FINAL REPORT

Presented to:
Legislative Committee to Study the Health, Safety, Welfare, and Civil and Other Rights of Children in the Care of Certain Governmental Entities or Private Facilities (A.B. 580)

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INTRODUCTION

On November 16, 2005, the Legislative Commission unanimously voted to approve hiring the Nevada Institute for Children's Research and Policy (NICRP), School of Public Health, UNLV to study and evaluate governmental entities and private facilities that have physical custody of children pursuant to a court order and other public entities that provide for the care and supervision of children in the State of Nevada. The study included three primary components. The first component involved an analysis of the guidelines, protocols, policies and procedures of these entities/facilities which affect the health, safety, welfare, treatment and civil or other rights of children in their care, including, but not limited to:

- Punishment of children
- Placement of children
- Prevention of suicide
- Treatment for substance abuse
- Provision of medication & basic services to children
- Physical restraint of children
- Provision of educational services to children
- Physical fitness, nutrition and wellness of children
- Filing, investigating and resolving complaints

The second component involved collecting, receiving, and reviewing copies of each complaint that has been filed with a governmental or private facility involved in the study which concerns the health, safety, welfare, treatment, and civil or other rights of a child under the facilities' care or supervision for the period beginning January 1, 2000 through September 30, 2006. This component included an analysis of those complaints to determine trends within and among facilities and to determine the manner in which the complaint was handled, the time it took to resolve the complaint, the manner of investigation and any resolution or response. During the term of the contract, NICRP was responsible for receiving new complaints made by or on the behalf of these children, reviewing forwarded complaints from facilities and following up with the facility in regard to the resolution.

The last primary component involved performing unannounced site visits of the facilities included in the study. During the site visits, NICRP staff went on observational tours of the facilities and interviewed administrators, staff and children at the facilities. The purpose of the site visits were to obtain insight into the provision of adequate programs and services to protect the health, safety, welfare, and civil or other rights of children in their care and the level of satisfaction of children and staff in regard to the facilities' complaint systems. NICRP has appeared before the Subcommittee of the Legislative Commission at least once every two months during the course of the project to provide progress reports and to receive legislative guidance on action for the study. This report will be presented to the Legislative Subcommittee on December 7, 2006.

The Subcommittee has extended a portion of this study to provide for continued complaint intake and analysis through June 30, 2006.

FACILITY SUMMARIES

Methods

This portion of the report contains sections specific to each facility included in this project. Each facility's summary contains four sections: Demographics; Site Visit Summary; Complaints Summary; Policies and Procedure Summary. Methods for obtaining and reporting this information are outlined below.

Facility Demographics

The first section of the summaries includes the facility's contact information, general information about the facility, as well as demographic information from 2005. For some facilities, this meant the 2005 fiscal year, and for others the 2005 calendar year. Those differences have been noted. The contact information was obtained directly from the facility at the beginning of the project. Facilities were asked to provide us with both the mailing address and physical address for the facility. In addition, they were asked to designate one person within the organization as a contact person for this project. An e-mail address for the designee was requested for use during the project period and is provided here.

The tables presented were designed to summarize general information about the facility. The information in the first table comes from the interviews conducted during site visits. NICRP staff asked the questions of either the administrator or the person giving the facility tour. In some cases this information was not provided. In those cases, "UK" is listed in the table to indicate that this information is "unknown". The second table includes the facility's 2005 demographic information. NICRP made a specific request by e-mail in July for all facilities to complete this demographic form, as well as send a picture of the facility, a floor plan, and an organizational chart. Some facilities did not return the requested information.

Facilities had a second opportunity in November 2006 to provide this and other information. All facilities were provided a copy of their facilities draft summary for review, comment and revision before it was included in the final report and submitted to the Legislative Subcommittee. Many facilities used this opportunity to provide NICRP with missing information. The tables indicate any requested information not received by NICRP.

Site Visit Summary

The next section provides the information obtained during the unannounced site visits. The first table contains the date and time of the visit as well as the facility's population that day and the number and type of interviews conducted that day.

Following the table is a summary of the visit to that particular facility. In this summary NICRP provides a narrative of the facility tour. The goal of this section is to give the reader an idea of what the facility looks like, programs available, and any concerns noted on the visit. This

summary was created using notes taken during the tour, as well as conversations with facility staff and youth residing in the facility. Where possible, NICRP has indicated where the information came from (staff or youth), however more detail about sources is not provided to protect the confidentiality of participants. A more in depth and general analysis of all interviews is provided in the "Interview Summary Analysis" section of this report.

Several facility administrators provided responses or comments regarding portions of the site visit summary for their facility. NICRP included those comments, as applicable, in italics after the referenced issue.

Complaints Summary

The third section of this summary provides some general information about complaints or grievances from the facility. First, there is an explanation of the facility's complaint process (usually as reported by the facility administrator). Then, counts are provided for numbers of complaints by type, average complaint response times (in days), categorizations of the type of complaint, further sub-categorization of the complaint, and the categorization of the facility's response to the complaint. Categorizations were done by NICRP staff based on pre-determined definitions. These definitions for type of complaint as well as the facility's response to the complaint are provided in the table.

All complaint information came from the complaints filed with the facility between January 1, 2000 and September 30, 2006. Complaints are categorized as either past, forwarded, or through NICRP. The past complaints were sent to NICRP directly from the facility for the years 2000 through 2005. Forwarded complaints were those complaints that were filed with the facility and sent to NICRP from January 1, 2006 through September 30, 2006. Finally, the complaints through NICRP came from complaints filed directly with NICRP through the 1-866 phone number, the website, or postal mail.

Policies and Procedures

All facilities were asked to provide NICRP with a copy of their policies and procedures. NICRP used the Child Welfare League of America's "Standards of Excellence for Residential Services" and "Standards for Health Care Services for Children in Out-of-Home Care" to assist in developing a system to categorize and identify policies and procedures to be included in the analysis. NICRP used the definitions designed for this project's focus areas to identify and categorize policies and procedures. Therefore, the policies and procedures provided by each facility were reviewed and relevant portions were identified and included by category and sub-category.

Classification of Facilities by Facility Type

Corrections

1. Summit View Correctional Center
2. Nevada Youth Training Center (NYTC)
3. Caliente Youth Camp
4. China Springs Youth Camp/Aurora Pines Girls Facility (CSYC/APGF)
5. Spring Mountain Youth Camp (SMYC)
6. Rite of Passage - Silver State Academy

Detention

7. Leighton Hall – Humboldt County Juvenile Detention
8. Don Goforth Resource Center – Mineral County Juvenile Detention Center
9. Northeastern Nevada Resource Center - Elko County Juvenile Detention Center
10. Murphy Bernardini – Carson City Juvenile Detention Center
11. Clark County Juvenile Detention Center
12. Wittenberg Hall – Washoe County Juvenile Detention Center
13. Stateline Juvenile Detention – Douglas County Juvenile Detention Center

Child Welfare

14. Child Haven
15. Kids Kottage

Group Homes

16. The Oasis Home
17. Rite of Passage –Qualifying House
18. Family Learning Homes
19. Achievement Place West
20. Palmer Home

Treatment Centers

21. Desert Willow Treatment Center
22. Spring Mountain Treatment Center
23. Adolescent Treatment Center
24. Montevista Hospital
25. West Hills Hospital
26. Willow Springs Hospital
27. SageWind
28. Western Nevada Regional Youth Facility
29. Eagle Valley Children's Home

Juvenile Correctional Facilities

FACILITY SUMMARY

Caliente Youth Center
Caliente, NV

Caliente Youth Center

Mailing Address:
P.O. Box 788
Caliente, NV 89008

Physical Address:
Hwy 93 North
Caliente, NV 89008

Ph: 775-726-8200

Facility Contact:
Jamie Killian, Superintendent
Email: jdkillia@dcfs.state.nv.us

General Facility Information

Type of Facility: Corrections (Long Term)

Funding of Facility: Government - State

Facility Max Capacity: 140

Staff to Child Ratio: **Daytime:** 1:10 **Nighttime:** 1:20

No. of Staff Employed: 78 **Full Time:** 78 **Part Time/On Call:** 0

Age Range Accepted: 12-18 years

Average Length of Stay: 6 months

Security Level: Staff Secure

Average Daily Population: 120

Facility Demographics – FY05-FY06

		Percent of Population by Race/Ethnicity		Percent of Population by Types of Offense	
Total Number of Residents:	412	**African American**	34.2%	**Technical Violations**	25.8%
Average Monthly Population:	124	**Hispanic**	19.7%	**Crimes Against Property**	24.0%
Percent Male:	56.5%	**Asian/Pacific Islander**	2.4%	**Crimes Against Person**	23.7%
Percent Female:	43.5%	**American Indian/Alaska Native**	2.1%	**Public Order**	10.6%
Average Age:	16	**White**	41.3%	**Drug Laws**	10.3%

SITE VISIT SUMMARY

Information in this section comes from the tour given at the facility and conversations with staff and youth in the facility.

NICRP Facility Visit

Date: March 2, 2006

Arrival Time: 10:00 AM **Departure Time:** 1:30 PM

Number of Interviews Conducted: 20 **Administrator:** 1
Staff: 7
Youth: 12

Population (Day of Visit): 114 **Males:** 75 **Females:** 45

Under 12: 0

NICRP Follow Up Facility Visit

Date: September 18, 2006

Arrival Time: 10:00 AM **Departure Time:** 1:00 PM

Number of Interviews Conducted: 6 **Administrator:** 0
Staff: 6
Youth: 0

Caliente Youth Center (CYC) is a 140 bed correctional facility located in Lincoln County. It is a staff-secure co-ed facility whose funding comes from the Department of Child and Family Services. CYC's program is designed for lower-level offenders, and is considered a lower sanction. It is the highest level of care available for females in the state. Boys and girls are generally kept separate in classes and cottages. The facility itself is 40 years old.

The Superintendent, who has been in her position at CYC for approximately a year, conducted the facility tour. The administration building was the starting point for the tour. There are seven youth cottages with 20 rooms each. Four cottages are boys' cottages and three cottages are used to house girls. At the time of our visit, one of the girls' cottages was closed due to the fact that CYC lacked sufficient staff for the cottage to be appropriately supervised. *(FACILITY COMMENT: Lincoln Cottage, a female cottage that was closed in July 2004, was re-opened on May 1, 2006)*. Each cottage has a kitchenette, 4 showers and 2 toilets, and a washer/dryer where the youth can launder some of their own clothes (their uniforms and bedding go to the main laundry). The cottages do not have cable TV. None of the sleeping areas have locks. *(FACILITY COMMENT: There are locks on the cottage individual room doors. However, these doors are not locked unless there is a security or safety concern)*. The cottages feel somewhat dark, due to

small windows and large trees. There is a large cafeteria, a multi-purpose building which has a stage for plays and graduations, two school buildings (one old and one new), an infirmary with two full-time nurses, and a full-size gym. The kitchen is large, but meals are served in shifts due to a relatively small dining area. *(FACILITY COMMENT: The dining area has a maximum occupancy of 130. Students are served intentionally in shifts as a safety and security precaution)*. Youth are able to work in the kitchen. There is a swimming pool, but it is closed pending renovation.

The school offers many vocational opportunities, such as a culinary arts program, a life-skills course, computer lab, hotel administration program, and a shop class. In addition, it has a well-stocked library. The school also offers GED testing and transferable credits – teachers are from the Lincoln County School District. There is also a non-denominational church available.

Staff report that the physical environment and location of CYC is a benefit to youth with behavioral problems. Since it is isolated and quiet, it allows youth to remove themselves from difficult situations and re-learn necessary coping skills. However, the buildings themselves are old and in need of significant repairs. *(FACILITY COMMENT: Despite the age of the facility, the buildings are in relatively good repair according to recent Quality Assurance Reviews. However, of concern to us is the fact that we have outstanding Capital Improvement Projects dating back to 1999 that do entail life safety upgrades on the cottages)*. Staff reported that the younger youth in CYC's program tend to be mental health-corrections crossovers, which causes difficulties with behavior problems.

Caliente Youth Center has five positions for Mental Health staff and has filled four of those positions. There are three master's level counselors and one doctoral level counselor, the open position is for a psychologist. In addition to the counselors, CYC uses a contract psychiatrist who visits the facility once a month to meet with youth. Mental health staff are available to youth and staff as needed, and they make daily rounds after the youth come back from school. These counselors also run specialized groups for the youth on various topics including: anger management, trauma and abuse, and substance abuse. Staff shared that the diagnoses of the youth in these facilities was primarily conduct disorder, and only roughly 7 % of females and 3.5% of males at CYC are taking some kind of psychotropic medication. Staff stated that the real problem was acuity and when a child presents with acute mental health problems, they are referred to another facility. However, there are often waiting lists and the child must be housed at CYC until he or she can be placed in a mental health facility. Staff recommended that the Department of Child and Family Services create a 10-12 bed acute unit where these youth would be placed while waiting for an open bed in a psychiatric hospital.

Staff reported seeing an increase in the number of youth coming in to CYC with mental health issues, and staff feel ill equipped to handle these children. Staff reported feeling that the facility itself and the programming available cannot help these youth and therefore they should not be admitted to CYC. Staff noted that although the proportion of the population with mental health issues is small, they have a large impact on the general population. These youth may not have the mental capacity to work on the same consequence system as the other youth and therefore the general population sees these youth as receiving special treatment, or getting away with more. In

addition, if one child requires one-to-one care, it creates a situation where the other youth cannot leave the unit. There is not enough staff to take the youth to the gym, for example, and stay with the child needing more direct care on the unit. Staff reported a feeling of being "held hostage" on the unit. To remedy this situation staff recommended a better screening process for youth entering CYC and especially for the female juveniles who often need more mental health services than CYC is equipped to provide.

(FACILITY RESPONSE TO MENTAL HEALTH ISSUES: Youth committed to the Division of Child and Family Services by the courts for correctional care are staffed weekly by Division Mental Health Counselors, Youth Parole representatives and Facility Superintendents. Special needs of the youth are initially addressed within this format. At times, it is determined that a diversionary placement would be in the youth's best interest due to specific needs and services available at the institutions. Every effort is made to secure these alternative placements if available prior to admission to the institution, and this is coordinated with the relative legal jurisdiction."

The Caliente Youth Center is the only DCFS correctional placement for females. Sometimes these young ladies do present challenging treatment and behavioral issues, as do some of the younger male youths age 12 to 14 that would not be appropriate for placement at one of the more restrictive correctional facilities. We make every effort to meet the mental health, emotional and behavioral needs of the youth through appropriate programming, education, group and individual counseling, medication management, and recreational activities. We currently have three Mental Health Counselors on staff that provide crisis intervention, individual and specialized group counseling, family counseling and staff training. Their efforts are coordinated with a contract Psychiatrist that comes to the facility monthly for psychotropic medication management. At present there are four of five Mental Health Counselor positions filled.

On site clinical assessment meetings are held every other week at CYC. At these meetings, youth completing the two-week training and orientation program are assessed and assigned to cottages that will best suit their needs. Additionally, youth with specific behavioral issues are also discussed and at times moved to other cottages in an effort to give them a better chance to succeed. Individualized programming is also available for youth that are having difficulty functioning within the general population. Every effort is made to program high needs youth in a manner that does not negatively impact daily routines, activities and schedules. Youth that exhibit extreme mental health issues are staffed and recommendations may be made for alternative placement due to relative safety threats. Depending on individual situations, diagnoses, and options available, youth that qualify may be transferred to more intense treatment placements if beds are available.

It should be noted that as indicated in the above response, possible transfers "if beds are available" is referring to alternative facilities that may not be immediately available or within our division budget provisions.)

In addition, at the time of the visit the facility was short staffed by approximately 23 positions, which has put the facility over its budget for overtime. *(FACILITY COMMENT: At the time of the visit CYC had 23 positions vacant. Due to more aggressive recruiting efforts, CYC currently has eight vacant positions. We are actively attempting to fill these remaining positions.)*. The staffing problems have also led to overcrowded cottages (due to the need to close a cottage), particularly for girls, which may be a safety concern for both youth and staff.

Youth stated that the food is not high quality at CYC. *(FACILITY COMMENT: The CYC food service department meets all nutritional guidelines as mandated by the Department of Education Federal School Lunch program. All menus are reviewed and approved by the Nutrition Program Consultant in accordance to program guidelines.)*. There is a program where youth are able to purchase items from the "canteen", and families must put money into an account for the youth. Some medication administration problems were reported during interviews as well, suggesting some inefficiency or disorganization in the distribution process. *(FACILITY RESPONSE: The following action plan was immediately implemented to address concerns relative to medication administration:*

Corrective Action Plan #1:
Review and enforce The Division of Child and Family Services (DCFS) Juvenile Service's Statewide Institutional Policy, JS – 12.1 Medication Management (see attachment). The policy outlines the procedures related to medication management.

- *DCFS Juvenile Services to immediately convene a team to include, but not limited to, a quality assurance representative, facility representation, DCFS mental health representation and community representation. Team will identify all employees who should review the policy. The policy states when medications are to be given, by whom, under what circumstances and what procedures to follow when an error occurs. Insure the following sections are covered in the review:*
    - *prescription practices*
    - *preparing a dose*
    - *medication administration*
    - *medication error*

FACILITY UPDATE: The identified team convened on November 6 and 7, 2006 for the initial policy review at CYC.

As previously noted in our earlier response, no medications are provided to youth without authorization from an appropriately licensed professional. This topic was also reviewed during the Quality Assurance review on November 6 and 7, 2006.

Corrective Action Plan #2
Commence a full quality assurance review of medication management programming and services to include a review of cases within the last eighteen months.

- *Identify responsible parties.*
- *Identify timelines.*

- *Include a detailed review of the past error reports and specific youth/staff surveys and interviews.*

As required per policy a file of all Medication Error Reports is maintained in the Superintendent's office and this file has been forwarded to the designated Quality Assurance representative for review.

Corrective Action Plan #3
Immediately form a workgroup to consist of nursing staff from all three correctional centers; CYC, Nevada Youth Training Center, Summit View Youth Correctional Center, to develop immediate steps to address the NICRP concerns.

- *Identify what immediate steps can be taken to prevent further errors.*
- *Can packets of medication be prepared in advance by nursing staff which could be dispensed in their absence?*
- *Identify other related improvement efforts that should be integrated into larger systemic interventions.*

FACILITY UPDATE: This workgroup participated with the designated QA Team for a portion of the Medication Management review at CYC on November 7, 2006.

Corrective Action Plan #4
Revise Policy 12.1 to state that the Deputy Administrator be notified in the event of any errors associated with medication management.

FACILITY UPDATE: This revision was noted during policy review at CYC on November 7, 2006.

Corrective Action Plan #5
Schedule, as soon as possible, a four hour training (refresher) on medication management at all three correctional facilities. Implement the same model recently used for suicide prevention to include all in the group supervisor series.

FACILITY UPDATE: Refresher courses were completed at CYC on October 24 and 25, 2006.

Another major concern for staff at this facility was the shift in programming. Caliente Youth Center has been operating their program using the Positive Peer Culture model, and under administrative directive has been transitioning to a Cognitive Restructuring model within the last year and a half. Staff are concerned that this new programming is the cause for many of the youth re-offending and returning to the program. Staff also reported that a program using cognitive restructuring is much harder to use to manage behavior on a daily basis. Staff reported that there are elements of the positive peer culture program that should not be eliminated and some feel that an ideal program would be one that merged the two together. *(FACILITY RESPONSE: "Cognitive Restructuring was implemented per agency Administrative directive with Legislative recommendations. Cognitive Behavioral Models are nationally recognized Best Practice Models with evidence based outcomes.")*

To better understand this issue as identified by staff, NICRP conducted a brief literature review and found that overall the research supports the effectiveness of cognitive restructuring over positive peer culture as measured by reduction in recidivism. However, to be most effective (statistically), research shows that the cognitive restructuring programs require more training than is typically provided to juvenile correctional staff.

COMPLAINTS

Description of the Process

CYC has specific grievance forms, which can be filled out and placed in grievance boxes located in each cottage and at the entrance to the dining hall. CYC has a Grievance Coordinator who is responsible for collecting and responding to all complaints. He picks up grievances from the boxes every three days and has a response prepared within five days. He interviews the youth, talks to the staff involved, and speaks with any named witnesses. The written response is presented to the youth and the youth signs the form. The Superintendent reviews complaints every 30 days. Abuse or neglect allegations are reviewed by the Grievance Coordinator and Superintendent to determine whether a CPS investigation is required.

Number of Complaints

	Count	Percent
Total Number of Complaints Received:	816	100%
Past Complaints January 1, 2000 – December 31, 2005	579	71.0%
Forwarded Complaints Jan 1, 2006 – September 30, 2006	231	28.3%
Complaints Received by NICRP Jan 1, 2006 – September 30, 2006	6	0.7%

Average Response Times for Complaints (in Days)

	Average # Days	Range (Min-Max)
Average Response Time – Overall	4.76	0-36
Average Response Time - Past Complaints January 1, 2000 – December 31, 2005	4.76	0-36
Average Response Time - Forwarded Complaints Jan 1, 2006 – September 30, 2006	4.6	0-18
Average Response Time – Received by NICRP Jan 1, 2006 – September 30, 2006	9.3	7-11

Type of Complaint

Complaints were placed into broad categories based on the topics determined by the Subcommittee's original request.

	Count	Percent
Health Anything having to do with a child's physical or mental health. These include nutrition and exercise, medical care, medication administration and attention pertaining to illness or injury.	117	14.3%
Safety Anything having to do with the physical safety of the children. These include physical security and staffing issues, physical restraint, appropriate placement within the facility, and physical environment, including cleanliness as well appropriate and working facilities and equipment.	45	5.5%
Welfare Anything having to do with the general well being of the child. These include emotional issues and may include such things as the way that staff interacts with children on a daily basis, punishments, education, and wellness activities.	469	57.5%
Treatment This term is defined in terms of a treatment program not necessarily how a child is "treated" on a daily basis. These include issues of access to counseling (mental health and substance abuse) resources, issues relating to a resident's actual treatment plan and how youth are able to progress through a facility's program.	18	2.2%
Civil and Other Rights This includes things pertaining to not only a child's civil rights, but also their rights as human beings. This would also include any rights within a particular facility that the youth are granted as explained to them in orientation.	38	4.7%
Privileges This category was added for complaint analysis because there are complaints received about not getting things that are deemed privileges and are earned and are not a right, or do not affect their health, safety, welfare, or treatment.	42	5.1%
Other This category includes all issues not easily placed into the above six groups.	53	6.5%
Unknown Unknown complaints occurred in situations where there was a resolution and no grievance attached, or the grievance was illegible.	34	4.2%

Sub-Categories of Complaints

All complaints were further analyzed independent from their resolutions and coded into 11 categories to help researchers understand the nature of the complaint in greater depth. Complaints may fall into more than one category, so percents often will not add up to 100%. Answers were Yes-No-Unknown for each question, and only Yes answers are reported here. Unknown was only selected in situations where the grievance was not attached or was illegible. The percent demonstrates the percent in each sub-category out of the total number of complaints received.

