention Categories and Levels

- 1) A **Physical Intervention Continuum** shall be provided to show the relationship between the behavior of a juvenile observed by the officer, the level of threat or risk perceived by the officer, and the decision of the officer to physically intervene or not.
- 2) The **Continuum** shall not be a step-by-step process for staff to follow when faced with a critical incident. It is designed to give a visual reference for the staff member to understand when faced with a use of force/physical intervention decision.
- 3) Staff must remember that the decision to use force and physically intervene in order to control a non-compliant youth **must always** be justified by that staff member.

Procedure 3.4.4 Physical Intervention Guidelines

- 1) YSC staff will apply restraints on an incident by incident basis as needed **ONLY** after being trained on the proper use of restraints and escorting techniques. The training class and curriculum are established and approved by the Director or Designee and is subject to change or modification depending upon the trends and needs of the youth of the YSC.
- 2) Staff may only use soft restraints where a resident's behavior threatens imminent harm to self or others.
- 3) Except in a clear emergency, only a physician or qualified mental health professional may authorize use of soft restraints. In a clear emergency, where



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neither time nor availability permit authorization by a physician or qualified mental health professional, facility staff who have been certified by the physician or psychiatrist may authorize the temporary use of soft restraints. The only facility staff who may be so certified and who may authorize of restraints are the facility director, the assistant director, the officer in charge of the facility, or a unit supervisor. If any of these facility staff authorize the use of restraints in an emergency situation, they must immediately contact a qualified mental health professional for consultation and crisis intervention.

4) Staff do not use soft restraints unless and until they try less restrictive techniques, such as talking with youth to de-escalate the situation and bringing in staff, mental health professionals, or other residents to talk with the youth, and such less restrictive techniques have proven ineffective. At the time restraints are applied, staff must tell the youth the reason for using the restraints and that they will remove the restraints as soon as the youth regains self-control. Except in emergencies, staff may not use soft restraints on girls who are pregnant.

5) A qualified mental health professional may not authorize the use of soft restraints for longer than four hours. If a qualified mental health professional determines that a youth needs to be in soft restraints for longer than four hours, staff shall transport the resident to a mental health facility.

6) Bernalillo County Youth Services Center staff shall be prohibited from initiating physical intervention techniques, except under the following justifiable circumstances:

a) In self-defense or to prevent imminent injury to the youth or another person;

b) To prevent substantial property damage;

c) To prevent escape; or,

d) When a youth's refusal to obey a directive seriously disrupts the functioning of the facility.

7) Staff shall utilize only those restraint techniques which have been authorized by the Center and only within their scope of training.

8) Staff will ensure residents have reasonable access to water, toilet facilities, and hygiene supplies.

9) The **Safe Crisis Management (SCM)** (passive restraint techniques) is the approved intervention strategy of the Center. Staff have pre-approved administrative permission to initiate SCM in order to de-escalate and/or control juvenile behavior, under the conditions and circumstances identified in this procedure.

10) Immediately following a physical intervention/use of force on a juvenile, medical personnel shall be notified. Still photographs must be taken of obvious injuries and/or self-reported injuries. A physical assessment of the juvenile, noting any and all injuries which were incurred during the physical intervention, shall be conducted and documented by the attending medical staff. If necessary, the juvenile shall be transported to a medical facility, as directed by the attending medical staff.



Addendum 9

Procedure 3.4.5 Prohibited Actions

- 1) The following use of force actions are **strictly prohibited**:
 - a) The use of Choke-holds and Headlocks.
 - b) Pain/Compliance and/or Leverage techniques in order to control the juvenile or initiate a restraint.
 - c) The use of 'closed fists' in order to subdue a juvenile.
 - d) One-on-one confrontations initiated by staff.
 - e) Staff escalation of an incident in order to initiate a physical intervention/use of force.
 - f) The use of aggressive behavior toward the involved youth.
 - g) Demeaning, derogatory, or inappropriate language toward involved youth.
 - h) Excessive Use of Force – that amount of force used beyond what was necessary to control the behavior of the juvenile.
 - i) Four or five point restraints, straight jackets or restraint chairs.
 - j) Hogtying juvenile(s).
 - k) Restraining juvenile(s) to fixed objects, including chairs, beds, walls, or vehicles
 - l) The prone position is taught through training and is a last resort. We immediately move to a supine position which is also a last resort. A side assist is the position that is the least restrictive physically and the most desired position that we would want to end a restraint in.
 - m) Using physical force or restraints for punishment, discipline, or treatment.
 - n) Use of belly chains on pregnant females.
 - o) The use of inflammatory agents, chemical agents or distraction devices.



Addendum 10

Policy 1.4

J. New Youth Program Officers and Case Managers shall receive an additional one-hundred-and-twenty (120) hours of training during their first year of employment and forty (40) hours each subsequent year.