	Count	Percent
Physical Harm	15	1.8%
Lack of Supervision	8	1.0%
Inappropriate verbal contact by staff	123	15.1%
Inappropriate verbal contact by another youth	44	5.4%
Inappropriate physical contact by staff	32	3.9%
Inappropriate physical contact by another youth	21	2.6%
Sexual in nature	18	2.2%
Disagreement with staff/administrative decision	524	64.2%
Medical in nature (medication, doctors visits, etc)	72	8.8%
Differential treatment by staff	171	21.0%
Unsatisfactory physical environment	53	6.5%

Categories of Response

Responses were also coded separately from the complaint in order to further understand the level of response from administration.

	Count	Percent
Action-Oriented A response that indicates that the facility did something in response to this complaint such as counseling, policy change, termination, or new placement.	344	42.2%
Explanatory A response where the facility only provides an explanation for the complaint, or the circumstances of the complaint and no action is indicated.	448	54.9%
Unknown If the facility did not attach a response to a grievance or the response was illegible, the response was coded as unknown.	24	2.9%

POLICIES AND PROCEDURES

Caliente Youth Camp provided NICRP with a 19 chapter policy and procedure electronic manual. The chapters included in the manual are: Administration, Organization & Management; Fiscal Management; Personnel; Training and Staff Development; Administrative Information Systems; Records; Physical Plant; Safety and Emergency Procedures; Security and Control; Food Service; Sanitation and Hygiene; Medical and Health Care Services; Juvenile Rights; Rules and Discipline; Communication: Mail, Visitation, and Telephone; Programs; Reception, Classification, and Transfers; Release; and Citizen Involvement and Volunteers.
Also included for reference purposes are the Statewide Youth Correction Service policies from the Division of Child and Family Services. These policies are referenced as YCS policies.
Last date of revision: Various Dates

Health

Assessments

- Chapter 12.3 provides that "Each juvenile is provided medical care from the time of admission and throughout the period of commitment. This continuous care includes medical screening of clinical history for each juvenile…" and "Receiving Screening: Prior to placement in the general population, each juvenile shall be screened by a member of the medical staff. Findings of the screening shall be recorded on the form approved by the medical staff. Program staff shall be informed of special medical or physical problems that might require attention."
- DCFS-JS-12.4 states that, "All juveniles are provided access to a comprehensive mental health program designed to examine, evaluate/assess, diagnose and treat."

Nutrition & Exercise

- Chapter 10 details Food Services. The Food Service Staff will "develop and substantially follow a minimum 28-day cyclical menu that provides for the complete nutritional needs of the Residents." The completed menu is reviewed monthly by the Food Service Coordinator. The menu may vary for seasons and holidays. Special diets and therapeutic diets will be given to the Food Service Coordinator in writing by the physician or the Religious coordinator. "Two hot meals and one other meal that need not be hot shall be provided at regular meals times during each twenty-four period. No more than twelve hours may elapse between the evening meal and breakfast, and an evening snack may be provided to ensure a total of 3500 calories per resident. No more than 14 hours may elapse between two meals."
- Section 10.1 outlines the Food Service Special Diet procedures.
- Section 16.4 outlines the recreation and activities programs. During school days, youth receive one hour of large muscle activities and one hour of planned free time. On weekends and holidays there is an additional one hour of "energetic physical exercise." All juveniles will be given the opportunity to participate but it is not mandatory.
- YCS P-5 provides that "all juveniles shall be provided meals which are nutritionally adequate, properly prepared and served in a pleasant surrounding."

- YCS P-6 provides that special diets for medical, dental, and religious reasons will be allowed and that "these diets must be in compliance with the State Department of Education's NUTRIKIDS program."

Access to Medical Care

- Section 12.2 states that all juveniles are provided health care services "appropriate to meet their medical needs."
- Section 12.6 provides details of the "sick call" which is a daily protocol that allows staff to monitor and assist juveniles in need of medical attention.
- Section 12.4 details mental health care which states "all juveniles are provided access to a comprehensive mental health program designed to examine, diagnose and treat."
- Section 12.2 provides details of the emergency services provided. Emergency services are for those medical needs that cannot wait until the next scheduled "sick call" and are provided on a 24 hour basis.
- Section 9.13 has detailed staff directives for emergency medical care of a juvenile.

Administration of Medication

- Section 12.11 details the administration of pharmaceutical medications. This section states "state and federal regulations relating to the dispensing, distributing, and administering of medications shall be followed. Pharmaceuticals will only be distributed/administered by licenses/certified professionals. However, staff-supervised, offender self-administration may be utilized when clinically acceptable." All administration of medication will be logged and included in the juvenile's record. All controlled substances (with the exception of narcotics) are to be located in a secured cabinet which is locked and fastened to a major structural support. Narcotics are locked in a place inaccessible to unauthorized staff or juveniles.
- YCS P-11 provides that "youth arriving at an institution shall be maintained on the medications the youth was taking upon arrival until the youth can be evaluated by a qualified healthcare professional, or consultation with the youth's prescribing physician has occurred."
  (FACILITY RESPONSE: DCFS –JS-12.1 as provided to NICRP supersedes CYC Policy 12.11 and states, "Medications shall be distributed by qualified members of the medical staff and administered only by staff that has been trained in medication administration.")

Communicable Diseases

- Section 12.13 outlines the policies and procedures for infectious diseases. Preventive measures are taken by staff and juveniles, such as wearing gloves when cleaning up or working with blood, regulated waste disposal, and other work controlled practices. With possible exposure, records will be kept regarding the incident. Employees with potential exposure will be "offered post-exposure evaluation and follow-up in accordance with the OSHA standard."

Safety

Physical Environment

- Section 7.1 provides requirements for the physical plant and states "the facility shall conform to the latest requirements of applicable fire, building, and health code in their construction and operation."
- Section 7.2 states that maintenance staff will do preventative maintenance inspections routinely.
- Per section 7.3 the interior finishing materials in juvenile living areas will be in accordance with national fire safety codes.
- Per section 7.3 "only flame retardant, non-polyurethane mattresses shall be used in the facility."
- Per section 8.1 all flammable, toxic, and caustic materials will be maintained under strict control and inaccessible to youth.
- Section 8.3 states that fire drills will be conducted quarterly and staff should be on the "lookout" daily for preventative fire measures.

Emergency Procedures

- Section 7.1 states that the facility "shall conform to the latest requirements of applicable fire, building, and health code in their construction and operation." Exits will be located for prompt evacuation of juveniles and staff members in an emergency. A designated emergency exit key will be available to staff at all times while on duty.
- Section 8.2 provides the procedures for evacuation in the event of a fire and bomb threat. This includes a detailed staff directives policy.
- Section 9.13 provides a more detailed emergency plan for emergencies such as riots, escape control, bomb threats, hostage incidents, and a natural disaster plan. This section also states what to do in case of hunger strikes and sit-downs.

Placement

- Section 17.4 provides placement directives. Newly admitted juveniles will go through classification with the classification team. Factors to be taken into consideration will be "pertinent information received from the community worker, diagnostic tests, behavioral observations, and interviews." The recommendations of the classification team will determine the youth's program assignments and housing. The classification team meets at least monthly to review the youth's progress.
- Section 16.1 states the importance of placement where the classification team places the juvenile where they feel the juvenile's program plan will work best.

Staffing

- Section 9.2 states "to ensure safety, a minimum of two juvenile caseworkers will be on duty when at all possible, one of whom is female when females are housed in the facility and one of whom is male when males are housed in the facility. A sufficient number of staff members must be present, awake and alert at all times."

Physical Restraint and Use of Force

- Section 9.12 is entitled "Use of Force." Use of physical force is only to be used for self protection, protection of juveniles or others, prevention of property damage, and escape prevention. Use of force will never be used as a punishment. Only authorized devices will be used as restraints. These authorized restraints are: handcuffs, mechanical restraints,

soft restraints, and medical restraints. Use of force is to be used in levels with escalating restraints noted above. Detailed reports are to be completed by staff in any case where physical restraint or use of force occurred.

- YCS P-7 provides that "each facility operated by Youth Correctional Services shall have an Incident Review Team to perform an initial inquiry into all use of force incidents. The members of the Incident Review Team will have successfully completed competency-based training in performing use-of-force and similar investigations and have otherwise demonstrated a capacity to perform such investigations."
- YCS P-19 states that "to prevent the possibility of serious injury to staff and juveniles, only the minimal amount of physical force, and only as a last resort failing non-physical intervention, shall physical force be used to control a juvenile or situation in the facility. A written report is prepared following all uses of force and is submitted to the Superintendent, for review. Use of mechanical or soft restraints, except during transportation shall be imposed only with authorization by the Superintendent or designee. Only agency-issued restraints are permissible. Further, it is the policy of this agency that no employee has the right to physically punish a juvenile with a spanking, beatings, shoving, pushing, kicking, striking, hitting, cuffing (hitting with an open hand) or corporal punishment of any kind. Use of physical force is limited to justifiable self-defense, protection of juveniles or others, prevention of property damage, prevention of escape, or substantial disruption of program. In no event is physical force or use of restraints justifiable as a punishment…At no time should staff use any type of punishment that can be construed as cruel or unusual, such as withholding food or drink, public or group humiliation, or physical intimidation. Staff encouragement or influencing juveniles to involve themselves in restraining another juvenile or utilization of juveniles to contain or control physically acting-out juveniles is prohibited."

Suicide Prevention

- Section 9.13 outlines what staff needs to do upon the discovery of an attempted suicide including administration of first aid, notifying proper medical staff, and requesting an ambulance for serious self-inflicted injury. The mental health staff should be notified as soon as possible regardless of the seriousness of injury. The juvenile will be kept "under constant and close observation pending arrival of mental health staff."

Welfare

Education

- Section 16.2 outlines the educational programs available at the facility. All youth are expected to participate in an educational program. Youth will receive academic credit for education at the facility which may be transferred to a year round community school. Youth may graduate while in the facility. GED classes and special education classes are among the educational programs available. If a youth has already graduated before or during the time in the facility, an alternative educational vocational training program will be offered.

Staff & Youth Interactions

- Section 9.17 is entitled "Personal Relationships with Wards/Institutional Security Practice Relative to Wards/Communications with Wards" but was not included in the policies sent.
- YCS P-1 provides the policies and procedures for reporting suspected or known cases of abuse or neglect.

Behavioral Control Systems

- Section 14.1 provides a detailed description for Level I violations, Level II violations, Level III violations, and hearings. Violations of these rules are accompanied with the punishments for violating the rules. "When a youth is charged with a rule violation, the staff observing the violation shall complete an incident report."
- Section 16.1 outlines the incentive program where program staff (along with volunteers and counselors) implement a behavioral incentive program where juvenile can earn privileges with "acceptable behavior."
- YCS P-12 provides that "State of Nevada, Youth Correctional Services shall utilize a consistent, responsive, and fair disciplinary process within all state youth correctional centers. Discipline shall not be applied as a retaliatory measure and no form of corporal or degrading punishment, cruel or unusual punishment, punishment that interferes with eating and sleeping, or punishment that endangers a juvenile physically or psychologically shall be imposed."
- YCS P-14 states that "juveniles requiring a higher degree of physical control or for other reasons are placed on Administrative Segregation in order to protect the juvenile from himself/herself or others, or to provide special management for serious behavior problems and/or protective custody…Juveniles may only be placed on this status by administrative authorization."
- YCS P-15 provides "Time Out/ Room, Area or Cottage Restriction/Room Confinement are behavior management techniques, which may be used to assist a juvenile with managing his/her behavior. All incidents of Time Out/ Room, Area or Cottage Restriction/Room Confinement must adhere to the procedures listed below. Violations of this policy must be reported to the Superintendent immediately."

Treatment

Treatment Plans

- Section 16.1 states "the facility shall provide a program, which is designed to enhance the growth and development of each juvenile." The juvenile's progress will be reviewed monthly in order to ensure the juvenile is in the correct program and is doing well.
- Section 16.5 is entitled "Counseling" and provides that counseling services will be available to juvenile during their stay to help with adjustment. The counselor meets with the juvenile no less than one hour each week, however, juvenile participation is voluntary. Group therapy is also provided once a week. "When needed, counseling services shall be made available to both juveniles and their families through contractual agreement with community agencies."

- Section 16.10 provides that youth will have the opportunity to participate in a work/vocational program.

Behavioral Treatment

- Section 9.19 provides description of room confinement and cottage restriction. This section details the implementation of time-outs and for what length of time as well as the length of time of room confinement and cottage restriction. Staff may only use time out, room and cottage confinement for the period of one hour, however, longer periods may be implemented with Superintendent approval.
- Section 14.2 describes in detail minor rule violation resolutions.
- Section 14.3 describes procedures for major rule violations.

Substance Abuse Treatment

- Section 16.9 details the treatment available for drug and alcohol abuse. At intake, each juvenile is assessed as to their drug and alcohol abuse and dependency. This section goes into detail about assessment and treatment for juveniles with a substance abuse problem.

Mental Health Treatment

- Section 12.14 provides information on psychological services with special attention to medications. "The psychologist will conduct an intake assessment, assess the diagnosis, determine reason for the medication, test appropriately for confirmation of the diagnosis, and make his findings and recommendations to the facility physician."
- YCS P-11 provides that "all juveniles are provided access to a comprehensive mental health program designed to examine, diagnose and treat. For juveniles in need of such services, psychiatric and psychological diagnosis and treatment of committed juveniles should be undertaken. Mental health services (i.e., suicide risks and prevention) shall include training of staff who have daily contact with juveniles."

Civil and Other Rights

Grievances/Complaints

- Section 13.4 outlines juvenile grievance procedures. The section states that "all grievances shall be handled expeditiously and without threats of, or reprisals against, the individual filing the grievance." There are informal and formal resolutions to the grievances.
- YCS P-9 states that "upon admission, juveniles shall be informed of their right to grieve any circumstance, behavior, or disciplinary action of staff or other juveniles. Concerns that have not been resolved informally through discussion with individual staff members shall be filed according to the procedures...All grievances shall be handled expeditiously and without threats of, or reprisals against, the individual filing the grievance. No formal or informal exhaustion requirements or preconditions to completion and submission of a grievance shall exist."

Awareness

- Section 13.4 states "upon admission, juveniles will be informed of their right to grieve any circumstance, behavior, or disciplinary action of staff or other juveniles."
- Section 13.2 provides that rights and responsibilities will be recognized and clearly defined for both youth and staff. The rights are then listed.

- Chapter 14 outlines rules and regulations and corresponding punishments.
- Section 17.1 states that "an admission and orientation process shall be conducted immediately following the arrival of a juvenile to the Caliente Youth Center."
- YCS P-1 provides, in part, that "each youth entering the facility shall be given an orientation that shall include simple directions for reporting abuse and assuring youth of their right to be protected from retaliation for reporting allegations of abuse."

Protection of Rights

- Section 13.1 states "all juveniles will be protected from discrimination based on race, national origin, color, creed, gender, physical handicap, or political beliefs and will have equal access to programs and activities. They will be assured that seeking judicial relief will not be met with reprisal or penalty and will have uncensored, confidential contact by telephone, in writing, or in person with their legal representative."
- YCS P-3 outlines youth's rights and responsibilities.
- YCS P-8 states that "the facility recognizes the juvenile's need for and right to maintain contact with persons outside the facility and asserts that he or she may do so with a reasonable degree of privacy."
- YCS P-10 provides that "all juveniles will have uncensored, confidential contact by telephone, in writing, or in person with their legal representative."

FACILITY SUMMARY

China Spring Youth Camp/Aurora Pines Girls Facility
Minden, NV

China Spring Youth Camp/Aurora Pines Girls Facility

Mailing Address:
P.O. Box 218
Minden, NV 89423

Physical Address:
225 China Spring Road
Gardnerville, NV 89410

Ph: 775-265-5811

Facility Contact:
Steve Thaler, Director
Email: sthaler@douglas.nv.gov

China Spring Youth Camp General Facility Information

Michael Beam, Program Manager CSYC

Type of Facility: Corrections (Long Term)

Funding of Facility: Government - County (16 Counties Contribute)

Facility Max Capacity: 41

Staff to Child Ratio: **Daytime:** 1:10 **Nighttime:** 1:20

No. of Staff Employed: 27 **Full Time:** 27 **Part Time/On Call:** 2-4

Age Range Accepted: 12 to 18

Average Length of Stay: 164 days **Security Level:** Staff Secure

Average Daily Population: 40

Aurora Pines Girls Facility General Information

Wendy Garrison, Program Manager APGF

Type of Facility: Corrections (Long Term)

Funding of Facility: Government - County (16 Counties Contribute)

Facility Max Capacity: 16-24 (depending on funding)

Staff to Child Ratio: **Daytime:** 1:8 **Nighttime:** 1:8

No. of Staff Employed: 12 **Full Time:** 12 **Part Time/On Call:** 2-4

Age Range Accepted: 12 – 18 years

Average Length of Stay: 150 days **Security Level:** Staff Secure

Average Daily Population: 16

China Spring 2005 Facility Demographics

		Percent of Population by Race/Ethnicity		Percent of Population by Types of Offense	
Total Number of Residents:	106	**African American**	8%	**Drugs/Alcohol**	44%
Average Monthly Population:	40	**Hispanic**	25%	**Probation/Parole Violation**	0%
Percent Male:	100%	**Asian/Pacific Islander**	0%	**Property Crime**	34%
Percent Female:	N/A	**American Indian/Alaska Native**	0%	**Crimes Against Persons**	13%
Average Age:	16	**White**	67%	**Other**	9%

Aurora Pines 2005 Facility Demographics

		Percent of Population by Race/Ethnicity		Percent of Population by Types of Offense	
Total Number of Residents:	51	**African American**	4%	**Drugs/Alcohol**	55%
Average Monthly Population:	19	**Hispanic**	12%	**Probation/Parole Violation**	0%
Percent Male:	N/A	**Asian/Pacific Islander**	0%	**Property Crime**	25%
Percent Female:	100%	**American Indian/Alaska Native**	4%	**Crimes Against Persons**	14%
Average Age:	17	**White**	80%	**Other**	6%

SITE VISIT SUMMARY

Information in this section comes from the tour given at the facility and conversations with staff and youth in the facility.

NICRP Facility Visit Day 1

Date: April 6, 2006

Arrival Time: 10:00 AM **Departure Time:** 3:00 PM

Number of Interviews Conducted: 11 **Administrator:** 1
Staff: 3
Youth: 7

Population (Day of Visit): 58 **Males:** 41 (CS) **Females:** 17 (AP)

Under 12: 0

NICRP Facility Visit Day 2

Date: April 7, 2006

Arrival Time: 10:00 AM **Departure Time:** 1:00 PM

Number of Interviews Conducted: 2 **Administrator:** 2
Staff: 0
Youth: 0

Population (Day of Visit): 58 **Males:** 41 (CS) **Females:** 17 (AP)

Under 12: 0

China Spring Youth Camp and Aurora Pines Girls Facility are co-located staff-secure correctional camps for boys and girls respectively. They are located outside of Minden in a remote area. This facility is unique in that the boys and the girls share all facilities except for living space but are separated sight-and-sound at all times. The camp has a unique system of using radios to ensure that the male and female youth are not in sight of one another. On the grounds the male and female dormitories are not even within sight of each other. This facility works to maintain a girls-only and boys-only facility on the same grounds while sharing resources. The facility is a county level camp with 16 of Nevada's counties contributing to the funding of the facility, thereby securing beds for youth needing placement. The state contributes the remaining third of the CSYC/APGF budget. Clark County does not contribute to CSYC as it runs its own camp in Clark County. Aurora Pines is the only girls' facility of its kind in the state of Nevada. Each facility changed to a cognitive restructuring model for programming in 2002.

The site visit for these facilities was conducted on the morning of April 6, 2006. Upon arrival, NICRP staff was informed that the facility director and China Spring program manager were in training for the day and would not return until the next day. Therefore, NICRP staff decided to conduct the interview with the Aurora Pines Program Manager, complete the tour and conduct some of the staff and youth interviews, then return the following day (April 7) to speak with the director and the program manager for China Spring.

The tour was conducted by the Aurora Pines program manager and started on the "girls' side" with the dorm at Aurora Pines. The dorm was new, as Aurora Pines Girls Facility was established through funding from the state in 2002. That same year they used some of the money to build new dorms for the boys as well. The girls' dorm appeared neat, clean and well maintained. The rooms are located on two identical wings with a day room in the middle. The tour guide pointed out a Cockatiel (pet bird) that the facility uses for animal-assisted therapy in the girls program. The dorm seemed very homelike, the doors from the outside in are locked and the windows are also secured, but the doors to individual rooms are not locked. There are three bathrooms with one shower per bathroom on each wing. There is also a laundry room where girls do their own laundry and then all bedding is washed together. There is a locked storage room containing cleaning supplies and also a medical room which holds a medical cart that is locked itself and also behind the locked door. The cart also has the medication log which tracks all medications administered in the facility. There is a nurse that monitors medications and comes to the facility two times a week but the medications are administered daily by the facility's medical officer. Staff shared that the graveyard shift is responsible for preparing the medication carts each day. In the dorm there are telephones where youth can both accept and place phone calls.

On the other side of the campus was the boys' dormitory. The dormitory was built in 2002 when the girls' facility was started. This building consists of two wings with ten rooms on each wing, and three bathrooms per wing. There is a secured central monitoring area and staff office between the wings. Each room accommodates two boys and has its own window, but no door. When touring this dorm it seemed much louder and chaotic than the girls' dorm, which we understand from staff to be typical. This building also has its own laundry room where boys do their own laundry. The program manager suggested that there was a potential problem with the boys' dorm in that there were not enough bathrooms for the number of residents, which causes some bottlenecks in morning hygiene. In addition, staff suggested that sometimes it is difficult to monitor what is happening in the rooms if both boys are inside, as the rooms are not easily visible. There was also significantly more wear and tear on the walls and furniture in the boys' dorm than the girls' dorm, which is to be expected.

There is also a school on campus which appeared to be an older building, but was appropriate for education in size and general setup. Teachers are provided by the Douglas County School District and the facility says that they have a good working relationship with the school district and good communication with the principal of the school. There is a large library available to youth.

In addition to the school there are some other free standing buildings that are shared by both the boys and the girls. One of these is the kitchen and dining hall. The kitchen appeared clean and well maintained. They have two full time cooks who prepare all meals, and they follow the federal hot lunch program for menu development. The menu rotates every six weeks and some youth are allowed to work in the kitchen. The kitchen is also used for their culinary program which is available to youth to teach them basic culinary skills. Staff and kids had positive things to say about the food at this facility. One youth noted that they eat a lot of fruit, but one staff noted that if he ate there everyday he would probably gain weight, indicating that he felt that the food served was a bit high in calories and fat.

The facility runs a number of different programs including, "Baby Think It Over", wilderness, hiking, the ropes course, team-building activities, and church services offered on Sundays. Other activities include free time for running, hiking, or yoga and Pilates with the girls. The facility does not have television or radios for the youth, but these are privileges that youth can earn. They can also earn movie nights, camping or swimming trips. On site the facility also shares a gymnasium between the girls and the boys. It is large and it includes a climbing wall, weights, foosball, and basketball hoops. At the time of the visit the gym had been flooded and after some repairs, was about to be reopened for the youth. There were some small buildings containing offices for mental health counselors, caseworkers, a marriage and family therapist, a BADA funded substance abuse intern and other staff scattered around campus. The facility has a part-time psychologist on staff as well. The administrative building had a pleasant conference room and offices.

On the second day, NICRP staff was able to sit down with the director of the facility and both program managers for a discussion. During this visit the administration spent some time explaining how juvenile justice works in Nevada and where they see some gaps in the system. They spent some time explaining funding of these facilities, as well as laying out some more of the general framework of the facility. This administration pointed out that there is no accreditation agency for facilities such as this and suggested that there should be. The administration of this facility mentioned that it has participated in a peer review system where professionals from other juvenile correctional facilities have come in and reviewed their systems and program, and then they sent people from their facility to visit and review others. They felt that this was a good way to keep tabs on what other professionals in the field across the state are doing.

Overall this facility seems to work hard to protect the youth that it serves. They maintain a comprehensive database with information on the daily activities of the youth as well as their demographic information, for tracking and accountability. Grievances are encouraged and appear to be handled fairly and promptly. Facility staff reported an increase in the number of youth with mental health problems being placed in the facility which can cause problems for staff. In addition, staffing ratios were reported as a periodic problem for staff safety, and for overtime budgets. Under-staffing also contributes to difficulties in getting staff access to training and professional development opportunities. Youth are provided a variety of programs to use to better themselves. It seems that China Spring and Aurora Pines both are focused on rehabilitation and treatment.

COMPLAINTS

Description of the Process

If youth have any problems they currently have two options for formal resolution. First youth are allowed access to the complaint forms that NICRP developed, and also youth can fill out what they refer to as an "administrative request form". These forms all get placed in a box in the dormitory and each day the program manager gets the forms out of the boxes to address them. The program managers then forward them on to the appropriate people to be addressed, then once addressed the program managers reviews it and files it. The facility then does notify the complainant that the issue has been addressed, and how, if that is appropriate. What they do not tell the youth is if their complaint caused staff termination of employment, or even staff discipline because this information is confidential to the staff member's personnel file.

Number of Complaints

	Count	Percent
Total Number of Complaints Received:	76	100%
Past Complaints January 1, 2000 – December 31, 2005	49	64.5%
Forwarded Complaints Jan 1, 2006 – September 30, 2006	8	10.5%
Complaints Received by NICRP Jan 1, 2006 – September 30, 2006	19	25%

Average Response Times for Complaints (in Days)

	Average # Days	Range (Min-Max)
Average Response Time – Overall	9.4	0-106
Average Response Time - Past Complaints January 1, 2000 – December 31, 2005	9.8	1-106
Average Response Time - Forwarded Complaints Jan 1, 2006 – September 30, 2006	6.6	1-20
Average Response Time – Received by NICRP Jan 1, 2006 – September 30, 2006	9.5	1-36

Type of Complaint

Complaints were placed into broad categories based on the topics determined by the Subcommittee's original request.

	Count	Percent
Health Anything having to do with a child's physical or mental health. These include nutrition and exercise, medical care, medication administration and attention pertaining to illness or injury.	10	13.2%
Safety Anything having to do with the physical safety of the children. These include physical security and staffing issues, physical restraint, appropriate placement within the facility, and physical environment, including cleanliness as well appropriate and working facilities and equipment.	11	14.5%
Welfare Anything having to do with the general well being of the child. These include emotional issues and may include such things as the way that staff interacts with children on a daily basis, punishments, education, and wellness activities.	44	57.9%
Treatment This term is defined in terms of a treatment program not necessarily how a child is "treated" on a daily basis. These include issues of access to counseling (mental health and substance abuse) resources, issues relating to a resident's actual treatment plan and how youth are able to progress through a facility's program.	2	2.6%
Civil and Other Rights This includes things pertaining to not only a child's civil rights, but also their rights as human beings. This would also include any rights within a particular facility that the youth are granted as explained to them in orientation.	7	9.2%
Privileges This category was added for complaint analysis because there are complaints received about not getting things that are deemed privileges and are earned and are not a right, or do not affect their health, safety, welfare, or treatment.	0	0%
Other This category includes all issues not easily placed into the above six groups.	2	2.6%
Unknown Unknown complaints occurred in situations where there was a resolution and no grievance attached, or the grievance was illegible.	0	0%

Sub-Categories of Complaints

All complaints were further analyzed independent from their resolutions and coded into 11 categories to help researchers understand the nature of the complaint in greater depth. Complaints may fall into more than one category, so percents often will not add up to 100%. Answers were Yes-No-Unknown for each question, and only Yes answers are reported here. Unknown was only selected in situations where the grievance was not attached or was illegible. The percent demonstrates the percent in each sub-category out of the total number of complaints received.

	Count	Percent
Physical Harm	4	5.3%
Lack of Supervision	2	2.6%
Inappropriate verbal contact by staff	27	35.5%
Inappropriate verbal contact by another youth	2	2.6%
Inappropriate physical contact by staff	7	9.2%
Inappropriate physical contact by another youth	1	1.3%
Sexual in nature	0	0%
Disagreement with staff/administrative decision	41	53.9%
Medical in nature (medication, doctors visits, etc)	6	7.9%
Differential treatment by staff	20	26.3%
Unsatisfactory physical environment	3	3.9%

Categories of Response

Responses were also coded separately from the complaint in order to further understand the level of response from administration.

	Count	Percent
Action-Oriented A response that indicates that the facility did something in response to this complaint such as counseling, policy change, termination, or new placement.	37	48.7%
Explanatory A response where the facility only provides an explanation for the complaint, or the circumstances of the complaint and no action is indicated.	38	50.0%
Unknown If the facility did not attach a response to a grievance or the response was illegible, the response was coded as unknown.	1	1.3%

POLICIES AND PROCEDURES

China Springs Youth Camp/Aurora Pines Girls Facility provided NICRP with a 59 page Policy and Procedure Manual consisting of 11 chapters. The facility also provided NICRP with the Youth Development System Manuals, which includes Staff Manual, Resident Manual, Resident Rule Book, and Attachments and Forms. The facility later provided NICRP with additional sections of the Policies and Procedures Manual developed in February 2006. The facility also provided NICRP with their Substance Abuse Treatment Program Policy and Procedure Manual. ***Last date of revision: 2003 and February 2006***

Health

Assessments

- Sections 5B.01 thru 5B.03 provide policies and procedures regarding assessment, classification and treatment of youth. Youth are given several assessments (mental health, medical, social) upon arrival at the facility. Additional screening/assessments are provided within one week of placement.

Nutrition & Exercise

- Sections 4A.01 thru 4A.18 provide policies and procedures regarding food service for residents. These include procedures for cooking food, cooling food, food quality and safety, compliance with school lunch program guidelines and hazardous analysis critical control point standards, purchasing food, food service records, reheating food, internal and external health and sanitation inspections, serving food, menus, storage and procedures in event of power outage/emergency situation. The policies also provide that residents are to be given 3 meals per day with no more than 14 hours between evening meal and breakfast and that snacks will be provided on school days only. Staff is prohibited from using food as a disciplinary measure or reward.
- Sections 5F.01 thru 5F.03 provide the guidelines for youth recreation and activities. Residents will be provided with opportunities for community service. Youth will receive at least one hour per day of large muscle exercise and one hour of structured leisure time. Qualified residents may also participate in wilderness education trips.

Access to Medical Care

- Section 4C.01 and 4C.06 provide policies and procedures to ensure that residents receive health care in a timely manner and emergency care 24 hours a day. Medical requests (sick calls) are offered 4 times each day and the facility nurse is scheduled twice weekly. The nurse will be contacted prior to transporting a resident to urgent care or the facility doctor.
- Section 10.04 is labeled "Transportation for Medical Treatment", however, there is no text associated with this section.

Administration of Medication

- Section 4C.03 and 4C.04 provide policies and procedures related to the administration of medication. Staff may provide non-prescription medications with medical authorization, but a physician must authorize all prescription medications. All medications must be logged. Additional procedures regarding intake, verification, storage, releases, disposal and changes in medication.

Communicable Diseases

- Section 4C.05 provides for universal precautions at the facility, including education, screening, precautions such as gloves, masks and eyewear, and confidentiality.

Safety

Physical Environment

- Section 7.15 provides that it is the policy of the camp "to adhere to a schedule of preventive maintenance." Shift supervisors are responsible for following a schedule to check and service all buildings and equipment.

Emergency Procedures

- Section 9.01 defines the procedures for fire reporting.
- Section 9.02 outlines the evacuation procedures.
- Section 9.03 outlines the emergency management plan for events such as severe weather, loss of power, gas leaks, fire and earthquake.
- Section 9.05 provides that an emergency generator is available in the event of a power outage.

Placement

- NO INFORMATION PROVIDED

Staffing Ratios

- Section 1C.03 provides policies on staffing patterns and leave, stating that "minimum staffing will consist of no less than two staff in either facility at any given time…minimum staffing for the entire facility is no less than four staff at any given time." Additionally, "there is a minimum of one staff on duty for every 10 juveniles during the 16 hours when juveniles are awake, and one direct care staff on duty for every 20 (1:20) during graveyard shift…There shall be at least one case manager for every 24 juveniles."

Physical Restraint and Use of Force

- Section 8.03 provides that "no employee has the right to physically punish a resident with spankings or beatings of any kind." Staff may use defense tactics to control a situation or restrain a violent resident. Staff may only use the "physical force necessary to restrain a resident from harming themselves or others." "Physical force should only be used as a last resort…"
- Section 8.05 covers the use of physical/mechanical restraints. These techniques may only be used after less restrictive measures have failed and only to protect the safety of staff, community or residents.

Suicide Prevention

- Sections 4C.09 thru 4C.11 provide information directly related to suicide prevention. The facility requires mental health screening of all youth and provides procedures for caution levels that indicate suicidal ideation. All youth identified as suicidal will be transported to another facility for treatment. The facility also provides specific procedures for self-harm.

Welfare

Education

- Section 5D.01 provides policies and procedures regarding the educational program at the facility. The facility has its own high school on campus operated by the local school district. Residents may earn standard high school diplomas, adult diplomas or GEDs.

Staff & Youth Interactions

- Section 5.07 provides that "staff members are to provide a positive, mature role model for residents to follow. All staff is to set the highest possible example through their behavior, activities and conversations for the residents…"
- Section 7.16 provides the procedures for reporting disclosures of abuse/neglect as mandated by state law.
- Section 8.01 provides that "close interpersonal relationships between an individual staff and individual residents will be viewed as inappropriate." Residents are to address staff as "Mr."; "Mrs."; "Miss"; or "Ms." as appropriate. "Youth counselors will not use derogatory terminology when addressing the residents…" Staff will not use nicknames to address residents.
- Section 8.03 provides that employees may not withhold food, humiliate or intimidate residents as a form of punishment.

Behavioral Control Systems

- Section 8.04 provides that "residents are not to be locked into rooms or dormitories." Only the director can order "lock-up" of residents and those residents will be transferred to the local detention facility.
- Section 8.06 provides that "disciplinary action be confined primarily to the restriction of privileges or the use of approved cognitive techniques…Other disciplinary techniques may include the loss of time, physical exercises and incident reports."
- Section 8.07 defines "unacceptable disciplinary techniques" including: restricting basic rights (food, sleep, medical care); corporal punishment/cruelty; humiliation; and yelling/obscene language.

Treatment

Treatment Plans

- Section 5B.02 provides that "an individualized treatment plan will be completed for each resident within thirty day of placement. Mentors are required to meet with residents weekly for a minimum of one hour.
- Section 7.04 provides that a treatment plan will be completed within 30 days of placement. The Case Manager is responsible for completing the plan.

Behavioral Treatment

- The facility utilizes the Youth Development System to address behavioral issues and to assist residents in conducting their lives. The manual provides details on the rules and procedures for implementing this system.

Substance Abuse Treatment

- The facility offers a Substance Abuse Treatment Program which has its own policies and procedures manual.

Mental Health Treatment

- Section 7.10 provides that residents have access to camp psychological staff. It is the duty of the case manager to alert psychological staff of the need for intervention.

Civil and Other Rights

Grievances/Complaints

- Section 7.03 provides that residents are to be given access to meet with camp administration without delay. Residents may request an interview with administration without interference from counselors and the contents of requests will be kept confidential.

Awareness

- Section 6.09 provides that all youth will be provided with an orientation including philosophy, rules, regulations and procedures.

Protection of Rights

- Section 8.13 outlines the policy and procedures on confidentiality.
- Section 11 covers the Health Information Portability and Accountability Act (HIPAA) guidelines and the safeguarding of confidential information.

FACILITY SUMMARY

Nevada Youth Training Center
Elko, NV

[No Current Photo Available]

Nevada Youth Training Center

Mailing Address:
P.O. Box 459
Elko, NV 89803

Physical Address:
100 Youth Center Road
Elko, NV 89801

(775) 738-7182

Facility Contact:
Dale Warmuth, Superintendent
Email: dewarmut@dcfs.state.nv.us

General Facility Information

Type of Facility: Corrections (Long Term)

Funding of Facility: Government - State

Facility Max Capacity: 160

Staff to Child Ratio: **Daytime:** 1:10 **Nighttime:** 1:16

No. of Staff Employed: 115 (22 open positions)* **Full Time:** UK **Part Time/On Call:** UK

Age Range Accepted: 12 - 18

Average Length of Stay: 6.4 months

Security Level: Staff/Location Secure

Average Daily Population: 148

** FACILITY RESPONSE: NYTC currently has 9 open positions.*

Facility Demographics – FY05-FY06

		Percent of Population by Race/Ethnicity		Percent of Population by Types of Offense	
Total Number of Residents:	415 served	**African American**	35%	**Drugs/Alcohol**	11%
Average Monthly Population:	146	**Hispanic**	26%	**Public Order**	33%
Percent Male:	100%	**Asian/Pacific Islander**	2%	**Property Crime**	31%
Percent Female:	N/A	**American Indian/Alaska Native**	3%	**Crimes Against Persons**	23%
Average Age:	16.5	**White**	34%	**Other**	2%

SITE VISIT SUMMARY

Information in this section comes from the tour given at the facility and conversations with staff and youth in the facility

NICRP Facility Visit

Date: April 26, 2006

Arrival Time: 8:45 AM **Departure Time:** 3:45 PM

Number of Interviews Conducted: 24
Administrator: 1
Staff: 8
Youth: 15

Population (Day of Visit): 156 **Males:** 156 **Females:** N/A

Under 12: 0

NICRP Follow-Up Facility Visit

Date: September 12, 2006

Arrival Time: 2:45 PM **Departure Time:** 7:45 PM

Number of Interviews Conducted: 27
Administrator: 0
Staff: 11
Youth: 16

Nevada Youth Training Center is a state funded all male youth correctional facility built in 1962 and located in Elko. The facility is located in a remote area which makes it both staff secure and location secure.

On the tour NICRP observed the facility to be very well maintained located on a spacious 500 acre campus where the landscaping is maintained by the residents. Any minor repairs are done by their "campus improvement team" which consists of residents who are doing community service hours. *(FACILITY RESPONSE: The Campus Improvement Team is a graffiti abatement project that does not complete any level of repair work other than graffiti removal; youth assigned do receive community service hours. The Maintenance Department comprised of four full time employees complete repair to facility physical plant or operating systems.)* The appearance of the grounds was very well kept and we were informed that the sidewalks had recently been replaced or were scheduled for replacement. The facility is comprised of a series of buildings designed for different purposes, including dormitories (called cottages at this facility), a cafeteria and full

kitchen, multi-purpose building, gymnasium, administration building, school, warehouse, and an auto/welding shop.

NICRP observed that several cottages are built barrack style, however the intake cottage has rooms and we were told that the rooms are locked at night. All cottages have a bathroom with showers and toilets and some kind of open area for a day room. The living spaces seemed clean and well maintained, organized with clean linens. While on the tour staff indicated that the silk plants that decorate the cottages were donated. All cottages have a television which is used to show movies on weekends. Youth belongings are kept in lockers near their beds and are secured with padlocks if the youth chooses to use one. While on the tour we did observe three youth watching television, however we understand from the interviews that the policy on television is that it is to be limited. Staff indicated that some cottages allow youth to watch more television than policy allows. Additionally some staff indicated a concern over "R" rated movies being shown in cottages, though this is also against policy.

The school building contains classrooms, offices for mental health and other staff, the nursing area and a six bed infirmary. The nursing area is secured and only the nurses and superintendent have keys to access the area. In this area they also have a full exam room which is used for medical exams for youth and also immunizations. Classrooms appeared appropriate for youth in this facility. The school, called Independence High School is a fully operational school which is its own school district. The school has its own library which was recently purchased and a computer lab that was funded in 1999. *(FACILITY RESPONSE: The library has operated from the early 1950's; books and equipment are regularly purchased. The original funding for the computer lab occurred legislatively in 1999; a State Agency, Information Management System currently supports the laboratory on a continuous basis to ensure that the lab is current with technology design.)* Youth attend school for six hours a day and receive credits for their work which can be transferred to another school, or a youth can graduate from this high school. Overall youth seemed satisfied with their school experience at NYTC. Teachers in the school are given some additional training in how to deal with youth in corrections; however staff are posted in the hallways during the school day. *(FACILITY RESPONSE: Teaching staff complete the New Employee Training Academy which is a one hundred and twenty hours (eighty classroom hours including Handle With Care and Non-Violent Crisis Intervention, forty hours of on the job training in the cottages) prior to assuming supervision of a classroom)*

NICRP observed the kitchen and dining area. Staff informed NICRP that the kitchen was built in the 1960s and is currently being updated from its original equipment. The kitchen appeared older and worn, but clean. The dining area seats four youth to a table in assigned seats. We were told that meat is served once a week and they serve around 600 meals a day. Overall people felt that the food was acceptable while not always what is preferred. *(FACILITY RESPONSE: We participate in the Department of Education School Breakfast and Lunch Program and are required to meet the nutritional requirements of the "Nutra-Kids" dietary program. Meat is served daily or several times daily either as a major ingredient in an entrée or as a stand-alone entrée such as chili, hamburgers, Salisbury steak, baked or fried chicken, baked fish or fish sticks and tacos or enchiladas. A member of the facility management team eats either a lunch or evening meal in the cafeteria on a random basis to insure food quality and appearance is acceptable.)*

NICRP also observed the facility's gymnasium. The gym was built in 1979, and remodeled in 1997. It consists of a weight room, metal bleachers and locker rooms. NYTC has hosted sporting events that their youth compete in as well as allowing other schools to use the facility. NYTC has an athletics program including, football, basketball and track and field. Youth are allowed to participate on teams and compete against other schools.

In interviews staff and youth identified a problem with the clothing issued to youth and its repair. Some stated that repairs took a long time to come back, and that it was difficult to get things repaired if they are ripped, torn, lose buttons, or a zipper breaks. An example was given of a youth whose zipper was broken on his jacket in February. According to the interview it took a week for his jacket to be repaired. Other youth reported receiving underwear with holes, dingy whites, and worn shirts plus receiving clothes that smelled bad. Youth also stated that clothing or shoes issued are sometimes too small and can take days to weeks to be re-issued. *(FACILITY RESPONSE: The facility purchased $9700.00 in clothing during this fiscal year. In addition, 160 new coats are on order to replace the previous year's coats. Due to the recurrent and at times extended absences of the Laundry Supervisor due to illness, much of the clothing was not distributed until after the initial site visit. The impact of the absences affected the timeliness of repairs since the clothing repairs were outsourced to a laundry in the community. Youth received replacement coats while the repairs on uniform coats were completed. The process for the distribution of laundry items is being revisited to insure proper maintenance and distribution of state issued clothing is maintained when the Laundry Supervisor is absent.)*Another concern about clothing was that personal items worn at intake into NYTC are stored in a large plastic bag in an unsecured storage room in the laundry area, called "Access". When the "laundry lady" is there, youth who work there in a vocational training capacity are properly supervised, but when she is gone, items are stolen from Access by youth. Lost items are replaced by the facility. *(FACILITY RESPONSE: Youth are compensated for personal items determined as stolen. Personal clothing inventories are maintained at time of entry. Additionally, youth laundry workers are no longer utilized to assist in the excess clothing room.)*

Youth interviewees also reported that the facility runs out of toilet paper on a regular basis, and that there is often not enough toothpaste for residents, and entire cottages have to share one tube. *(FACILITY RESPONSE: An individual Cottage may exhaust their supply and borrow from another Cottage; there is no evidence that the entire facility has exhausted the supply of toilet paper or its supply of toothpaste. Reception and Classification staff does dispense toothpaste to each youth as opposed to having toothpaste stored in the individual rooms. The larger practice for youth is to purchase their own supplies on shopping trips or request their parent to supply them rather than use the facility product. In an effort to insure this is not a recurring issue, we are instituting a process to review the supply of hygiene products stored on each cottage several times weekly.)* In addition, several youth shared that snacks purchased with money from home were stolen from lockers or from their rooms. Since snacks are no longer allowed to be sent from home, and going on outings to purchase items such as snacks and hygiene items is a privilege, there may be more problems with snacks being stolen. Some youth reported that dorm seniors are allowing residents to have snacks sent from home despite the new policy. *(FACILITY RESPONSE: The impact on thefts is negligible whether the snack is sent from home or*

purchased in the community. Youth have access to their funds to purchase snacks. Youth have to function at an appropriate level in order to go off campus to purchase items. The process is less comfortable than the youth receiving snacks routinely from his parent. This process also allows the facility to restrict the introduction of contraband into the facility.)

Youth requested more in-depth programming on substance abuse. The current program is voluntary and youth reported it not being very helpful. They asked for a program that is taught by trained staff who "know what they're talking about". *(FACILITY RESPONSE: A Substance Abuse Counselor II was hired by NYTC on August 7, 2006. Following training and orientation, she began holding substance abuse specific classes at the end of September.)*Youth also requested greater use of privileges such as outings and more activities as motivators to do well in the program.