K. All professional specialist employees, i.e., nurses, counselors, and social workers, who have juvenile contact shall receive an additional one hundred twenty (120) hours of training during their first year of employment and an additional forty (40) hours of training year thereafter.

L. All support staff, i.e., food service, community service and school personnel, who have regular or daily contact with juveniles shall receive forty (40) hours of training during their first year of employment in addition to orientation training and forty (40) hours each subsequent year.



Addendum 11

Policy 3.9

I. It is the policy of the Bernalillo County Youth Services Center (hereinafter referred to as “The Center”) that:

A. Youth are confined to protect the youth’s health, safety, and/or who present imminent harm to others, when and for the duration specified by the Major Rule Violation Disciplinary Grid and hearing officer.

B. Room Confinement is used as a disciplinary procedure for Major Rule Violations or when authorized by the Director or Assistant Director of Operations.

C. Room Confinement is distinguishable from a Personal Timeout in two distinct ways:

1. Personal Timeout is a behavioral health strategy used to allow the resident an opportunity to self-regulate
2. Personal Timeout should not exceed more than 59 minutes in duration

D. No resident will be subjected to more than 48 hours of Room Confinement without the written or verbal authorization of the Director or designee with signatory acknowledgement from the following departments: medical, mental health, program manager, and unit staff. This will be accomplished by implementing a specialized management program tailored to the resident’s presenting needs and Facility requirements.

E. Room Confinement may not be used for residents placed on the highest risk level for suicide watch.

F. Room Confinement requires visual contact and log entries at a minimum of five (5) minute intervals or otherwise stated by classification level. The five (5) minute observations should be staggered.

G. Resident confined to his or her room requires access to reading material, one hour of recreation during the day and evening shift along with one hour of leisure. Visits are required every 12 hours by specialized staff during waking hours. This includes medical and/or mental health personnel.



H. Staff will provide Administration notification that a resident has been confined to his or her room by issuing a **Room Confinement Alert** at the sixty (60) minute mark to a distribution list that includes the following staff: Director; Assistant Director of Operations; Assistant Director of Administration; Program Managers; Medical staff; and on-call Clinician. The ADO or designee will review notification with reporting staff person to determine if approved.

I. Resident confined for more than 59 minutes requires an Incident Report for each incident resulting in the use of Room Confinement. This report will be completed prior to end of shift.

J. Resident confined will maintain access to education, family visits, and religious activities to the extent that the safety and security of the resident, staff and visitors is not compromised.

K. Room confinement will not be used for the convenience of employees, which includes placing resident in their room for more than 20 minutes for shift change, transition, unit cleaning and hygiene time.

Procedure 3.19.1 Room Confinement/Personal Time-Out and Alert

- 1) Criteria for Personal Time-Out: Direct Care Staff shall place a resident in personal time-out when:
 - a. A Direct Care Staff determines a resident requires an environment that is less stimulating or separate from other residents as a cooling off period to de-escalate, avoid crisis, and/or to practice problem solving.
 - b. A Resident requests personal time-out in an effort to practice self-control or when staff determines the resident is making a genuine effort at self-restrain but not in an effort to avoid programming.
 - c. At the discretion of a licensed medical professional or the Director or designee for medical purposes.
 - d. A member of the Multi-Disciplinary Team grants a resident up to 59 minutes of quiet time away from employees and other residents as a reward for good behavior.
- 2) Criteria for Room Confinement: Direct care staff shall place a resident in room confinement when



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Director of Operations; Assistant Director of Administration; Program Managers; Medical staff; and Mental Health Personnel.

- i. Assistant Director of Operations (ADO) or designee must approve continued use of Room Confinement for all confinement requests with the exception of a medical order;
- ii. Medical Department will issue the Room Confinement Alert when medically necessary.
- c. Once ADO or designee receives and reviews the Room Confinement Alert, staff person issuing the alert will be contacted to review the request. It will be either approved or disapproved (exempt-medical department).

7) Room Confinement Alert:

- a. When placing a resident on employee initiated room confinement that exceed 59 minutes, Direct Care staff shall:
 - i. Complete the Room Confinement Alert.
 1. Date;
 2. Resident Name;
 3. Staff person requesting confinement;
 4. Room confinement start time;
 5. Room confinement end time (projected);
 6. Indicate major rule violation; note "other" if not present on the disciplinary grid;
 7. Describe problem
 - b. Room Confinement Alert will be distributed to ADO/designee (Program Managers) for approval (Authorization required at or prior to 59 minutes).
 - c. ADO or designee will review request for approval or disapproval
 - i. If disapproved, the resident will be removed from room confinement and discussion will ensue on alternatives to room confinement;
 - ii. If approved, the primary staff or person approving room confinement will generate an updated confinement alert that will include person name authorizing room confinement and note the time of authorization;
 - iii. This updated Confinement Alert will be re-distributed to the following distribution list:
 1. Director
 2. Assistant Director of Operations;
 3. Assistant Director of Administration;
 4. Program Managers;
 5. Nurse on-duty;
 6. Mental Health Clinicians;
 7. Employee who initiated alert;



Addendum 12

Procedure 3.4.4 Physical Intervention Guidelines

- 5) A qualified mental health professional may not authorize the use of soft restraints for longer than four hours. If a qualified mental health professional determines that a youth needs to be in soft restraints for longer than four hours, staff shall transport the resident to a mental health facility.