Youth report difficulties with the grievance process, where staff tear up grievances and intimidate residents into not writing them. *(FACILITY RESPONSE: Grievance boxes are located in neutral areas of the facility – cafeteria, medical, school hallway and Reception and Classification dorm with grievance forms readily available at each location. Forms are issued to youth recurrently to maintain in their personal area. Youth are never required to ask for a grievance form. Youth did not complain of intimidation, retaliation or reduced access during the August Quality Assurance review completed by the Quality Assurance Team. The annual youth surveys also did not indicate a pattern of retaliation, intimidation or lack of access. Several incidents have occurred in which a youth asked a staff member to read a grievance – staff is routinely requested not to read the grievances. Additionally, the grievance response procedures are being revamped per agency directive to be more instructive, participatory and uniform throughout all state juvenile justice facilities. The Assistant Superintendent will assume sole responsibility for initial response to insure greater consistency.)* Youth report staff favoritism, in terms of light discipline and extra privileges for favorites, and instances of differential punishment for minority youth and white youth. These instances make youth upset, and they reported that it causes problems in the dorms between youth. In addition, several youth shared that the staff often yell and cuss at the residents for no reason, and that staff constantly belittles them and puts them down. *(FACILITY RESPONSE: Inappropriate language is clearly prohibited by policy and is trained to in Ethics and Use of Force classes. All instances of the use of profanity are investigated by administration and as appropriate referred to Child Protective Services).* According to reports, staff use this to "test kids", where they are trying to push buttons to see how the resident will respond and will dock points for inappropriate responses. One staff admitted this practice to an interviewee, and stated that it is not part of the program. NICRP is concerned that it is inappropriate for staff to attempt to elicit inappropriate behavior from residents, especially as it is not part of the program at the facility. *(FACILITY RESPONSE: Testing youth or placing youth in an artificial test of their control is not acceptable.)* Youth also reported chewing tobaccos as a large problem at NYTC, with staff providing "chew" to the residents. *(FACILITY RESPONSE: The use of tobacco or possession of tobacco products is prohibited on the Cottages. Staff is required to secure tobacco products in their assigned lockers. Staff found in violation of the policy are subject to discipline.)*

Another concern is over how the facility handles its homosexual residents. Conversations with staff and youth indicate that these youth may be harassed for their sexual preference by both youth and staff, and some reported instances of youth not being allowed to participate in sports due to their sexual preference. Others reported low grades for homosexual residents, verbal harassment, and physical assaults. *(FACLITY RESPONSE: The facility takes no discriminatory actions based on sexual preference, however, youth do divulge their preferences to peers who possess either limited capacity to accept differences or whose history includes sexual victimization. The facility staff makes every effort to insure the safety and security of all youth committed to its care and custody. In addition, the facility must balance safety issues for youth who may be potential victims of prejudice generated by their professed differences. The only discrimination or screening made concerning participation in sports activities is based on safety issues generated by the individual – failing to maintain required group standings in school and on the dorms as a result of acting out, assaultive or aggressive behavior or because of a threat/history of escape.)*

Staff reported a relatively recent increase in recruitment and hiring of female staff at the facility. While some expressed concern that women were not working as hard as men because they are not allowed to supervise youth in the showers, the general feeling is that the presence of women on the cottages has led to a reduction in the level of aggression and competition that may occur in an all-male environment.

Another concern that surfaced during the visit was over the radios that staff use to communicate with one another. Many radios were not functioning at the time of our first visit and were not repaired by our follow up visit, about four months later. Staff are concerned about their safety when they cannot communicate with one another or call for help if a situation warrants that. Many radios were barely functioning, using an eraser end to hold the dials in place. Staff reported that the administration was aware of this problem but still had not replaced the non-functional radios due to budget constraints. Staff indicated that for about every three staff, they should have one working radio. *(FACILITY RESPONSE: Upgraded radios were requested in the budget for Fiscal Years 06 – 07. This budget request was not approved. New radios have again been requested in the budget for Fiscal Years 08 – 09. Currently, inoperable radios are an issue however each unit has two operating radios. Ten replacement radios have been ordered and should be placed in service in mid November. It is hoped that these will mitigate the problem in this area until the new Fiscal Year.)*

<u>Other identified issues from conversations with staff at NYTC:</u>

- Staff need more opportunities for training on special topics. *(FACILITY RESPONSE: The facility provided training concerning sexual offenders and predators as a recognition of the growing numbers of youth adjudicated for sexual offenses. The intent is to enhance safety for youth and staff while strengthening the supervision skills of all staff involved with the youth.)*
- Some staff feel that it is difficult to take vacation time because there are not enough people to cover shifts when people want time off. *(FACILITY RESPONSE: The vacancy*

rate for staff is less that ten per cent and all reasonable requests for annual leave are honored.)

- Some feel that there is a lack of consequences for staff who violate policy. Examples are staff who show "R" rated movies or those that are known alcoholics coming to work drunk. *(FACILITY RESPONSE: The showing of "R" rated movies is in general prohibited. However "R" rated movies that have a cultural or instructional value such a "Schindler's List, "The Green Mile", etc. may be approved for showing by the Superintendent. The facility will again issue a memorandum to all staff prohibiting the showing of "R" rated movies. All complaints related to employees coming to work inebriated are investigated. The most recent complaint revealed no probable cause to substantiate the allegation.)*
- New staff area problem because although they are probationary employees for the first year, if they do not learn enough they often stay on as staff, then other staff feel uncomfortable leaving them alone with the kids which impedes the daily schedule. *(FACILITY RESPONSE: The training and supervision for probationary employees has resulted in the separation of one probationary employee this fiscal year, two during the last fiscal year.)*

Overall the facility seems to have made a lot of progress in the last few years. It was the subject of Federal scrutiny in 2003 and currently has regular inspections by the Department of Justice (DOJ). Their grievance policy and mechanism for accepting and investigating grievances has changed significantly since the DOJ report. They have placed locked boxes in several common locations on the campus where youth put grievances in order to reduce the fear of retaliation and have instituted a system of investigation and review that contains multiple checks and balances. A problem with the grievance process that NYTC administration has worked hard to address through training is the staff misperception that youth are attacking them through these grievances. The administration has attempted to ensure that staff appreciate the process by explaining that youth are trying to control part of the process and provoke the adults, and they have found that staff are becoming less focused on controlling youth access to grievances. *(FACILITY RESPONSE: The training emphasis involves clarifying the purpose of a youth filing a grievance – simply as a method of teaching the youth how to complain safely and appropriately. Staff is warned during training to avoid allowing youth to manipulate them by responding to a threat of a grievance or feeling uncomfortable or manipulated when a youth states he is filing a grievance.)*

The facility has also instituted a data-driven monitoring system. Although it is not done by a computer system and is tracked by hand, the facility is examining trends in incident reports, uses of force, disciplinary incidents at school, room confinements, and other issues which they can track by time of day, day of the week, staff member, shift supervisor or youth involved, among others. Staff report this system as helpful in allowing them to review procedures, explain incidents, solve any identified problems, and evaluate progress on identified issues. The addition of computerized record-keeping and data collection would significantly improve the facility's ability to track and monitor performance and progress.

A new addition to the NYTC staff whose position was legislatively approved and developed in the last legislative session and who was hired in the spring of 2006 is NYTC's in-house investigator. This position is an outcome of some of the recommendations made by DOJ. She investigates all uses of force on campus, and presents her findings to NYTC's weekly meetings about use of force. She interviews the people involved in the incidents (including witnesses), and the weekly meeting group has to determine whether it was appropriate use of force or not. The investigator is a mandatory reporter, and can call DCFS directly to file a complaint if she feels it is warranted. She participates in developing and organizing training for staff, and is the in-house person who might begin the grievance resolution process, and evaluate youth perceptions of differential treatment by staff or other residents. This position is unique to NYTC, and seems to be an important part of the system of checks and balances.

COMPLAINTS

Description of the Process

At NYTC youth have the right to file a grievance if they are concerned about their treatment in the facility. Youth can first attempt to informally solve the problem by talking to staff or other youth involved. When this does not work, youth can ask staff for a grievance form then write their grievance down and place it in the grievance boxes located in the cottages. Daily the assistant superintendent picks up the forms and reviews them, then forwards them on to the appropriate person for review and response. Youth should receive a response within five working days. If they are not satisfied with this response, then they have the option to appeal in which case the Superintendent will review the grievance and the response and make a final decision. The youth has three days to complete his grievance and submit it to the superintendent for appeal. All written grievances are filed and stored.

Number of Complaints

Per a memo from the facility, complaints from 2000-2002 were unable to be located. Complaints from 2003 forward were sent.

	Count	Percent
Total Number of Complaints Received:	273	100%
Past Complaints January 1, 2000 – December 31, 2005	237	86.8%
Forwarded Complaints Jan 1, 2006 – September 30, 2006	32	11.7%
Complaints Received by NICRP Jan 1, 2006 – September 30, 2006	4	1.5%

Average Response Times for Complaints (in Days)

	Average # Days	Range (Min-Max)
Average Response Time – Overall	8.4	0-44
Average Response Time - Past Complaints January 1, 2000 – December 31, 2005	8.24	0-44
Average Response Time - Forwarded Complaints Jan 1, 2006 – September 30, 2006	8.46	0-31
Average Response Time – Received by NICRP Jan 1, 2006 – September 30, 2006	17.75	3-28

Type of Complaint

Complaints were placed into broad categories based on the topics determined by the Subcommittee's original request.

	Count	Percent
Health Anything having to do with a child's physical or mental health. These include nutrition and exercise, medical care, medication administration and attention pertaining to illness or injury.	16	5.9%
Safety Anything having to do with the physical safety of the children. These include physical security and staffing issues, physical restraint, appropriate placement within the facility, and physical environment, including cleanliness as well appropriate and working facilities and equipment.	17	6.2%
Welfare Anything having to do with the general well being of the child. These include emotional issues and may include such things as the way that staff interacts with children on a daily basis, punishments, education, and wellness activities.	118	43.2%
Treatment This term is defined in terms of a treatment program not necessarily how a child is "treated" on a daily basis. These include issues of access to counseling (mental health and substance abuse) resources, issues relating to a resident's actual treatment plan and how youth are able to progress through a facility's program.	48	17.6%
Civil and Other Rights This includes things pertaining to not only a child's civil rights, but also their rights as human beings. This would also include any rights within a particular facility that the youth are granted as explained to them in orientation.	41	15.0%
Privileges This category was added for complaint analysis because there are complaints received about not getting things that are deemed privileges and are earned and are not a right, or do not affect their health, safety, welfare, or treatment.	16	5.9%
Other This category includes all issues not easily placed into the above six groups.	17	6.2%
Unknown Unknown complaints occurred in situations where there was a resolution and no grievance attached, or the grievance was illegible.	0	0.0%

Sub-Categories of Complaints

All complaints were further analyzed independent from their resolutions and coded into 11 categories to help researchers understand the nature of the complaint in greater depth. Complaints may fall into more than one category, and so percents will not add up to 100%. Answers were Yes-No-Unknown for each question, and only Yes answers are reported here. Unknown was only selected in situations where the grievance was not attached or was illegible. The percent demonstrates the percent in each sub-category out of the total number of complaints received.

	Count	Percent
Physical Harm	9	3.3%
Lack of Supervision	2	0.7%
Inappropriate verbal contact by staff	54	19.8%
Inappropriate verbal contact by another youth	13	4.8%
Inappropriate physical contact by staff	12	4.4%
Inappropriate physical contact by another youth	5	1.8%
Sexual in nature	9	3.3%
Disagreement with staff/administrative decision	210	76.9%
Medical in nature (medication, doctors visits, etc)	14	5.1%
Differential treatment by staff	54	19.8%
Unsatisfactory physical environment	16	5.9%

Categories of Response

Responses were also coded separately from the complaint in order to further understand the level of response from administration.

	Count	Percent
Action-Oriented A response that indicates that the facility did something in response to this complaint such as counseling, policy change, termination, or new placement.	90	33.0%
Explanatory A response where the facility only provides an explanation for the complaint, or the circumstances of the complaint and no action is indicated.	165	60.4%
Unknown If the facility did not attach a response to a grievance or the response was illegible, the response was coded as unknown.	18	6.6%

POLICIES AND PROCEDURES

Nevada Youth Training Center provided NICRP with some policies and procedures of the facility along with the NYTC Operations Manual and Resident Handbook. The policies were approved by appropriate people and included dates of previous revisions and the versions the new policy replaces.
Also included for reference purposes are the Statewide Youth Correction Service policies from the Division of Child and Family Services. These policies are referenced as YCS policies.
Last date of revision: Dates ranged from 11-30-04 to 12-01-05 and the NYTC Operations Manual was revised 1-16-06

Health

Assessments

- Per policy 12.4 youth entering the facility will have a comprehensive mental health assessment.
- Policy 4C-27 allows that youth are screened for need of dental services upon intake.

Nutrition & Exercise

- Per policy 10.3 the "food service programs will comply with all applicable sanitation and health codes as promulgated by federal, state, and local authorities." The food service program is inspected at least annually. A complete sample meal will be served and held for 72 hours daily consisting of one tablespoon of each food served. This policy will be reviewed annually and revised as needed.
- Policy 10.1 provides that juveniles will be given meals that are "nutritionally balanced, well planned, and prepared and served in a pleasant surrounding that meets established governmental health and safety codes." Food is planned for a 28 day cyclical menu. The facility uses the dietary allowances stated by the National Academy of Sciences as a "guide to basic nutritional needs." Special diets are given to those on medical or dental authorization. Two hot meals and one other meal are given each day. An evening snack is provided to the youth.
- Policy 10.2 provides that special diets are given to those with religious beliefs that require special diets as well as to those youth under medical or dental authorization.
- YCS P-5 provides that "all juveniles shall be provided meals which are nutritionally adequate, properly prepared and served in a pleasant surrounding."
- YCS P-6 provides that special diets for medical, dental, and religious reasons will be allowed and that "these diets must be in compliance with the State Department of Education's NUTRIKIDS program."

Access to Medical Care

- Policy 13.2 gives youth the right to access of medical care, dental care, and mental health care.
- Policy 4C-07 states that "youth's medical complaints are monitored and responded to daily be qualified medical staff and referred to a physician when required."

- Policy 4C-27 outlines emergency dental care stating "dental care shall be provided to each youth on an emergency basis by a dentist and/or fully qualified professional authorized to provide care in accordance with state licensing requirements."

Administration of Medication

- Policy 12.1 outlines the administration of medication including that "medications shall be distributed by qualified members of the medical staff and administered only by staff that has been trained in medication administration." The pharmacy shall adhere to all state and federal laws. Medication will only be dispensed as prescribed. Medication administration training will be consistent with NRS 453.375. All medications will be recorded and become part of the youth's medical record. All medication will be stored in a locked area inaccessible to youth or unauthorized staff.
- YCS P-11 provides that "youth arriving at an institution shall be maintained on the medications the youth was taking upon arrival until the youth can be evaluated by a qualified healthcare professional, or consultation with the youth's prescribing physician has occurred."

Communicable Diseases

- Policy DCFS-JS-14.3 states that juveniles with communicable diseases will be placed in Administrative Segregation from the general population.

Safety

Physical Environment

- Per policy 3B-05 "strict control of procurement, storage and inventory of all flammable, toxic, and caustic materials shall be maintained." A list is given of commonly used hazardous materials.

Emergency Procedures

- *(FACILITY RESPONSE: Emergency procedures training is provided to staff during the first two weeks of employment. This training covers emergency situations that could occur in a correctional setting such as escape, serious injury, suicide attempts, riots or large disturbances and hostage situations.)*

Placement

- Policy number DCFS-JS-14.3 states that juveniles needing "special management" are placed in Administrative Segregation away from the general population. The juveniles that may need "special management" are those who "present an immediate risk of harm to others," or "is in need of close observation for risk of self-harm," or "needs protective setting to prevent victimization by others," or "escape history indicates immediate risk to safety/security of the facility/community," "offense history indicates immediate risk to safety/security of facility/community," or "juvenile is determined by Medical staff to have a contagious/infectious medical condition," or "needs to be of close observation due to medical/mental health condition," or "juvenile has displayed behavior threatening the general order or security of the facility."
- The Resident Handbook outlines placement when a youth enters the program. Juveniles must "pass" three weeks before being placed in the normal program.

Staffing

- Policy 03-04 outlines some of the responsibilities for staff including Group Supervisors who are in charge of "responding to emergencies" and "early intervention of youth behavior."
- Per the NYTC Operations Manual, staff are responsible for knowing and understanding the policies and procedures of the facility.

Physical Restraint and Use of Force

- Policy 9.1 outlines the use of force. Only staff that have received training may use force and only after attempting to de-escalate the situation with other techniques first. Types of restraints used include handcuffs, mechanical and soft restraints, and medical restraints.
- Policy 9.3 states that restraints will be used while transporting juveniles.
- Per policy 03-31-a, an incident review team will review all incidents which used force.
- Per policy 8.3, when other lesser means of de-escalation is ineffective, O.C. aerosols may be "employed to help staff to subdue an individual offender or to restore order among disruptive group of offenders."
- YCS P-7 provides that "each facility operated by Youth Correctional Services shall have an Incident Review Team to perform an initial inquiry into all use of force incidents. The members of the Incident Review Team will have successfully completed competency-based training in performing use-of-force and similar investigations and have otherwise demonstrated a capacity to perform such investigations."
- YCS P-19 states that "to prevent the possibility of serious injury to staff and juveniles, only the minimal amount of physical force, and only as a last resort failing non-physical intervention, shall physical force be used to control a juvenile or situation in the facility. A written report is prepared following all uses of force and is submitted to the Superintendent, for review. Use of mechanical or soft restraints, except during transportation shall be imposed only with authorization by the Superintendent or designee. Only agency-issued restraints are permissible. Further, it is the policy of this agency that no employee has the right to physically punish a juvenile with a spanking, beatings, shoving, pushing, kicking, striking, hitting, cuffing (hitting with an open hand) or corporal punishment of any kind. Use of physical force is limited to justifiable self-defense, protection of juveniles or others, prevention of property damage, prevention of escape, or substantial disruption of program. In no event is physical force or use of restraints justifiable as a punishment…At no time should staff use any type of punishment that can be construed as cruel or unusual, such as withholding food or drink, public or group humiliation, or physical intimidation. Staff encouragement or influencing juveniles to involve themselves in restraining another juvenile or utilization of juveniles to contain or control physically acting-out juveniles is prohibited."

Suicide Prevention

- Policy number DCFS-JS-14.3 provides that juveniles at risk for self harm will be placed on Administrative Segregation which is a unit separated from the general population.

Welfare

Education

- Although there was no mention of education in the polices and procedures received from the facility, the Resident Handbook states that the facility provides school and youth are

expected to participate. The school is an open-entry/open-exit school and students may earn credit and may graduate. The G.E.D. certification is also an option for students.

Staff & Youth Interactions

- Per policy 4C-46, staff are prohibited from performing medical experimentation on youth.
- YCS P-1 provides the policies and procedures for reporting suspected or known cases of abuse or neglect.

Behavioral Control Systems

- Policy 14.2 outlines the facility disciplinary process. The section states "discipline shall not be applied as a retaliatory measure and no form on corporal or degrading punishment, cruel or unusual punishment, punishment that interferes with eating and sleeping, or punishment that endangers juvenile physically or psychologically shall be imposed." Time-outs are used to control behavior. Minor rule violations should be resolved informally or with a formal disciplinary report. A disciplinary hearing will be held if a juvenile disagrees with the discipline.
- The Resident Handbook states that youth may earn privileges based on positive behavior and may lose privileges for negative behavior.
- YCS P-12 provides that "State of Nevada, Youth Correctional Services shall utilize a consistent, responsive, and fair disciplinary process within all state youth correctional centers. Discipline shall not be applied as a retaliatory measure and no form of corporal or degrading punishment, cruel or unusual punishment, punishment that interferes with eating and sleeping, or punishment that endangers a juvenile physically or psychologically shall be imposed."
- YCS P-14 states that "juveniles requiring a higher degree of physical control or for other reasons are placed on Administrative Segregation in order to protect the juvenile from himself/herself or others, or to provide special management for serious behavior problems and/or protective custody…Juveniles may only be placed on this status by administrative authorization."
- YCS P-15 provides "Time Out/ Room, Area or Cottage Restriction/Room Confinement are behavior management techniques, which may be used to assist a juvenile with managing his/her behavior. All incidents of Time Out/ Room, Area or Cottage Restriction/Room Confinement must adhere to the procedures listed below. Violations of this policy must be reported to the Superintendent immediately."

Treatment

Treatment Plans

- NO INFORMATION PROVIDED
- *(FACILITY RESPONSE: Pursuant to NRS 63.180 the facility is required to develop with in 30 days of a youth arrival a program of education, employment, training, treatment, care and custody.)*

Behavioral Treatment

- NO INFORMATION PROVIDED

- *(FACILITY RESPONSE: The facility has implemented the Cognitive based programming developed by the National Institute of Corrections entitled "Thinking for a Change". We also utilize a behavior modification based "points and groups" system to reward youth for appropriate behavior. This information is included in our Student Handbook and will be added to the appropriate policies.)*

Substance Abuse Treatment

- Although there was no mention of substance abuse treatment in the policies and procedures received from the facility, the Resident Handbook states that a Substance abuse counselor is available for treatment of youth dealing with alcohol and drug related problems.

Mental Health Treatment

- Per policy 12.1 youth on psychotropic medications will be monitored by mental health counselors and/or staff and those staff will report progress/treatment in treatment team meetings.
- Per policy 12.4 juveniles are given access to the "comprehensive mental health program designed to examine, evaluate/assess, diagnose and treat. Mental health services shall include training of staff who have daily contact with juveniles."
- YCS P-11 provides that "all juveniles are provided access to a comprehensive mental health program designed to examine, diagnose and treat. For juveniles in need of such services, psychiatric and psychological diagnosis and treatment of committed juveniles should be undertaken. Mental health services (i.e., suicide risks and prevention) shall include training of staff who have daily contact with juveniles."

Civil and Other Rights

Grievances/Complaints

- Per policy 13.4 youth may grieve "any circumstance, behavior, or disciplinary action of staff or other juveniles." Grievances "shall be handled expeditiously and without threats or reprisals."
- YCS P-9 states that "upon admission, juveniles shall be informed of their right to grieve any circumstance, behavior, or disciplinary action of staff or other juveniles. Concerns that have not been resolved informally through discussion with individual staff members shall be filed according to the procedures...All grievances shall be handled expeditiously and without threats of, or reprisals against, the individual filing the grievance. No formal or informal exhaustion requirements or preconditions to completion and submission of a grievance shall exist."

Awareness

- Policy 13.4 states that upon admission juveniles are told of their right to grieve "any circumstance, behavior, or disciplinary action of staff or other juveniles."
- Section "Resident Rights" is the form given to residents so the youth are aware of their rights as well as what is expected of them.
- YCS P-1 provides, in part, that "each youth entering the facility shall be given an orientation that shall include simple directions for reporting abuse and assuring youth of their right to be protected from retaliation for reporting allegations of abuse."

Protection of Rights

- Policy 1.12 outlines NRS 432B in which child abuse and neglect is defined and how to report is defined. All incidents of child abuse and/or neglect are to be reported to CPS immediately, this includes suspected cases.
- Policy 13.2 provides juvenile rights in the facility including equal treatment without discrimination, "youth have the right to be treated respectfully, impartially, and fairly, and will be addressed by name in a dignified conversational manner." Youth have the right to know the rules of the facility and be free from corporal punishment. Youth are afforded the right to participate in religious services. "Youth have the right to nutritious meals, proper bedding, and clean clothing, daily showers, toilet facilities, adequate lighting, proper ventilation for warmth and fresh air, and an overall safe environment maintained in compliance with state and local fire and safety laws and regulations."
- Policy 13.1 states that juveniles have the right to meet with their attorney or legal representation with "uncensored, confidential" contact.
- YCS P-3 outlines youth's rights and responsibilities.
- YCS P-8 states that "the facility recognizes the juvenile's need for and right to maintain contact with persons outside the facility and asserts that he or she may do so with a reasonable degree of privacy."
- YCS P-10 provides that "all juveniles will have uncensored, confidential contact by telephone, in writing, or in person with their legal representative."

FACILITY SUMMARY

Rite of Passage Silver State Academy
Yerington, NV

[No Current Photo Available]

Rite of Passage – Silver State Academy

Mailing Address:
2560 Business Parkway
Minden, NV 89423

Physical Address:
100 Rosaschi Road
Yerington, NV 89447

Ph: 775-463-5111

Facility Contact:
Lawrence Howell, Executive Director
Email: lhowell@riteofpassage.com

General Facility Information

Type of Facility: Corrections (Long Term)

Funding of Facility: Private – Rite of Passage

Facility Max Capacity: 225

Staff to Child Ratio: **Daytime:** 1:8 **Nighttime:** 1:24

No. of Staff Employed: 95 **Full Time:** UK **Part Time:** UK

Age Range Accepted: 14-19

Average Length of Stay: 10 months

Security Level: Staff Secure

Average Daily Population: 180-185

2005 Facility Demographics

		Percent of Population by Race/Ethnicity		Percent of Population by Types of Offense	
Total Number of Residents:	UK	**African American**	23%	UK	
Average Daily Population:	161	**Hispanic**	34%	UK	
Percent Male:	100%	**Asian/Pacific Islander**	4%	UK	
Percent Female:	N/A	**American Indian/Alaska Native**	6%	UK	
Average Age:	16.8	**White**	32%	UK	

SITE VISIT SUMMARY

Information in this section comes from the tour given at the facility and conversations with staff and youth in the facility.

NICRP Facility Visit

Date: March 28, 2006

Arrival Time: 8:30 AM **Departure Time:** 12:15 PM

Number of Interviews Conducted: 5 **Administrator:** 1
Staff: 2
Youth: 2*

Population (Day of Visit): 189 **Males:** 189 **Females:** N/A

Under 12: 0

* The Silver State Academy accepts youth from several states - there were 19 youth from Nevada on the day of the visit. Mr. Howell asked that only youth from Nevada participate in the research, therefore 10% of 19 were sampled.

Rite of Passage is a private company who runs the Silver State Academy and several group homes as transitional housing for graduates of the Academy. The Silver State Academy is a 225-bed, staff-secure facility for males only. It is located on 21 acres of land leased from the Yerington Paiute Indian Reservation in Yerington NV. The facility is licensed through the state of California Department of Social Services. Several states place youth at the Academy, including California, Nevada, Utah, Michigan, Minnesota, Montana and Indiana. *[FACILITY RESPONSE: Rite of Passage ATCS is a 501c3 non-profit organization. The campus is located on 21 acres of leased land and 153 acres of land owned by the company. The campus has 24 hour supervision with awake night staff, the nighttime staff to student ratio is 1:24. In addition, daytime staff do sleep on the premises on a seven-day on/off schedule. The daytime staff to student ration is 1:8. The facility is licensed by the Yerington Paiute Tribe's Social Service Department and certified by California Department of Social Services, Minnesota Department of Youth Corrections, and the Utah Department of Youth Corrections. Several states place youth at the Academy, including California, Nevada, Utah, Michigan, Montana, Indiana, Oregon, Pennsylvania, Texas, and Minnesota.]*

The facility has multiple dorm buildings, some of which are newer than others, and have different internal floor plans. Inside the dorms posted on the walls are; personal rights, house rules, conduct rules, grievance procedures, daily schedules, and the facility's mission statement and values. The facility emphasizes athletics and physical fitness, and provides a soccer field, a football field, a baseball diamond, a track, a gym, a basketball court, a weight room, and a boxing/wrestling ring. They also provide a resource room offering special education, case management, educational development and future planning, a library offering a literacy program and reference area, a computer science room, a horticulture building, and a vocational building where residents can learn culinary arts, welding, construction and auto mechanics. Educational

services at the facility's high school are provided by teachers licensed in California, and the school is run by a California school district. This creates problems for kids because they cannot graduate from the school unless they are from California, as the credits do not automatically transfer. *[FACILITY RESPONSE: Educational services at the facility's high school are provided by teachers that are licensed in California and Nevada. The school is a licensed Nevada Private School and a California Charter School. California youth are eligible for a Charter School Diploma while the other youth are eligible for a Private School Diploma. All youth are eligible to take the G.E.D. test if applicable. The school is accredited by the Western Association of Schools and Colleges, a designation which allows other high schools and colleges to recognize the school credits youth are earning.]* On site there is a 24-hour EMS technician at the infirmary, and a pharmacy, but medical visits are scheduled at the local clinic. Medication is administered by the medics.

The Academy is a certified BADA Level I outpatient treatment facility, and has a contract with a Licensed Alcohol and Drug Counselor for the program. They also have contracts with a marriage and family therapist, a licensed clinical social worker, and a psychologist. In addition, they have begun to utilize the cognitive-behavioral therapy (CBT) as their treatment milieu in addition to their strong history of Positive Peer Culture. The facility has recently begun hiring female staff. Staff reported a relatively high turnover rate.

It was reported that the facility is used as a foster placement for some youth, which is a concern because this is a staff secure correctional facility. Youth reported that the grievance process is ineffective in problem solving because it focuses on peer interaction and interaction with staff when that may be the problem that is being addressed by the grievance. They state that the program does not actually retrain their behavior or cognitive processes, but that most only do what they have to do to graduate. NICRP was also concerned that health inspections are conducted by the Indian Health Service, a federal agency, and not by the State of Nevada, and that the licensing is conducted by California and Nevada is not involved. *[FACILITY RESPONSE: The Federal Health Agency (Indian Health Services) inspections standards exceed local standards. Silver State Academy accepts youth from a variety of sources including probation, parole, youth corrections, and private placements. Admission criteria are based on the youth need for treatment, not a state or county classifications of funding source. Excluding Nevada, licensing reviews are conducted by each agency that places youth at the campus. Silver State Academy receives over 15+ inspections per year for compliance with various youth care standards. Furthermore, when a health, safety, or welfare issue/complaint involves a non-Indian, Nevada Child Protective Services involvement is applicable. Rite of Passage Silver State Academy is the most regulated youth program in the State of Nevada.]*

COMPLAINTS

Description of the Process

The grievance process at Silver State Academy involves a youth filling out a Student Statement Form, which leads to a one-on-one discussion with their coach (facility staff). If that does not solve the problem, they can have a one on one with supervisors up the chain of command. The formal grievance process is utilized if those discussions do not resolve the problem. The case management administrative assistant signs out the grievance number and its chain of custody, how and why it was passed along, and once the form is filled out by youth and staff, it is returned to administrators for review.

The list provided by Rite of Passage included all complaints from Nevada youth with no mechanism for identifying whether they came from the Silver State Academy or the "Q-House" in Minden. Therefore, NICRP has summarized them here. *[FACILITY RESPONSE: All of the reported complaints were from youth placed at the Silver State Academy. There were none at the "Q-House."*

Number of Complaints

	Count	Percent
Total Number of Complaints Received:	6	100%
Past Complaints January 1, 2000 – December 31, 2005	5	83.3%
Forwarded Complaints Jan 1, 2006 – September 30, 2006	1	16.7%
Complaints Received by NICRP Jan 1, 2006 – September 30, 2006	0	0.0%

Average Response Times for Complaints* (in Days)

	Average # Days	Range (Min-Max)
Average Response Time – Overall	Unknown	Unknown
Average Response Time - Past Complaints January 1, 2000 – December 31, 2005	Unknown	Unknown
Average Response Time - Forwarded Complaints Jan 1, 2006 – September 30, 2006	Unknown	Unknown
Average Response Time – Received by NICRP Jan 1, 2006 – September 30, 2006	N/A	N/A

* No time frames were provided for any complaints received from this facility.

Type of Complaint

Complaints were placed into broad categories based on the topics determined by the Subcommittee's original request.

	Count	Percent
Health Anything having to do with a child's physical or mental health. These include nutrition and exercise, medical care, medication administration and attention pertaining to illness or injury.	0	0.0%
Safety Anything having to do with the physical safety of the children. These include physical security and staffing issues, physical restraint, appropriate placement within the facility, and physical environment, including cleanliness as well appropriate and working facilities and equipment.	0	0.0%
Welfare Anything having to do with the general well being of the child. These include emotional issues and may include such things as the way that staff interacts with children on a daily basis, punishments, education, and wellness activities.	3	50.0%
Treatment This term is defined in terms of a treatment program not necessarily how a child is "treated" on a daily basis. These include issues of access to counseling (mental health and substance abuse) resources, issues relating to a resident's actual treatment plan and how youth are able to progress through a facility's program.	3	50.0%
Civil and Other Rights This includes things pertaining to not only a child's civil rights, but also their rights as human beings. This would also include any rights within a particular facility that the youth are granted as explained to them in orientation.	0	0.0%
Privileges This category was added for complaint analysis because there are complaints received about not getting things that are deemed privileges and are earned and are not a right, or do not affect their health, safety, welfare, or treatment.	0	0.0%
Other This category includes all issues not easily placed into the above six groups.	0	0.0%
Unknown Unknown complaints occurred in situations where there was a resolution and no grievance attached, or the grievance was illegible.	0	0.0%

Sub-Categories of Complaints

All complaints were further analyzed independent from their resolutions and coded into 11 categories to help researchers understand the nature of the complaint in greater depth. Complaints may fall into more than one category, so percents often will not add up to 100%. Answers were Yes-No-Unknown for each question, and only Yes answers are reported here. Unknown was only selected in situations where the grievance was not attached or was illegible. The percent demonstrates the percent in each sub-category out of the total number of complaints received.

	Count	Percent
Physical Harm	0	0.0%
Lack of Supervision	0	0.0%
Inappropriate verbal contact by staff	1	16.7%
Inappropriate verbal contact by another youth	0	0.0%
Inappropriate physical contact by staff	0	0.0%
Inappropriate physical contact by another youth	0	0.0%
Sexual in nature	0	0.0%
Disagreement with staff/administrative decision	5	83.3%
Medical in nature (medication, doctors visits, etc)	0	0.0%
Differential treatment by staff	0	0.0%
Unsatisfactory physical environment	0	0.0%

Categories of Response

Responses were also coded separately from the complaint in order to further understand the level of response from administration.

	Count	Percent
Action-Oriented A response that indicates that the facility did something in response to this complaint such as counseling, policy change, termination, or new placement.	3	50.0%
Explanatory A response where the facility only provides an explanation for the complaint, or the circumstances of the complaint and no action is indicated.	3	50.0%
Unknown If the facility did not attach a response to a grievance or the response was illegible, the response was coded as unknown.	0	0.0%

POLICIES AND PROCEDURES

Rite of Passage provided NICRP with a two volume Policies and Procedures Manual. Volume I is the Silver State Academy Operations Manual which includes six sections: Formal Systems; Group Living; Interactive Supervision; Physical Training/Athletics; Physical Plant; and Case Management, Education, Medical and Student Services. Volume II is the Rite of Passage Administrative Policies Manual which includes seven sections: Philosophy; Organizational Charts; Job Descriptions; Financial Policies; Human Resources Policies; Operations Policies; and Reporting Policies.
Last date of revision: Volume I – varies by section; Volume II – January 1, 2006

Health

Assessments

- FS 1.1 provides that every "student will undergo a physical examination, urinalysis, and a dental examination" at intake. Requests will be made for the most recent medical records from the youth's detention facility.

Nutrition & Exercise

- IS 3.3 outlines the meal program at the facility. The policy provides, in pertinent part, that students "may take as much food as they wish as long as they have a balanced meal."
- Section IV of Volume I covers physical training and athletics at the facility. This section covers an intense physical training program which includes physical education, 3-mile runs, cardio-vascular circuits, 18/20 workout exercises, sports training and stamina courses. All students are required to participate in physical education 2 to 3 times per week. All students are required to participate in physical exercise 6 times per week. Sports training is conducted at least 3 hours per day, almost every day except Sunday.

Access to Medical Care

- MD 6.1 outlines the "24 Hour Medical Emergency Plan". This plan provides the procedures to take in the event of a medical emergency, including emergency phone numbers.

Administration of Medication

- MD 6.3 covers the administration of medication, including medication storage, administration on and off site, documentation, inventory and errors. Only staff trained in medication administration shall administer medications.

Communicable Diseases

- OP009 provides the policy on the prevention and control of communicable diseases.

Safety

Physical Environment

- PT 4.8 provides that the gym will be cleaned and maintained daily.
- PP 5.1 provides that student groups will have "areas of responsibility" to ensure that the facility is maintained weekly, inside and out.

- PP 5.2 provides that a quality and assurance evaluation of the facility will be conducted monthly and the facility will be checked weekly.
- PP 5.5 and OP015 provide the policies and procedures regarding the proper handling, use, storage and inventory of hazardous materials.

Emergency Procedures

- GL 2.11 provides a list of emergency phone numbers to be included in the Safety and Security Manual which is to be located in every building on the site.
- GL 2.13 outlines the procedures in the event that a student runs away.
- PT 4.1 provides physical activity limitations in the event of extreme weather. This section also provides guidance on common weather related medical conditions including heat cramps, syncope, exhaustion and stroke, as well as shivering, frostbite and hypothermia.
- MD 6.1 outlines the "24 Hour Medical Emergency Plan". This plan provides the procedures to take in the event of a medical emergency, including emergency phone numbers.
- OP024 provides the policy and procedures for the "Immediate Action Team" which can be utilized in the event of an emergency.
- OP018 details the emergency evacuation procedures for the facility, as well as procedures for conducting monthly fire drills.
- OP041 provides the guidelines on how to handle group/gang incidents at the facility.
- OP003 outlines the procedures for dealing with blood borne pathogens.

Placement

- FS 1.2 provides that room assignments are made by the Intake Program's managing staff or designee.
- CM 6.6 provides that the Unit Manager/Case Manager shall assign rooms and will take into consideration: offense history; age; size; maturity level; special management needs; status; and possible gang affiliation.

Staffing

- NO INFORMATION PROVIDED

Physical Restraint and Use of Force

- GL 2.12 provides that "all staff will follow proper criteria on the safe physical management of students." Physical restraint will only be used "to limit behaviors and actions which pose a threat to the safety of the youth or others." Staff must be JIREH trained to use these techniques.
- HR051 contains a "Restraint Asphyxia Awareness" statement which must be signed by employees. The statement provides, in part, that physical restraint should be avoided if possible and only used to protect the safety of a staff member or client. The statement also outlines the risks associated with restraint leading to asphyxia.
- HR054 contains the policy and procedure for passive restraint, which must be signed by employees.

Suicide Prevention

- OP030 provides the guidelines on the prevention and management of suicide, which provides that staff will be trained on suicide prevention and management during pre-service training and annually thereafter.

Welfare

Education

- FS 1.1 provides that "each student will receive an orientation from a school faculty member…[and] will also complete a transcript request form…"
- FS 1.2 provides that students are to be given the STAR Test "determine current level of performance…"
- CM 6.2 provides, in pertinent part, that "Silver State Academy is a charter high school in partnership with the Eldorado Office of Education. The school operates year round and credits are transferable to public school.
- ED 6.2 through Ed 6.8 provide an overview of the educational planning, scheduling and credits system, as well as academic standards, GEDs, classroom procedures, skill development and classroom environment.

Staff & Youth Interactions

- FS 1.9 outlines the "Proactive Intervention" approach for confrontations to "ensure the lowest level of intervention appropriate to the situation."
- HR073 provides the policy on "Sexual Misconduct Toward Students", which provides that the facility will not tolerate any form of sexual misconduct, abuse, or harassment. Such actions will result in disciplinary action and/or criminal prosecution. Employees who witnesses or is made aware of such conduct must report it pursuant to state law.
- HR003 outlines the policy and procedure on reporting child abuse/neglect, which employees must sign.

Behavioral Control Systems

- The facility utilizes the Positive Peer Culture system for most students and applies the Concerns Program for students who are unable to function within the Positive Peer Culture framework.

Treatment

Treatment Plans

- CM 6.1 provides that the Treatment Committee meets weekly to discuss strategies to meet the needs of students.

Behavioral Treatment

- The facility utilizes the Positive Peer Culture system for most students and applies the Concerns Program for students who are unable to function within the Positive Peer Culture framework.

Substance Abuse Treatment

- *(FACILITY RESPONSE: The Academy is a certified BADA Level I outpatient treatment facility, and has a contract with a Licensed Alcohol and Drug Counselor for the program.)*

Mental Health Treatment

- *(FACILITY RESPONSE: Silver State Academy contracts with marriage and family therapists, a licensed clinical social worker, a psychologist, and a psychiatrist.)*

Civil and Other Rights

Grievances/Complaints

- FS 1.2 provides that students are to be made aware of the grievance procedure by Case Management Staff during orientation.
- FS 1.4 outlines the "problem solving/grievance procedure". Students may file grievances without fear of retaliation. If a problem cannot be solved informally, the student may file a grievance with the Unit Manager who will respond within 72 hours. A written response will be provided to the student within 5 days.

Awareness

- FS 1.2 provides that students are to be made aware of their Rights and Responsibilities by Case Management Staff during orientation.
- SS 6.2 provides that religious services will be scheduled for Sundays where all local denominations are invited to provide services on site.

Protection of Rights

- FS 1.3 lists the students rights and privileges, which include: dignity and respect; freedom from corporal or unusual punishment, pain, humiliation, intimidation, ridicule, coercion, threat, mental abuse; no interference with eating, sleeping, toileting, shelter, clothing, and medication; ability to file complaints; be informed of policies and procedures; communication and visitation with family; and religious freedom.
- CM 6.8a provides that students will be allowed one family visitation per month.
- HR 042 provides that no one at the facility (including staff, students or administration) may engage in harassment which is defined as "behavior consisting of verbal or physical conduct which ridicules, degrades, etc., a person because of his/her race, color, national origin, age, sex, disability, and/or religious preference. (In some states, sexual orientation is also a protected class)." This section also provides the procedures for initiating either an informal or formal complaint.

FACILITY SUMMARY

Spring Mountain Youth Camp
Las Vegas, NV

Spring Mountain Youth Camp

Mailing Address:
HCR 38 Box 252
Las Vegas, NV 89124

Physical Address:
Angels Peak, Mt. Charleston
Las Vegas, NV 89124

Ph: 702-455-5555

Facility Contact:
David DeMarco, Manager
Email: demarcdc@co.clark.nv.us

General Facility Information

Type of Facility: Corrections (Long Term)

Funding of Facility: Government - County

Facility Max Capacity: 100

Staff to Child Ratio: **Daytime:** 1:10 **Nighttime:** 1:20

No. of Staff Employed: 53 **Full Time:** UK **Part Time/On Call:** UK

Age Range Accepted: 12-17

Average Length of Stay: 169 days (~ 6 months)

Security Level: Staff Secure

Average Daily Population: 100

2005 Facility Demographics

		Percent of Population by Race/Ethnicity		Percent of Population by Types of Offense	
Total Number of Residents:	236	**African American**	40%	**Crimes Against Property**	31%
Average Monthly Population:	99	**Hispanic**	35%	**Crimes Against Public**	25%
Percent Male:	100%	**Asian/Pacific Islander**	2%	**Crimes Against Persons**	12%
Percent Female:	N/A	**American Indian/Alaska Native**	.4%	**Drugs& Controlled Substance**	10%
Average Age:	15.4	**White**	22%	**Other (Malicious Mischief)**	6%

SITE VISIT SUMMARY

Information in this section comes from the tour given at the facility and conversations with staff and youth in the facility.

NICRP Facility Visit

Date: January 30, 2006

Arrival Time: 10:00 AM **Departure Time:** 2:30 PM

Number of Interviews Conducted: 9 **Administrator:** 1
Staff: 3
Youth: 5

Population (Day of Visit): 97 **Males:** 97 **Females:** N/A

Under 12: 0

Spring Mountain Youth Camp is a 100-bed, all male correctional facility operated by Clark County. The facility houses only youth sent by a judge, and does not house any status offenders. The facility also operates an off-site transitional housing unit for 12 youth who have completed the SMYC program, however, since this facility was not identified until after the site visits and follow-up visits had been completed, NICRP did not conduct a separate site visit.

On the day of the visit, NICRP conducted the Administrator interview first, and were then taken on the facility tour. The guided tour was conducted by one of the facility Supervisors.

The facility itself is in a beautiful location on Mount Charleston. There are several dorm buildings that are much newer than others (like the school). The outdoor areas were clean and neat, as were the buildings indoors. The facility is pleased to have a brand new football field with bleachers for their athletic program. There is a commercial kitchen on site which seemed clean and well maintained. Youth work in the kitchen and serve food under staff supervision. The facility uses the Federal School Lunch program to maintain nutritional guidelines for youth. There are five dorms, each housing 20 young men. Each youth has a semi-private personal space, and these spaces are on 2 levels on the perimeter of the dorm, with a central staff location. Each individual space has a bed, locker, desk and window, and there are 2 shower stalls on each level. The laundry room and supply room in each dorm are locked so only staff have access. Dorms have swamp coolers for summer, not air conditioning. They provide books, games, a microwave, computers, a treadmill & weights, two TVs, and lots of movies to the youth. The facility has no restraint chairs, does not use pepper spray, and has had no serious staff assaults.

The facility has a nurse on staff 40 hours per week, not 24/7 due to budget constraints. They have requested an additional nurse position. The facility also has a mental health specialist on staff for 40 hours per week. The mental health specialist runs a program with a substance abuse

component (called IKTC) – the program has approximately 60 participants, and selection is based on staff referral and the psychological assessment done by the Department of Juvenile Justice Services (DJJS) Psychological Services. However, there is limited space in the program, and often youth who need to be participating cannot. There are additional programs at the facility, such as "Streetwise" from the Boys and Girls Club of Las Vegas and "Baby Think it Over". The facility's behavior management program is a point /level system based on the Boys Town model which seems to work well - youth reported learning a lot from the program.