- 8) Staff will ensure residents have reasonable access to water, toilet facilities, and hygiene supplies.



Addendum 13

Procedure 3.12.7 Non-Retaliation

- 1) No Center employee, volunteer or contractor may retaliate against a youth, staff, volunteer, contractor or third party in any way for participating directly or indirectly in the grievance process.

- 2) Center employees, contractors and volunteers will report any incident of retaliation against a youth, staff, volunteer, contractor or third party for participation in the grievance process to the Director or Designee.



Addendum 14

Policy 6.5

F. Incoming and outgoing juveniles' mail shall be opened and inspected for contraband. Facility staff do not routinely read incoming or outgoing mail. Staff only read mail if there is a reasonable suspicion based on specific information that the mail itself constitutes a criminal act or threat to the security of the facility. Such security interest shall be articulated and documented.

I. After a juvenile's release and/or transfer, received first class letters and packages shall be forwarded to the most recent, available forwarding address.

Procedure 6.5.1 General Mail Processing

6) Facility staff only open envelopes containing mail for a youth in the presence of the youth in order to inspect for contraband.

Procedure 6.5.2: Incoming Mail

5) On the same day that any juvenile mail is delivered to a unit, the respective unit staff shall distribute mail to each applicable juvenile and, as each juvenile opens his/her mail, a YPO shall conduct a visual check for contraband or any inappropriate materials.

a) In the event that any contraband or inappropriate material is found, staff shall immediately confiscate the contraband or material and letter, forward the confiscated items to Intake for the mail to be sealed in the juvenile's property bag, and shall notify the juvenile that the mail has been withheld via a **Correspondence Denial Form (CDF)**.

Procedure 3.12.1 Juvenile Rights: Grievance Procedures

2. The grievance process is applicable to all facets of facility operations.

Procedure 6.5.4: Publications



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3) Juveniles detained at the Center are allowed to receive publications or books directly through the mail. All books and publications shall be approved by the Director or Designee.

Procedure 6.5.3: Out-going Mail

4) Promptly upon bringing the outgoing juvenile mail up to the Administration area, staff shall complete the **Resident Outgoing Mail Log** for each piece of outgoing mail and either place the appropriate postage on each piece of mail and place it in the U.S. Postal Service Mailbox located in front of the Juvenile Justice Center building, or place the mail in the outgoing mail box for pick-up by the County mail courier who will post and mail each envelope. This process will occur within one business day of receipt from the juvenile.



Addendum 15

Procedure 3.12.1 Juvenile Rights: Grievance Procedures

1) All employees, volunteers, and contractors will be trained on this policy.

a. Right to Report a Grievance

ii. Third parties, including other youth, staff members, family members, legal guardians, outside advocates, and attorneys for youth, may file grievances on behalf of youth currently or formerly in custody at the Center and may assist youth in completing grievances and appeals.



Addendum 16

Procedure 6.5.6: Telephone Access

8) Staff do not routinely listen in on Resident phone calls. Recorded calls are listened to only for safety and security purposes.

9) Telephone calls are a minimum of 10 minutes in length (after a connection is established), at least two times per week. Staff may impose reasonable restrictions on length of calls beyond 10 minutes in order to accommodate all youth wishing to make telephone calls.



Addendum 17

Procedure 6.5.7: Visitation

1) Juveniles detained at the Center shall be provided the opportunity and location availability to have professional and social visitation from persons from outside the Center. Visits are at least one hour in length and are contact visits. Staff impose noncontact visits only when there is a specific risk to the safety and security of the facility. Staff may supervise the visiting area, but may not monitor conversations, absent a reasonable suspicion that a crime, escape, or threat to safety or security may occur.

a) SOCIAL VISITS:

xvi) Each juvenile shall be given a strip search prior to and following all family visits. The search shall be conducted by a same gender Youth Program Officer and in a location to offer the juvenile reasonable privacy.



Addendum 18

Procedure 3.12.4 Review and Investigation of Grievances

3) The Director or Designee will provide youth who reported the grievance with a copy of the original grievance and a written response within 5 days of receipt of the grievance except where the grievance requires substantial investigation that cannot be completed in that time frame, or referral to an outside agency for investigation. Where a third party filed the grievance, mail (certified letter when all other attempts of trying to contact said person(s) will happen within 10 days), explaining the resolution of the matter and the reasons for the decision. The Center will, within a reasonable time frame, notify youth and or a third party in the event that the grievance will take longer, with an explanation of the reason(s) why. This notification will be documented and attached to the grievance file.