NICRP staff was concerned about the remote location of the camp and that emergency transportation of injured youth would take a long time. There is a 20 minute response time from Mount Charleston Fire & Ambulance, then a 45 minute ride into Las Vegas from the camp. This delay may be crucial if there is an emergency. *[FACILITY RESPONSE: SMYC has policies and protocol to protect the health and safety of the youth and staff. In any situation with life threatening potential SMYC utilizes a "Care Flight" that lands at the facility to transport for medical services. This expedites our service in medical emergency.]* Additionally, staff reported that haircuts are a concern at SMYC. We were told that there is no designated person who takes care of it for them, so staff and youth do it themselves, which may be a safety hazard, as none of them are trained in how to cut hair. *[FACILITY RESPONSE: The staff report that youth give other youth haircuts at SMYC is inconsistent with our current policy and practice. This is not done and is a violation of SMYC policy. The policy is very explicit on the style of haircut, who is to administer it, and the cleaning and sterilization of equipment between uses.]* There was also a general consensus that there should be more community-based aftercare options available to youth who complete the program. *[FACILITY RESPONSE: We concur with the report that the implementation of aftercare services to youth needs to be improved. SMYC and the State of Nevada have a long partnership of cooperation. However, the funding from the State Legislature to the program has been the same for over 15 years. During the 2007 session of the Legislature there will be a bill presented that will establish a fair system of reimbursement to both SMYC and the China Spring/Aurora Pines programs. The legislation will establish a formula that gives youth camp programs the ability to plan for the future with a fair funding principle. Through this legislation DJJS will be able to create a best practice model for the delivery of services to the youth and families of SMYC, as they transition to the community. DJJS is convinced that through the administration of these services the State will receive the benefit of fewer youth escalating to the level of State juvenile correctional care. DJJS will be eager to present the results of these still pending program initiatives to future legislative committees.]*

COMPLAINTS

Description of the Process

Grievance forms are available in each unit. Youth are able to pick up a form and fill it out at will. The facility prefers that youth discuss that grievance with their caseworker to resolve it before it goes to a higher level, but that's not always feasible. Once the youth fills out a grievance, it goes to his supervisor and his supervisor forwards it on to the Detention Manager. The Detention Manager sends it to a supervisor in a unit other than the unit that the youth lives in and that supervisor interviews the youth and any other staff involved. Supervisors send recommendations about resolutions to the Detention Manager for inclusion with the grievance. Resolutions are expected within 5-10 days of receiving the grievance. Allegations of institutional abuse, sexual abuse or neglect are forwarded to the local Child Protective Services (CPS) hotline and to Las Vegas Metropolitan Police Department for investigation.

Number of Complaints

	Count	Percent
Total Number of Complaints Received:	28	100%
Past Complaints January 1, 2000 – December 31, 2005	14	50.0%
Forwarded Complaints Jan 1, 2006 – September 30, 2006	14	50.0%
Complaints Received by NICRP Jan 1, 2006 – September 30, 2006	0	0%

Average Response Times for Complaints (in Days)

	Average # Days	Range (Min-Max)
Average Response Time – Overall	9.1	0-20
Average Response Time - Past Complaints January 1, 2000 – December 31, 2005	9.2	5-12
Average Response Time - Forwarded Complaints Jan 1, 2006 – September 30, 2006	8.9	0-20
Average Response Time – Received by NICRP Jan 1, 2006 – September 30, 2006	N/A	N/A

Type of Complaint

Complaints were placed into broad categories based on the topics determined by the Subcommittee's original request.

	Count	Percent
Health Anything having to do with a child's physical or mental health. These include nutrition and exercise, medical care, medication administration and attention pertaining to illness or injury.	1	3.6%
Safety Anything having to do with the physical safety of the children. These include physical security and staffing issues, physical restraint, appropriate placement within the facility, and physical environment, including cleanliness as well appropriate and working facilities and equipment.	3	10.7%
Welfare Anything having to do with the general well being of the child. These include emotional issues and may include such things as the way that staff interacts with children on a daily basis, punishments, education, and wellness activities.	23	82.1%
Treatment This term is defined in terms of a treatment program not necessarily how a child is "treated" on a daily basis. These include issues of access to counseling (mental health and substance abuse) resources, issues relating to a resident's actual treatment plan and how youth are able to progress through a facility's program.	0	0%
Civil and Other Rights This includes things pertaining to not only a child's civil rights, but also their rights as human beings. This would also include any rights within a particular facility that the youth are granted as explained to them in orientation.	0	0%
Privileges This category was added for complaint analysis because there are complaints received about not getting things that are deemed privileges and are earned and are not a right, or do not affect their health, safety, welfare, or treatment.	1	3.6%
Other This category includes all issues not easily placed into the above six groups.	0	0%
Unknown Unknown complaints occurred in situations where there was a resolution and no grievance attached, or the grievance was illegible.	0	0%

Sub-Categories of Complaints

All complaints were further analyzed independent from their resolutions and coded into 11 categories to help researchers understand the nature of the complaint in greater depth. Complaints may fall into more than one category, so percents may not add up to 100%. Answers were Yes-No-Unknown for each question, and only Yes answers are reported here. Unknown was only selected in situations where the grievance was not attached or was illegible. The percent demonstrates the percent in each sub-category out of the total number of complaints received.

	Count	Percent
Physical Harm	4	14.3%
Lack of Supervision	0	0.0%
Inappropriate verbal contact by staff	8	28.6%
Inappropriate verbal contact by another youth	0	0.0%
Inappropriate physical contact by staff	5	17.9%
Inappropriate physical contact by another youth	1	3.6%
Sexual in nature	0	0.0%
Disagreement with staff/administrative decision	23	82.1%
Medical in nature (medication, doctors visits, etc)	2	7.1%
Differential treatment by staff	11	39.3%
Unsatisfactory physical environment	1	3.6%

Categories of Response

Responses were also coded separately from the complaint in order to further understand the level of response from administration.

	Count	Percent
Action-Oriented A response that indicates that the facility did something in response to this complaint such as counseling, policy change, termination, or new placement.	17	60.7%
Explanatory A response where the facility only provides an explanation for the complaint, or the circumstances of the complaint and no action is indicated.	10	35.7%
Unknown If the facility did not attach a response to a grievance or the response was illegible, the response was coded as unknown.	1	3.6%

POLICIES AND PROCEDURES

Spring Mountain Youth Camp provided NICRP with a 17 chapter camp manual which includes the facilities policies and procedures. The chapters provided in the manual are: Mission and Goals; Administration; Confidential Information and Records; Training; Personnel; Security and Control; Safety and Emergencies; Juvenile Records; Residents Rights, Rules and Privileges; T.O.O.L.S Motivational System; Programs; Night Coverage; Spring Mountain Residential Center; Health Care Services; Maintenance; Food Services; and Use of County Property.
Last date of revision: Each section has a revision date – range is from March 1999 to December 2005.

Health

Assessments

- Section 14.2 states that a "physician will conduct a physical of all youth committed to [the facility] prior to the youth being transported to camp."

Nutrition & Exercise

- Chapter 16 details Food Services. The Food Services Unit is responsible for providing three nutritious, well-balanced meals that meet necessary dietary requirements of each youth. "All meals must meet the criteria established by the Child Nutrition Program…and will be reviewed annually by the dietician from the State of Neveada [sic], Department of Education." Adjustments will be made for youth with medical or religious needs.
- Section 16.02 outlines the Food Service and Safety policies and procedures.
- Section 11.04 outlines the recreation and activities programs. All youth will be afforded recreation/activity time every day which will include, at a minimum, one hour of large muscle activity and one hour of structured leisure time activity. Outdoor activity will be allowed as weather permits.
- The education program also allows access to a variety of sports programs.

Access to Medical Care

- Section 14.1 states that all juveniles in the facility shall be provided with "essential health care services, including medical, dental and mental health services based on the individual needs of the juvenile."
- Section 14.2 provides details of the medical and health care services provided. A nurse is on staff at the facility 40 hours per week. A nurse is also available via telephone at the detention facility on a 24 hour basis. 24 hour emergency medical and dental care will be available to all youth through the staff nurse, transport to a medical facility or through community emergency medical services (911). All non-emergent medical services will be provided through the on staff nurse and the Medical Services Unit.

Administration of Medication

- Section 14.2, subsection 4, provides that "prescription medication is to be administered by the Medical Services Unit." Administration of medication must be logged. When nursing staff is not available, "the appropriate designee will be provided with written instructions and will be responsible for administering the medication." "All prescription medication shall be securely locked in the dormitory control booth or medicine cabinet."

- Section 14.2, subsection 14, provides that non-medical staff who administer medications must receive training and written instructions on administering medications. However, only medical staff can administer medicine intramuscularly.

Communicable Diseases

- NO INFORMATION AVAILABLE

Safety

Physical Environment

- Section 2.13 provides that the facility will meet the licensing requirements of the Clark County Health District and the Clark County Fire Department. Health Department inspections of the kitchen and living areas will take place on a regular basis. Fire Department inspections will be conducted annually.
- Section 6.06 states that staff will conduct inspections of their areas at least twice a day. Maintenance Supervisor or designee will conduct a perimeter inspection at least once a week. Manager, Assistant Manager, or designee will visit living areas weekly to observe living and working conditions. Security devices and equipment are to be inspected at least once a week.
- Section 7.01 covers fire safety including: positing of evacuation plans; ensuring proper equipment is on available and in working condition – inspected monthly; fire drills conducted monthly; annual inspection; and procedures in event of a fire.
- Per section 7.02 all toxins, flammables, and caustic materials will be kept in a locked storage area that is inaccessible to youth.

Emergency Procedures

- Section 6.15 defines the two emergency codes for hand held radios. Codes will be used for situations such as riots, escapes, assaults/fights, life threatening injuries, suicidal situations, and other assistance needed situations.
- Section 7.03 provides a list of emergency telephone numbers that must be maintained.
- Section 7.04 provides that two-way radios and cellular phones are to be kept and maintained at the facility for use in emergencies as needed.
- Section 7.05 provides that an auxiliary backup generator will be maintained and inspected weekly for power in the event of a power outage.
- Section 7.06 provides the procedures for evacuation in the event of fires, excessive snow fall, earthquakes, physical plant failures and civil unrest (bomb threats, riots). A detailed evacuation plan is located at the end of Chapter 7.
- Section 7.07 outlines the procedures for handling a bomb threat.
- Section 7.08 outlines the procedures for handling group disturbances (riots).
- Section 7.09 outlines the procedures for handling hostage situations.
- Section 7.10 provides the escape search procedures – including on-site and off-site searches.

Placement

- Section 11.07 provides, in pertinent part, that "in determining dormitory placement, the following factors may be taken into consideration: age; maturity level; ethnicity; dormitory population; gang involvement; peer association; and co-conspirators.

Staffing

- Section 12.03 provides that "six staff will be scheduled to work each night."

Physical Restraint and Use of Force

- Section 6.08 is entitled "Use of Physical Force and Restraints". Physical force or restraint will only be used to prevent physical harm to anyone, prevent damage to the building or to prevent escape. Physical forms and restraint will never be used as punishment. Authorized restraint devices are: handcuffs; waist chains; leg irons; and plastic cuffs. Pepper spray (OC 5) "shall only be used under the terms and conditions set forth in Family and Youth Services Administrative Directive A003." The use of choke holds is prohibited under any circumstances.

Suicide Prevention

- Section 14.2, subsection 10, states that "any youth who has attempted or threatened suicide, will be transferred to the Psychological Services Unit for an evaluation and recommendation by a psychologist…Youth remaining in camp after a suicide threat will remain on close eye supervision until psychological services has evaluated the threat."
- Section 14.2, subsection 11, provides the procedures for handling a suicide attempt, which include the administration of first aid as needed and contacting the Medical Services Unit to determine if the youth needs to be transported for emergency medical care. All attempts require notification to the Psychology Department, the Division Manager and the youth's parents or legal guardian.
- Section 14.2, subsection 12, outlines the procedures staff should take if they find a youth hanging by the neck, which emphasizes that staff should not assume that a victim is dead and should take necessary measures to attempt to preserve the victim's life.

Welfare

Education

- Section 11.03 outlines the educational programs available at the facility. The education program is operated by the Clark County School District. All youth are required to participate as part of their treatment plan. Credits earned while at the facility are transferable to schools in the community. The educational program includes mainstream classes, special education classes and GED preparation classes.

Staff & Youth Interactions

- Section 5.05 states that "staff will not provide cigarettes or any other tobacco products to residents."
- Section 5.10 provides the protocol for handling allegations of institutional abuse of a youth committed at the facility. All allegations should be submitted to the Child Abuse and Neglect Hotline immediately and then to the staff's supervisor. "The child alleging the abuse/neglect should not be questioned by anyone other than the dormitory Supervisor." Other appropriate entities will be notified by the Director or his designee.

Behavioral Control Systems

- Chapter 10 outlines the T.O.O.L.S. (Teaching Offenders Optimal Life Skills) Motivational System – "it uses a point system, consistent teaching of social skills and positive reinforcement to motivate youth to make meaningful changes in their behaviors."

The sections of this chapter include: Program; Risk Assessment; Systems; Points; Privileges; and Discipline.

Treatment

Treatment Plans

- Section 11.01 provides that "youth will receive counseling to insure they are placed in programs [work, recreational, instructional and educational] most suited to their needs and abilities."
- Section 11.07 provides that "caseworkers [assigned probation officer] are responsible for developing, updating and implementing individual Treatment Plans." All treatment plans must be completed within two weeks of arrival, or within one week after transfer from another facility. Treatment plans will include: behavioral goals; psychological goals; educational goals; family and community; work goals; and athletic goals. Treatment teams meet monthly to review the progress of youth and their plans, as well as formulate group individual and group goals.

Behavioral Treatment

- Chapter 10 outlines the T.O.O.L.S. (Teaching Offenders Optimal Life Skills) Motivational System – "it uses a point system, consistent teaching of social skills and positive reinforcement to motivate youth to make meaningful changes in their behaviors." The sections of this chapter include: Program; Risk Assessment; Systems; Points; Privileges; and Discipline.
- Chapter 11 outlines the programs that are available to youth which are intended to assist in their development/treatment while at the facility. Those include work and vocational programs, educational programs, recreation and activities programs, instructional and special programs, and religious programs.
- Section 11.07 states that all youth will receive both individual and group counseling.

Substance Abuse Treatment

- Section 11.05 provides, in pertinent part, that "all youth committed to [the facility] may undergo a substance abuse assessment…Youth may also participate in classes offered through the school district, by staff or other qualified instructors designed to discourage the use of alcohol and drugs."
- Section 11.07 provides that the facility "may, from time to time, offer substance abuse counseling for drug and alcohol issues…"
- Section 14.2 provides that "youth who appear to need detoxification…will be referred to the University Medical Center Emergency Room for treatment."

Mental Health Treatment

- Section 8.02 provides, in pertinent part, that "referrals for psychological services will be made through FamilyTRACS."
- Section 11.07 states that "youth needing mental health or crisis counseling will be referred to the DF&YS Psychology Unit." That section further provides that "any case involving one or more of the following circumstances [extreme violent behavior or emotional instability] may require a Psychological Examination." These exams will be given by the Psychology Unit.

- Section 14.2, subsection 16, provides that "individual counseling and crisis intervention is available to all youth…through the Psychological Services Unit." This section provides details on when and how a youth should be referred for services.

Civil and Other Rights

Grievances/Complaints

- Section 9.01, subsection 12, provides the guidelines and procedures for filing a complaint or grievance.

Awareness

- Section 9.01 outlines resident's rights. These rights include: equal opportunity without discrimination based on race, national origin, color, creed or physical handicap; healthful and orderly physical environment; not to be subjected to medical or pharmaceutical testing; safe and caring environment; visits by parents or guardians; phone calls to and from authorized persons; send and receive mail; practice religious beliefs; daily exercise; access to general public through communications media; seek redress through the Courts; initiate a grievance regarding treatment at the facility; and removal of a youth as a last resort to maintain safety and security.
- Section 9.02 provides a list of resident rules, including a list of prohibited acts.
- Section 9.03 outlines resident privileges including: work programs; sports programs; special outings; off campus activities; off campus religious services; off campus visits; and weekend leaves. Therapeutic programs are not considered privileges and participation is required, including: Boy's Club; special programs; district health classes; drug classes; and job development classes.

Protection of Rights

- Section 3.01 states that "all information and records regarding each child…is confidential in nature." This section makes reference to the applicable state statutes regarding confidentiality and release of information and provides details regarding what information may be released and to whom.
- Section 8.01 states that "youth have a right to privacy" and that "juvenile records are confidential." Therefore, "all hard copy files will be maintained in a secure location…"

FACILITY SUMMARY

Summit View Youth Correctional Center
Las Vegas, NV

Summit View Youth Correctional Center
(Re-Opened 2004)

Mailing Address:
5730 Range Road
Las Vegas, NV 89115

Physical Address:
5730 Range Road
Las Vegas, NV 89115

Ph: 702-486-5980

Facility Contact:
Audrey Fetters, Superintendent
Email: axfetters@dcfs.state.nv.us

General Facility Information

Type of Facility: Corrections (Long Term)

Funding of Facility: Government - State

Facility Max Capacity: 96 - 102

Staff to Child Ratio: **Daytime:** 1:8 **Nighttime:** 1:16

No. of Staff Employed: 71 **Full Time:** UK **Part Time/On Call:** UK

Age Range Accepted: 12-18

Average Length of Stay: 11 months

Security Level: Locked

Average Daily Population: 85

2005 Facility Demographics*

		Percent of Population by Race/Ethnicity		Percent of Population by Types of Offense	
Total Number of Residents:	UK	**African American**	UK		
Average Monthly Population:	UK	**Hispanic**	UK		
Percent Male:	UK	**Asian/Pacific Islander**	UK		
Percent Female:	UK	**American Indian/Alaska Native**	UK		
Average Age:	UK	**White**	UK		

* Data for this table is unavailable – the Facility Demographic form was not returned to NICRP.

SITE VISIT SUMMARY

Information in this section comes from the tour given at the facility and conversations with staff and youth in the facility.

NICRP Facility Visit

Date: April 3, 2006

Arrival Time: 9:00 AM **Departure Time:** 12:30 PM

Number of Interviews Conducted: 15
Administrator: 1
Staff: 4
Youth: 10

Population (Day of Visit): 89 **Males:** 89 **Females:** N/A

Under 12: 0

NICRP Follow Up Facility Visit

Date: September 21, 2006

Arrival Time: 9:30 AM **Departure Time:** 12:00 PM

Number of Interviews Conducted: 10
Administrator: 0
Staff: 0
Youth: 10

Summit View Youth Correctional Center is a 96-bed maximum security facility designed to serve serious and violent juvenile offenders between the ages of 12-18. If necessary, the facility is able to keep youth until they turn 20 years old. The facility exclusively serves male offenders. Summit View is funded by the Department of Child and Family Services and is located near Nellis Air Force Base in Las Vegas. It is the only facility of its kind in Nevada. The facility is able to accept 102 residents if there are appropriate staffing levels, as there are 6 isolation rooms available as beds if needed. The facility opened in 2001, was closed due to financial problems, and reopened in 2004 in its current form. The facility uses the cognitive restructuring model for its programming.

The facility is clearly a maximum security facility. In addition to the high fence topped with razor wire, visitors must be buzzed into the main gate by control room staff, and through a second door from the lobby into the facility itself. There is a large visiting room just off the lobby, and secured rooms for no-contact visits. All doors in the facility are electronic and controlled by staff in the central monitoring area. The intake area has a secure entrance, and has a holding room, shower, and access to the property room. There is a barber who comes in bi-monthly to provide haircuts, and those are done in the intake room. The segregation area is

separate from the main facility – it has 6 concrete beds in separate cells, a staff office, a yard, and its own shower. It has only been used twice since the facility reopened, for a mental health case and an assault case. It is available to the facility staff particularly for isolating gang members if necessary and extremely violent offenders.

In the medical area, there is a fully-equipped dental office and lab, and the dentist comes to the facility as needed. The medical area also contains a nurse's office, an exam room, and offices for mental health counselors. Medical staff consists of three full-time registered nurses, two contracted physicians, a psychiatrist, four mental health counselors, and a psychologist and interns through UNLV. They have a contract with a pharmacy to provide medications.

The kitchen is a full-commercial kitchen, which appeared well-maintained. The facility participates in the Federal School Lunch program to determine nutritional guidelines. Youth are able to assist staff in the kitchen and in the laundry. There are two large dining rooms. The facility has its own school with a principal and teachers provided by the Clark County School District. High school credits are available to youth from the school. There are seven classrooms and eight teachers, and staff report few discipline problems in class. School runs for two periods in the morning and two periods in the afternoon, and they also run three summer sessions, so school runs year-round. They have a special education teacher, and are hoping to get a second one due to high demand. They used to have a vocational education program, but the teacher recently retired and they are seeking a new one.

The facility also has basketball courts, a soccer field, and a gym with bleachers for sporting events. There are two dormitory buildings holding four units. Each unit has two wings. There is a central control room in each unit, and there is a dayroom on each side. The dayrooms have water fountains, chairs and tables, and two payphones for collect calls. Mental health counselors are assigned to the units. There are three showers per unit. Youth cells are locked at night, and windows to the hall are located directly across from each other, which has been identified by other facilities as a potential safety hazard. Youth at Summit View do not share rooms. There are also TV rooms on each unit, which can be used for activities and meetings, since television is not allowed during the week in order to focus on staff-youth interactions. Supply rooms are locked at all times. The facility has enough space on its lot to build two more identical dormitory buildings. The facility programs have a community re-entry orientation, and work to develop life skills for the youth.

The tour was conducted by the Superintendent, and while we were touring, she was recognized and greeted by 90% of the youth we encountered. She returned the greetings, addressing many of them by name. This demonstrated a significant level of involvement in day-to-day facility activities from the Superintendent, which is very positive for the facility environment. In addition, all staff wear Summit View shirts and jackets so that they are easily identified as facility employees. Understaffing is clearly a problem for Summit View. The facility reported needing nine staff positions to be filled, maintaining staffing ratios through overtime pay, and staff reported being concerned for their safety at times due to the low numbers of staff. Recidivism was also reported as a problem for this facility, and staff suggested that there need to

be more community-level aftercare programs for these youth. In general, the school was viewed positively by both staff and youth as challenging and interesting.

Fighting among youth seems to be a problem at Summit View – the majority of youth interviewed had been involved in a fight during their stay. Youth stated that fights are used as a problem solver by kids because they cannot solve them by other means. *(FACILITY RESPONSE: On average, physical altercations between youth occur once every other week. There was a spike in fights that coincidently occurred around the time of the NICRP site visit, due in part to a large influx of new commitments. A significant number of youth placed at Summit View have gang affiliations, and new commitments in particular may initially defy the institutional prohibitions regarding exhibiting gang related behavior. The Cognitive Restructuring Program, as well as graduated sanctions is utilized by staff on a daily basis to address oppositional behavior and disagreements between residents. Summit View is currently engaged in a system wide effort with the Quality Assurance Team to better address significant incident intervention and resolution, and to ultimately reduce the number of physical altercations between youth.)* Youth report fights occurring at least once or twice a week, and that fights are usually one-on-one fights, occur in the dining rooms, and happen between different races, different cliques, or different gangs. *(FACILITY RESPONSE: Fights do occur between youth, but, not on a weekly basis. Fights tend to occur when there is a change in the status quo. For example, the release of youth, intake of new youth, hiring of new staff or old staff leaving can cause you to become unsettled for several days. Fights occur on average, once every other week. The issue of fights occurring among different gang members does happen at times. However, we do not separate youth onto units by gang affiliation.)* Usually fights go on for less than a minute, due to staff calling a code and waiting for other staff to arrive to assist in breaking it up. *(FACILITY RESPONSE: Staff intervention with respect to fights is immediate. Earlier this year, some misperceptions did exist on the part of some staff with respect to the intervention protocols, which resulted in delays up to ten seconds, not one minute, before staff intervened directly. Beginning in July of 2006, staff has been retrained on the policy, which provides for immediate intervention.)* Often youth who are at low levels or who are new to the facility are the aggressors in the fights, in order to join a specific group for protection. Youth also state that the consequences for fighting are not a deterrent unless you are at a higher level in the facility. *(FACILITY RESPONSE: Youth often feel that the consequences meted out to them are not a deterrent to their behavior. However, for every major rule violation that they receive that is founded, an additional 30 days is added to their confinement at Summit View. We inform youth when they arrive at Summit View that this is a 9-12 month program and that 9 months is an early out.)* Youth requested a gang intervention program and a better counseling program for youth in the facility. Youth report talking to a counselor once a week for only 5-7 minutes, just enough time to check in and see how they're doing and not to problem-solve or explore feelings. *(FACILITY RESPONSE: The facility offers a Cognitive Restructuring Program which is agency directed with Legislative recommendations. It is a nationally recognized, evidenced based, best practice model. The CRP may be utilized as a gang intervention program, and is being used in a chemical dependency relapse prevention program as well as a socialization program. The Cognitive Behavioral Model has broad applicability when used appropriately. Youth spend one hour per day in group counseling sessions with their mental health counselors and group supervisors. Prior to the second round of interviews conducted by NICRP, Summit View conducted its own quality assurance review of its*

mental health services. As a result, some staffing changes were instituted so the individual areas of experience and clinical strengths were best allocated.)

Youth reported that the food quality was poor and that the portion sizes were often too small, leaving them still hungry after meals. *(FACILITY RESPONSE: Summit View Youth Correctional Center is part of the National School Lunch Program mandated by the Department of Education and, therefore, meets all nutritional and caloric requirements for that program. Portion sizes also are within those guidelines.)* Also, youth reported that if there is hair in their food, they do not give them a new plate. *(FACILITY RESPONSE: We have had several grievances from youth who complained about finding hair in their food. Upon investigation, it was determined that the youth had eaten the majority of their food and had placed the hair in their food on their own in order to get an additional tray of food or a particular item of food that they liked.)* Youth also stated that food served in room restriction ("Room Trays") is supposed to be food that does not require silverware, but they have been served cereal and spaghetti with no silverware provided. *(FACILITY RESPONSE: Youth on room confinement are to receive one hot meal per day while on confinement. They would receive a spork in order to eat that meal. There was one occasion where one youth was mistakenly given a tray without a spork while on room confinement.)* Summit View has a canteen where youth can buy snacks, but it depends on their level as to what they can buy, and they have to money for it from their family. *(FACILITY RESPONSE: Summit View has an Earned Incentive Program where youth advance through a star level system from 1-4. Youth can purchase snacks, personal hygiene items, magazines and radios from the canteen depending upon their level. Family members can put money in their son's trust account in order for a youth to be able to purchase items from canteen. If a youth's family lacks these resources, Summit View has a gift account that is funded by a rebate from our collect telephone system. Youth who do not have funds from home can access these funds. A committee made up of staff members from all departments reviews which youth should receive the funds and how much they should receive.)* In addition, youth reported that they would like to have more time for structured activities rather than spending most of their time in their rooms. They stated that they spend all day in their rooms except for school, and they are out for an hour in the evening. *(FACILITY RESPONSE: Youth are structured from 6:00 a.m. to 9:00 p.m. There are recreational opportunities in the afternoon, as well as group activities, and a wrap up group in the evening.)*

Youth reported experiencing problems with staff favoritism, which leads to inconsistent discipline and privileges, which may result in resentment among the youth. *(FACILITY RESPONSE: We provide training to our staff regarding Ethics and Red Flags which identifies for staff the issues of inconsistent discipline and how to avoid the perception of favoritism. We constantly teach being firm, fair and consistent with each of the youth. However, there will be times when some youth will be treated differently. This may be due to his mental status, his star level or individualized program requirements.)* There were also allegations of racism among staff, and a feeling that some staff do not act as positive role models for the residents. *(FACILITY RESPONSE: There are occasional perceptions by both staff and youth that one is s prejudiced against the other because of race, creed, national origin, etc. We provide training to staff on Culture and Diversity during their first year at Summit View and refresher training on and annual basis. It is our expectation that staff treat youth with respect at all times and provide a positive example for them to follow and model.)*

COMPLAINTS

Description of the Process

There is a formal grievance process for making complaints against the facility. Youth write a grievance and put it in a specific box that only the assistant superintendent and the superintendent's administrative assistant has access to. Grievances collected are given directly to the assistant superintendent and he responds to them in writing. If the youth do not agree with the response they receive, then the superintendent receives them on an appeal. She reviews the grievance and response, and prepares a second written response to it. Grievances are followed up on by staff within three working days.

Number of Complaints

	Count	Percent
Total Number of Complaints Received:	684	100%
Past Complaints January 1, 2000 – December 31, 2005	444	64.9%
Forwarded Complaints Jan 1, 2006 – September 30, 2006	239	34.9%
Complaints Received by NICRP Jan 1, 2006 – September 30, 2006	1	0.1%

Average Response Times for Complaints (in Days)

	Average # Days	Range (Min-Max)
Average Response Time – Overall	5.07	0-48
Average Response Time - Past Complaints January 1, 2000 – December 31, 2005	5.5	0-48
Average Response Time - Forwarded Complaints Jan 1, 2006 – September 30, 2006	4.3	0-34
Average Response Time – Received by NICRP Jan 1, 2006 – September 30, 2006	7	7-7

Type of Complaint

Complaints were placed into broad categories based on the topics determined by the Subcommittee's original request.

	Count	Percent
Health Anything having to do with a child's physical or mental health. These include nutrition and exercise, medical care, medication administration and attention pertaining to illness or injury.	89	13.0%
Safety Anything having to do with the physical safety of the children. These include physical security and staffing issues, physical restraint, appropriate placement within the facility, and physical environment, including cleanliness as well appropriate and working facilities and equipment.	29	4.2%
Welfare Anything having to do with the general well being of the child. These include emotional issues and may include such things as the way that staff interacts with children on a daily basis, punishments, education, and wellness activities.	356	52.0%
Treatment This term is defined in terms of a treatment program not necessarily how a child is "treated" on a daily basis. These include issues of access to counseling (mental health and substance abuse) resources, issues relating to a resident's actual treatment plan and how youth are able to progress through a facility's program.	12	1.8%
Civil and Other Rights This includes things pertaining to not only a child's civil rights, but also their rights as human beings. This would also include any rights within a particular facility that the youth are granted as explained to them in orientation.	36	5.3%
Privileges This category was added for complaint analysis because there are complaints received about not getting things that are deemed privileges and are earned and are not a right, or do not affect their health, safety, welfare, or treatment.	112	16.4%
Other This category includes all issues not easily placed into the above six groups.	49	7.2%
Unknown Unknown complaints occurred in situations where there was a resolution and no grievance attached, or the grievance was illegible.	1	0.1%

Sub-Categories of Complaints

All complaints were further analyzed independent from their resolutions and coded into 11 categories to help researchers understand the nature of the complaint in greater depth. Complaints may fall into more than one category, so percents often will not add up to 100%. Answers were Yes-No-Unknown for each question, and only Yes answers are reported here. Unknown was only selected in situations where the grievance was not attached or was illegible. The percent demonstrates the percent in each sub-category out of the total number of complaints received.

	Count	Percent
Physical Harm	6	0.9%
Lack of Supervision	8	1.2%
Inappropriate verbal contact by staff	55	8.0%
Inappropriate verbal contact by another youth	21	3.1%
Inappropriate physical contact by staff	29	4.2%
Inappropriate physical contact by another youth	10	1.5%
Sexual in nature	9	1.3%
Disagreement with staff/administrative decision	504	73.7%
Medical in nature (medication, doctors visits, etc)	20	2.9%
Differential treatment by staff	84	12.3%
Unsatisfactory physical environment	50	7.3%

Categories of Response

Responses were also coded separately from the complaint in order to further understand the level of response from administration.

	Count	Percent
Action-Oriented A response that indicates that the facility did something in response to this complaint such as counseling, policy change, termination, or new placement.	226	33.0%
Explanatory A response where the facility only provides an explanation for the complaint, or the circumstances of the complaint and no action is indicated.	397	58.0%
Unknown If the facility did not attach a response to a grievance or the response was illegible, the response was coded as unknown.	61	8.9%

POLICIES AND PROCEDURES

Summit View Correctional Center provided NICRP with a 19 Chapter manual of policies and procedures as well as the Resident Handbook. The chapters included are: Administration, Organization, and Management; Fiscal Management; Personnel; Training and Staff Development; Administration and Information and Research; Records; Physical Plant; Safety and Emergency Procedures; Security and Control; Food Service; Sanitation and Hygiene; Medical and Health Care Services; Juvenile's Rights; Rules and Discipline; Communication: Mail, Visiting, and Telephone; Programs; Recreation, Classification, and Transfers; Release; and Citizen Involvement and Volunteers. Each policy includes who the policy was reviewed by and the policy number the new policy supersedes as well as references as needed.
Although NICRP is primarily reviewing individual facility policies and procedures, Summit View also provided NICRP with a draft of Statewide Youth Correctional Services Policies, which are referenced below as YCS Policies. The facility noted that these policies supercede Summit View's internal policies and they are included for reference.
Last date of revision: December 2003

Health

Assessments

- Per policy 1-7, "within 2 weeks of the juvenile's admission to the facility, a classification team shall complete a comprehensive assessment report" which includes a physical exam, psychological testing, educational analyses, and psychiatric interviews.
- Policy 12-4 also provides that "screening, care and/or referral for care of juveniles in need of mental health or mental retardation service will be provided."

Nutrition & Exercise

- Per policy 10-01 special diets are provided in cases where religions dictate a special diet and/or medical or dental authorization. Special diets will "conform as closely as possible to the food served to other residents from the master menu. These diets shall be reviewed Quarterly be [sic] a licensed dietician."
- Policy 10-02 states that food service staff will follow a 28-day cyclical menu that "provides for the complete nutritional needs of the Residents." The menu will be reviewed monthly. The menu will be in "compliance with nationally recommended food allowances." Daily meals will consist of two hot meals and one other meal with no more than 14 hours between any 2 meals and an evening snack "may be provided to ensure the recommended daily calories per resident."
- Per policy 16-04 "a minimum of one hour of large muscle exercise and one hour of planned free time during school days with an additional hour of energetic physical exercise on weekends and holidays" is provided.
- YCS P-5 provides that "all juveniles shall be provided meals which are nutritionally adequate, properly prepared and served in a pleasant surrounding."
- YCS P-6 provides that special diets for medical, dental, and religious reasons will be allowed and that "these diets must be in compliance with the State Department of Education's NUTRIKIDS program."

Access to Medical Care

- Policy 09-13 provides that emergency medical care will be provided to youth in need of this type of care.
- Policy 12-01 outlines short term medical, dental, and mental health care to be provided by the facility. Coverage of medical care will be 24-hour, seven days a week coverage.
- Per policy 12-05, emergency dental care will be provided by a dentist and/or others qualified to provide such care "in accordance with state licensing requirements."

Administration of Medication

- Policy 12-01 states that "the medical staff will comply with current laws, rules, and regulation about acquiring, storing, and administering medications."
- YCS P-11 provides that "youth arriving at an institution shall be maintained on the medications the youth was taking upon arrival until the youth can be evaluated by a qualified healthcare professional, or consultation with the youth's prescribing physician has occurred."

Communicable Diseases

- Policy 12-01 provides, in part, that all youth are to be tested for tuberculosis prior to being admitted to the facility. That section also states that the facility will complete an annual statistical report of medical services, including the number of positive tuberculosis tests and other communicable diseases.

Safety

Physical Environment

- Per policy 07-02 a preventative and on-going maintenance program is in place at the facility.
- Policy 08-01 states that flammable, caustic, and toxic materials will be kept secure from juvenile access. A list of commonly used hazardous materials is included.
- Policy 11-01 outlines the practices and procedures for housekeeping and inspection where the "facility will comply with all applicable federal, state, and local sanitation and health codes."
- Per policy 11-02, waste disposal and pest control will be provided.

Emergency Procedures

- Policy 08-02 outlines emergency procedures and the evacuation plan. This policy is to be reviewed and updated at least annually. Fire and evacuation procedures are included in orientation of all new staff. Evacuation drills are conducted quarterly for all shifts. Fire hydrants are maintained and accessible on property. Fire extinguishers are placed throughout the facility. Bomb threats are covered in this policy as well stating "in the event of a bomb threat, the staff member receiving the threat will follow the emergency preparedness plan."
- Per policy 09-13 "specific procedures to be followed in emergency situations … shall be reviewed and updated at least annually." In cases of sit-down strikes, the Assistant Superintendent or assigned Supervisor will "talk to group leaders to determine reasons for strike" and "initiate resolution procedures." Hunger strikes will be resolved by

offering food during each meal and making a record to the refusal to eat by the juvenile while keeping medical staff informed to monitor the juvenile's condition.

- Per policy 09-13 in a hostage situation "no trades will be made for their freedom." The hostage plan "shall be available to supervisors only (Confidential document section shall be made available to designated staff)."
- Policy 09-13 indicates the procedures to be followed by staff in the case of an attempted and successful escape.

Placement

- Policy 16-01 states that "each juvenile shall be assessed to determine classification, and security risk, as well as educational, vocational and personal needs" to help with program placement.

Staffing

- Policy 04-01 outlines the training programs for staff members. Training is performed by a supervisory staff member with at least 40 hours of training. Training includes but is not limited to training staff about CPR, safety procedures, cultural diversity, and workplace violence.
- Per policy 09-02 due to public safety, intensive supervision by staff is the "primary means of control." Two group supervisors will be on duty when possible. "A sufficient number of staff members must be present, awake and alert at all times." According to this policy, group supervisors must be able to perform duties in crisis intervention situations.

Physical Restraint and Use of Force

- Policy 09-12 provides that use of force is only used after all non-physical interventions have been exhausted and may only be used to the amount necessary to control the juvenile. "Use of physical force is limited to justifiable self-defense, protection of juveniles or others, prevention of property damage, prevention of escape, or substantial disruption of program. In no event is physical force or use of restraints justifiable as a punishment." A report shall accompany all incidents of force. "Use of mechanical or soft restraints, except during transportation shall be imposed only with authorization by the Superintendent or designee." Also, no employee may physically punish youth.
- YCS P-7 provides that "each facility operated by Youth Correctional Services shall have an Incident Review Team to perform an initial inquiry into all use of force incidents. The members of the Incident Review Team will have successfully completed competency-based training in performing use-of-force and similar investigations and have otherwise demonstrated a capacity to perform such investigations."
- YCS P-19 states that "to prevent the possibility of serious injury to staff and juveniles, only the minimal amount of physical force, and only as a last resort failing non-physical intervention, shall physical force be used to control a juvenile or situation in the facility. A written report is prepared following all uses of force and is submitted to the Superintendent, for review. Use of mechanical or soft restraints, except during transportation shall be imposed only with authorization by the Superintendent or designee. Only agency-issued restraints are permissible. Further, it is the policy of this agency that no employee has the right to physically punish a juvenile with a spanking, beatings, shoving, pushing, kicking, striking, hitting, cuffing (hitting with an open hand) or corporal punishment of any kind. Use of physical force is limited to justifiable self-defense, protection of juveniles or others, prevention of property damage, prevention of

escape, or substantial disruption of program. In no event is physical force or use of restraints justifiable as a punishment…At no time should staff use any type of punishment that can be construed as cruel or unusual, such as withholding food or drink, public or group humiliation, or physical intimidation. Staff encouragement or influencing juveniles to involve themselves in restraining another juvenile or utilization of juveniles to contain or control physically acting-out juveniles is prohibited."

Suicide Prevention

- Policy 09-13 states that first aid should be administered to a juvenile who has noticeable injury or has ingested a poisonous substance. The policy outlines the next procedures to be followed including: notifying the proper people in charge; transferring the juvenile to the hospital; and notification of the mental health staff regardless of seriousness of attempt.

Welfare

Education

- Policy 16-02 describes the education program. Teacher to student ratio is 1:15. The program assists juveniles taking the GED. Youth receive credit for education and is transferable to community schools. Special education classes will also be provided.
- Per policy 16-03, vocational training, including job training, will be provided to those juveniles that their program allows for vocational training.

Staff & Youth Interactions

- Policy 09-02 provides that intensive supervision of juveniles by staff will "promote a positive relationship between staff and juveniles as the primary means of control."
- Per policy 09-17 "staff should take all steps necessary to insure that their conduct, when dealing with youth is at all times above reproach and in the best interests of their assigned youth." Staff are discouraged from forming personal relationships with youth. Staff are not to show favoritism. Staff are prohibited to involve themselves in youth activities. "Physical contact with youth is prohibited except when necessary (i.e. use of force, medical exams, appropriate searches conducted by policy guidelines, etc)."
- Policy 12-08 prohibits medical experimentation on youth.
- YCS P-1 provides the policies and procedures for reporting suspected or known cases of abuse or neglect.

Behavioral Control Systems

- Policy 13-02 provides the guidelines that youth are expected to follow.
- Per policy 14-01, juveniles are given time-outs and room confinement for behavior management.
- Policy 14-02 details the disciplinary process. Minor rule violations are handled informally when possible otherwise handled formally possibly through disciplinary hearings.
- YCS P-12 provides that "State of Nevada, Youth Correctional Services shall utilize a consistent, responsive, and fair disciplinary process within all state youth correctional centers. Discipline shall not be applied as a retaliatory measure and no form of corporal or degrading punishment, cruel or unusual punishment, punishment that interferes with

eating and sleeping, or punishment that endangers a juvenile physically or psychologically shall be imposed."

- YCS P-14 states that "juveniles requiring a higher degree of physical control or for other reasons are placed on Administrative Segregation in order to protect the juvenile from himself/herself or others, or to provide special management for serious behavior problems and/or protective custody…Juveniles may only be placed on this status by administrative authorization."
- YCS P-15 provides "Time Out/ Room, Area or Cottage Restriction/Room Confinement are behavior management techniques, which may be used to assist a juvenile with managing his/her behavior. All incidents of Time Out/ Room, Area or Cottage Restriction/Room Confinement must adhere to the procedures listed below. Violations of this policy must be reported to the Superintendent immediately."

Treatment

Treatment Plans

- Policy 12-04 provides that "all juveniles are provided access to a comprehensive mental health program designed to examine, diagnose and treat. For juveniles in need of such services, psychiatric and psychological diagnosis and treatment of committed juveniles should be undertaken." *(FACILITY RESPONSE: The facility provided a sample treatment plan and stated that a Comprehensive Assessment Report/Treatment Plan is done on each youth who enters Summit View within the first 30 days.)*

Behavioral Treatment

- *(FACILITY RESPONSE: Behavioral Treatment is part of our Earned Incentive Program.)*

Substance Abuse Treatment

- Policy 16-09 allows for substance abuse treatment to be provided to juveniles in need in order to help lower recidivism rates and is provided by a certified personnel.

Mental Health Treatment

- Policy 12-04 states that juveniles will be provided access to mental health services while in this facility. Mental health services shall "include training of staff who have daily contact with juveniles.
- Per policy 16-05, counselors will be assigned to youth upon entry. Counselors will be trained in crisis intervention.
- YCS P-11 provides that "all juveniles are provided access to a comprehensive mental health program designed to examine, diagnose and treat. For juveniles in need of such services, psychiatric and psychological diagnosis and treatment of committed juveniles should be undertaken. Mental health services (i.e., suicide risks and prevention) shall include training of staff who have daily contact with juveniles."

Civil and Other Rights

Grievances/Complaints

- Policy 13.02 states "complaints of abridgment of the rights set forth below shall be subject to the grievance process and youth who do not accept those responsibilities (which would result in rule violation) are subject to disciplinary process."
- Policy 13-04 outlines the grievance procedures and informal and formal resolutions.
- YCS P-9 states that "upon admission, juveniles shall be informed of their right to grieve any circumstance, behavior, or disciplinary action of staff or other juveniles. Concerns that have not been resolved informally through discussion with individual staff members shall be filed according to the procedures...All grievances shall be handled expeditiously and without threats of, or reprisals against, the individual filing the grievance. No formal or informal exhaustion requirements or preconditions to completion and submission of a grievance shall exist."

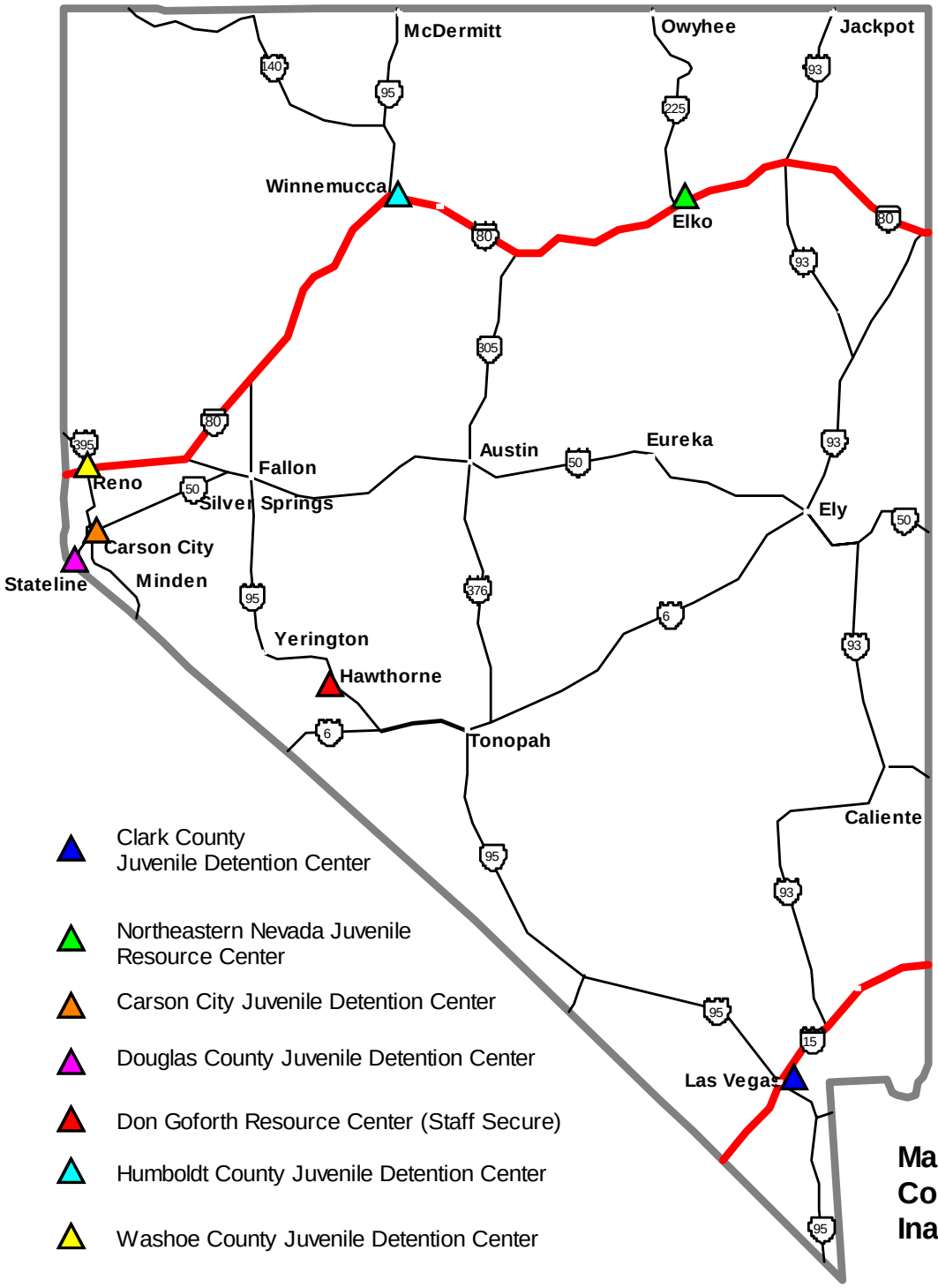
Awareness

- YCS P-1 provides, in part, that "each youth entering the facility shall be given an orientation that shall include simple directions for reporting abuse and assuring youth of their right to be protected from retaliation for reporting allegations of abuse."

Protection of Rights

- Policy 1-12 protects offenders from abuse and mistreatment stating "the center has a zero tolerance policy regarding offender abuse, mistreatment, and sexual misconduct with an offender." All suspected incidents of abuse is to be reported to Child Protective Services per NRS 432B.
- Policy 06-01 allows for records of juveniles to be kept but only accessible to authorized personnel.
- Policy 13-01 allows juveniles the right to contact their legal representation.
- Policy 13-02 outlines the rights of youth in the facility. A list of rights is provided in this policy which shows the rights of juveniles.
- YCS P-3 outlines youth's rights and responsibilities.
- YCS P-8 states that "the facility recognizes the juvenile's need for and right to maintain contact with persons outside the facility and asserts that he or she may do so with a reasonable degree of privacy."
- YCS P-10 provides that "all juveniles will have uncensored, confidential contact by telephone, in writing, or in person with their legal representative."

Juvenile Detention Facilities



FACILITY SUMMARY

Carson City Juvenile Detention Center
Carson City, NV

Carson City Juvenile Detention Center (Murphy Bernardini)

Mailing Address:
1545 E. Fifth Street
Carson City, NV 89701

Physical Address:
1545 E. Fifth Street
Carson City, NV 89701

Ph: 775-887-2033

Facility Contact:
John Simms, Detention Manager
Email: JSimms@ci.carson-city.nv.us

General Facility Information

Type of Facility: Detention Center (Short-Term)

Funding of Facility: Government - County

Facility Max Capacity: 24 Youth

Staff to Child Ratio: **Daytime:** 1:6 **Nighttime:** 1:8

No. of Staff Employed: 19 **Full Time:** UK **Part Time/On Call:** UK

Age Range Accepted: 8-18

Average Length of Stay: 7 days

Security Level: Locked

Average Daily Population: UK

2005 Facility Demographics

		Percent of Population by Race/Ethnicity		Percent of Population by Types of Offense	
Total Number of Residents:	970	**African American**	2%	**Delinquent Offenses**	36%
Average Monthly Population:	79	**Hispanic**	23%	**Status Offenses**	24%
Percent Male:	63%	**Asian/Pacific Islander**	2%	**Delinquent PV**	21%
Percent Female:	37%	**American Indian/Alaska Native**	2%	**Technical PV**	16%
Average Age:	15	**White**	71%	**Court Ordered Detainment**	3%

SITE VISIT SUMMARY

Information in this section comes from the tour given at the facility and conversations with staff and youth in the facility.

NICRP Facility Visit

Date: February 23, 2006

Arrival Time: 9:30 AM **Departure Time:** 1:30 PM

Number of Interviews Conducted: 6 **Administrator:** 1
Staff: 3
Youth: 2

Population (Day of Visit): 13 **Males:** 10 **Females:** 3

Under 12: 0

Carson City Juvenile Detention Center is an 18-bed secure co-ed facility funded by the county. The detention facility is located in the same building with the juvenile probation department. The Detention Manager for this facility is a member of the Silver State Juvenile Detention Association, which is a professional organization for Detention Administrators to meet and discuss best practices in detention management.

The facility is small, with a girls' wing (6 beds) and a boys' wing (12 beds) containing cells that open onto a common dayroom area which is used for indoor recreation, visits, church on Sunday, groups, and dining. There is a central control room that looks out over the dayroom, and each cell hallway is clearly visible from the desk. There are several camera monitors in the control room for the cameras located in public rooms (these were installed in the last year). In the control room, there is a posted record of group counseling events run by facility staff. Near the booking area at the entrance to the detention center are two interview rooms for interviews and counseling, and an office for a Physician's Assistant, who can do boys' physicals (girls must be taken off site). Also near the booking area is the "safe room" for suicide watch and violent behavior, which can be used as an additional holding cell in times of overcrowding. Another resource available when the facility becomes crowded are the plastic bunks which can create extra beds in existing rooms.

All laundry is done on site, though sheets, towels and blankets are sent out for laundering. There is a large storeroom for clean laundry, cleaning supplies (which are secured in the room), freezers, and staff lockers. The door to the outdoor recreation area is on one side of the dayroom while the classroom is on the other side. The outdoor recreation yard is large, and has a slatted fence for privacy. The yard has a sizable blind spot which makes it difficult for staff to maintain visual contact with detainees at all times. *(FACILITY RESPONSE: Staff are trained to position themselves outside in such as way where there would be no blind spots. Youth in our facility are*

never permitted to frequent the recreation yard on their own. There is always sight supervision of each youth. All activities are done in groups where all involved can be observed at all times. Head counts are conducted frequently. Our facility was built in 1979 and I am sure that there are newer and better designs, but we do not ever allow any child to roam where they cannot be seen by staff. We have never had a child on our recreation yard that we could not account for.) In the summer, the youth maintain a vegetable garden in the yard.

The kitchen is small, but spotlessly clean and recently remodeled. The facility has a full-time cook who prepares lunch and dinner, and oversees all the ordering and billing for food. The facility uses the Federal Hot Lunch Program for nutritional guidelines. There is a pantry next to the kitchen entrance where food is stored. The cook does not work on weekends and therefore meals are prepared by direct care staff.

The teacher is provided by the school district. There is a small room off the classroom that has 5 computers that are not online and need upgrading.. To manage youth behavior and provide structure, youth are graded daily on a points system which determines privileges that they are allowed.

There was some staff concern about the layout of the cells in the boys' wing. Because the windows on the doors are directly across from one another, the boys are able to communicate with each other through the window, which may cause inappropriate communication - a potentially dangerous situation. *(FACILITY RESPONSE: As previously mention in this report, our facility was built in 1979. We are very much aware of the problems presented by this design. We have explored putting a barrier either permanent or temporary down the hallways. We would be in violation of Fire and Safely Codes if we did this. We do have magnetic vinyl that we put over the windows of detainees who communicate from one room to another. We also are very careful of where we house each youth and strategize which rooms will be used and for whom. This situation has yet to create a big problem in our facility but we are very much aware of the potential. Moving brick and mortar is not cheap and I doubt that funding would be available unless the risk was greater. Staff takes great measures in securing the safety of each youth. Also, each room is monitored for sound continuously. We will continue to research reasonable methods to ensure safety of our youth while in their rooms. Again, this has not created a significant event in our facility since it opened in 1979.)* Another issue associated with the boys wing is the scratching of gang signs in the doors – while they are painted over or removed immediately by maintenance, this creates an institutional atmosphere of disrepair on the boys wing. In addition, there is no nurse on duty, so medication is administered by staff. Staff expressed concerns about liability for medication errors due to improper or lack of sufficient staff training. Although staff expressed some concerns, there is a very low staff turnover rate, with many staff having been there for 5 or more years.

Concerns were expressed by youth about the quality of classroom education as well, with the general feeling that most work is handouts and videos, without an investment in the overall goal of high school graduation. Youth expressed some concern about worn and torn clothing (socks and shirts), about underwear with stains in them, and unwashed blankets. *(FACILITY RESPONSE: we routinely screen our clothing inventory and throw out clothes we feel should not*

be used anymore. Also, detainees will tear clothing such as socks, pants, and under garments for various reasons such as anger, they want a different size, or boredom. But we do continuously upgrade our inventory. When population is routinely high, it may be difficult at times to cloth every youth perfectly. But each youth always has clean and sanitized clothing.)
Additionally, youth expressed concern about appropriate nutrition for pregnant teens at the facility. There also seemed to be a limited counseling program for youth with mental health problems.

COMPLAINTS

Description of the Process

Written youth grievances are given to the Detention Manager for investigation and resolution. The Detention Manager responds to the youth in person to make sure he understands the grievance, and then asks the youth if he or she would like to be present when he speaks to the staff involved. The Detention Manager states that most of the time by the time he receives a grievance and goes to address it, the youth and the staff have resolved it themselves.. Most of the time youth want to discuss the incident with staff and about half the time ask that the Detention Manager be present. Complaints are usually responded to within 1-2 days, depending on whether it's a weekend or holiday.

Number of Complaints

	Count	Percent
Total Number of Complaints Received:	9	
Past Complaints January 1, 2000 – December 31, 2005	7	77.8%
Forwarded Complaints Jan 1, 2006 – September 30, 2006	0	0.0%
Complaints Received by NICRP Jan 1, 2006 – September 30, 2006	2	22.2%

Average Response Times for Complaints (in Days)

	Average # Days	Range (Min-Max)
Average Response Time – Overall	5.2	0-31
Average Response Time - Past Complaints January 1, 2000 – December 31, 2005	2.28	0-7
Average Response Time - Forwarded Complaints Jan 1, 2006 – September 30, 2006	N/A	N/A
Average Response Time – Received by NICRP Jan 1, 2006 – September 30, 2006	15.5	0-31

Type of Complaint

Complaints were placed into broad categories based on the topics determined by the Subcommittee's original request.

	Count	Percent
Health Anything having to do with a child's physical or mental health. These include nutrition and exercise, medical care, medication administration and attention pertaining to illness or injury.	0	0.0%
Safety Anything having to do with the physical safety of the children. These include physical security and staffing issues, physical restraint, appropriate placement within the facility, and physical environment, including cleanliness as well appropriate and working facilities and equipment.	1	11.1%
Welfare Anything having to do with the general well being of the child. These include emotional issues and may include such things as the way that staff interacts with children on a daily basis, punishments, education, and wellness activities.	5	55.2%
Treatment This term is defined in terms of a treatment program not necessarily how a child is "treated" on a daily basis. These include issues of access to counseling (mental health and substance abuse) resources, issues relating to a resident's actual treatment plan and how youth are able to progress through a facility's program.	0	0.0%
Civil and Other Rights This includes things pertaining to not only a child's civil rights, but also their rights as human beings. This would also include any rights within a particular facility that the youth are granted as explained to them in orientation.	2	22.2%
Privileges This category was added for complaint analysis because there are complaints received about not getting things that are deemed privileges and are earned and are not a right, or do not affect their health, safety, welfare, or treatment.	1	11.1%
Other This category includes all issues not easily placed into the above six groups.	0	0.0%
Unknown Unknown complaints occurred in situations where there was a resolution and no grievance attached, or the grievance was illegible.	0	0.0%

Sub-Categories of Complaints

All complaints were further analyzed independent from their resolutions and coded into 11 categories to help researchers understand the nature of the complaint in greater depth. Complaints may fall into more than one category, and so percents often may not add up to 100%. Answers were Yes-No-Unknown for each question, and only Yes answers are reported here. Unknown was only selected in situations where the grievance was not attached or was illegible. The percent demonstrates the percent in each sub-category out of the total number of complaints received.

	Count	Percent
Physical Harm	1	11.1%
Lack of Supervision	0	0.0%
Inappropriate verbal contact by staff	4	44.4%
Inappropriate verbal contact by another youth	1	11.1%
Inappropriate physical contact by staff	1	11.1%
Inappropriate physical contact by another youth	0	0.0%
Sexual in nature	1	11.1%
Disagreement with staff/administrative decision	4	44.4%
Medical in nature (medication, doctors visits, etc)	0	0.0%
Differential treatment by staff	1	11.1%
Unsatisfactory physical environment	0	0.0%

Categories of Response

Responses were also coded separately from the complaint in order to further understand the level of response from administration.

	Count	Percent
Action-Oriented A response that indicates that the facility did something in response to this complaint such as counseling, policy change, termination, or new placement.	3	33.3%
Explanatory A response where the facility only provides an explanation for the complaint, or the circumstances of the complaint and no action is indicated.	6	66.7%
Unknown If the facility did not attach a response to a grievance or the response was illegible, the response was coded as unknown.	0	0.0%

POLICIES AND PROCEDURES

Murphy Bernardini Juvenile Detention (Carson City) provided NICRP with a manual consisting of 131 pages which includes the facilities policies and procedures. The manual includes these sections: Mission; Administration; Personnel; Admission, Transfers, and Releases; Resident Rights, Rules, and Discipline; Security, Control and Crisis Situations; Programs; Medical and Health Care; and Detention Staff Duties and Responsibilities.
Last date of revision: November 2005

Health

Assessments

- NO INFORMATION AVAILABLE

Nutrition & Exercise

- Volume I, Section 2 describes youth nutrition. Youth meals will include "1. a wholesome and nutritionally adequate diet" "2. a minimum of 3 meals per day" and "3. a minimum of thirty minutes to eat each meal." Special diets will be adhered to. Furthermore, the section describes the sanitation policies. The kitchen sanitation and food storage "shall comply with established standards" and will be inspected daily.
- Volume I, Section 5 provides that youth are provided daily exercise "including, when climate permits, outdoor exercise."
- Volume I, Section 7 mandates that every youth will receive one hour of exercise daily unless court order or handicap.

Access to Medical Care

- Volume I, Section 2 requires a daily log for any medical problems. The facility has visits by doctors/physician's assistants on city contract. The youth must request to see the doctor on visit.
- Volume I, Section 6 outlines the medical classifications.
- Volume I, Section 8 provides that emergency medical treatment will be provided. First aid kits are located at the facility.

Administration of Medication

- Volume I, Section 8 covers administration of medication. All medication must be logged. All medication is locked in "appropriate areas" of the facility. "It is the responsibility of the Supervising Youth Counselor to ensure that all medications are administered as directed" and is also responsible for ensuring there is enough medication on hand. No over the counter drugs are administered unless prior approval from the Juvenile Services Program Coordinator.

Communicable Diseases

- Volume I, Section 6 outlines infection control guidelines in detail.

Safety

Physical Environment

- Volume I, Section 2 describes the physical environment. The facility is at capacity at 18 youth and may not exceed 24 youth at overflow capacity.
- Volume I, Section 6 outlines the plan for the use of flammable, toxic, and caustic materials and tools. Any youth using such equipment will be under direct supervision of a staff member. All items are locked in a storage area inaccessible to youth.

Emergency Procedures

- Volume I, Section 2 provides a list of emergency telephone numbers. This section also provides that an emergency generator is in place in case of power loss.
- Volume I, Section 2 requires there to be a daily log for any critical incidents including "escape or attempted escape, fire, attempted suicide, destruction of property, etc."
- Volume I, Section 6 states that emergency situations where front office assistance is needed, staff should contact the front office telephonically for assistance (during work hours only). This section also provides a procedure to follow in the event of a false fire alarm and reset alarm procedures.
- Volume I, Section 6 outlines the procedure for evacuations due to bomb threats, in which evacuation plans will be used and radios will be taken with staff if available. Youth counselors do a twice a month check on fire extinguishers. Fire drills are practiced once a quarter.
- Volume I, Section 6 describes Administrative Lock Down which is used when a minor is thought to be a threat or has acted out violently. The levels of detainees are listed here.
- Volume I, Section 6 outlines procedures for riots and escapes.

Placement

- NO INFORMATION AVAILABLE

Staffing

- Volume I, Section 2 provides that each staff must arrive sufficiently early to discuss any significant events during the shift change. The section outlines duties by each shift.
- Volume I, Section 3 states that all new full-time employees receive 40 hours of training. A minimum of 20 hours of training per year after the initial year (when possible) is required for all full time employees.

Physical Restraint and Use of Force

- Volume I, Section 6 states that juveniles will be restrained while being transported.
- Volume I, Section 6 outlines the use of physical force and restraints. Physical force may only be used to detain youth when ensuring safety of youth and staff and may only be used to the "extent and duration necessary." There are 6 levels of force that must be used in order. Restraints used are handcuffs, leg cuffs, leather restraints, and restraint chair. O.C. spray is only to be used when physical threat is imminent.

Suicide Prevention

- Volume I, Section 2 requires any attempted suicides to be logged on the daily log.
- Volume I, Section 6 provides that staff that discover an attempted suicide/actual suicide should follow procedures outlined where the staff is to assess the seriousness of the situation. The section states "in cases of hanging, victims are to be taken down and vital signs are to be checked and noted. CPR should be initiated immediately where the victim is not breathing." The section also outlines how to handle bodily fluids. In cases of potential suicide attempts "any information received about a minor that would indicate the minor is a potential suicide risk is to be relayed to the shift supervisor." The shift

supervisor is responsible for handling procedure for potential suicides. The minor will be placed on close watch and a mental health counselor will be notified.

Welfare

Education

- Volume I, Section 7 outlines the school program at the facility. School is mandatory for all youth. The school program is financed and administered by the Carson City school district. Curriculum is individualized for the youth.

Staff & Youth Interactions

- Volume I, Section 2 states that all staff will respect client rights while "promoting the best interest and welfare of clients." Staff may not discriminate and will remain informed of client's progress and condition. Staff will keep confidentiality and not seek any personal information from clients beyond that which is necessary to perform the duties of the job. This section also requires there to be a daily log for any treatment.
- Volume I, Section 5 outlines youth counseling and casework services where the youth is allowed to discuss with a youth counselor matters "of immediate concern related to the [juvenile's] detention" and the counselor may assist the juvenile in contacting parents.

Behavioral Control Systems

- Volume I, Section 2 requires there to be a daily log for any disciplinary action.
- Volume I, Section 5 defines the rules and regulations the youth are to follow. "Violation of rules [sic] are handled on an individual basis." No cruelty or corporal punishment is allowed. No use of physical exercise as a punishment will be allowed. Restriction of food, loss of sleep, and physical contact also cannot be used as forms of punishment.
- Volume I, Section 5 also outlines room restriction and "corrective room rest" where youth may be restricted to their room for medical reasons or for protection or discipline. "Staff will make every reasonable effort to maintain control of youth through methods of positive reinforcement and alternatives."

Treatment

Treatment Plans

Behavioral Treatment

- NO INFORMATION AVAILABLE

Substance Abuse Treatment

- NO INFORMATION AVAILABLE

Mental Health Treatment

- Volume I, Section 8 ensures emergency psychiatric services are provided to youth as needed.

Civil and Other Rights

Grievances/Complaints

- Volume I, Section 3 outlines the procedures for after hour complaints of an employee.

- Volume I, Section 5 states "any person alleging discrimination based on race, color, national origin, sex, age or handicap has a right to file a complaint within 180 days of the alleged discrimination."

Awareness

- Volume I, Section 5 outlines resident rules "that will be given to youth during their initial orientation period in detention along with a letter of introduction."

Protection of Rights

- Volume I, Section 5 outlines resident rights. Residents must be treated equally regardless of race, gender, color, national origin, creed, or physical handicap. Residents must be provided a "healthful and orderly physical environment consistent with Federal, State, and local fire and safety regulations."

FACILITY SUMMARY

Clark County Juvenile Detention Center
Las Vegas, NV

[No Current Photo Available]

Clark County Juvenile Detention Center

Mailing Address:
651 N Pecos Rd
Las Vegas, NV 89101

Physical Address:
651 N Pecos Rd
Las Vegas, NV 89101

Ph: (702) 455-5436

Facility Contact:
Steve Graham, Manager for Juvenile Detention
Email: sgr@co.clark.nv.us

General Facility Information

Type of Facility: Detention

Funding of Facility: Government - County

Facility Max Capacity: 235

Staff to Child Ratio: **Daytime:** 1:6 **Nighttime:** 1:16

No. of Staff Employed: 160 **Full Time:** UK **Part Time:** UK

Age Range Accepted: 8-18

Average Length of Stay: 10 days

Security Level: Locked

Average Daily Population: 222

2005 Facility Demographics

		Percent of Population by Race/Ethnicity		Percent of Population by Type of Offense	
Total Number of Residents:	3909	**African American**	33%	**Judicial Order**	33%
Average Monthly Population:	211.5	**Hispanic**	32%	**All other felonies**	20%
Percent Male:	78%	**Asian/Pacific Islander**	1%	**Other GM/Misdemeanors**	14%
Percent Female:	22%	**American Indian/Alaska Native**	0%	**Felonies Against Persons**	13%
Average Age:	UK*	**White**	32%	**Possession/Use of Firearms**	6%

* This information is unknown because it was not provided by the facility

SITE VISIT SUMMARY

Information in this section comes from the tour given at the facility and conversations with staff and youth in the facility.

NICRP Facility Visit

Date: April 28, 2006

Arrival Time: 9:00 AM **Departure Time:** 2:45 PM

Number of Interviews Conducted: 38
Administrator: 2
Staff: 12
Youth: 24

Population (Day of Visit): 228 **Males:** 192 **Females:** 35

Under 12: Few

* One administrator interview was conducted at a later date because he was out of the office on the date of the visit.

NICRP Follow Up Facility Visit

Date: September 7, 2006

Arrival Time: 9:00 AM **Departure Time:** 1:00 PM

Number of Interviews Conducted: 11
Administrator: 0
Staff: 1
Youth: 10

Clark County Juvenile Detention Center is a county-run detention center. It is located in Las Vegas and serves all of Clark County. The facility has the capacity to hold 235 juveniles, both males and females. The facility consists of nine units, each a separate building. All nine units share the kitchen and dining facilities, the gymnasium, and recreation areas. One of the nine units is used to house female juveniles. The Detention Manager for this facility is a member of the Silver State Juvenile Detention Association, which is a professional organization for Detention Administrators to meet and discuss best practices in detention management.

The initial tour of the facility lasted an hour an a half and NICRP was provided with a lot of information about the facility's daily operations. The first thing one can observe in this facility is the security of the facility. It is clearly a secure facility with large fences and razor wire at the top of the fence. On the tour each unit was identified and NICRP staff were told which children reside in which units. Unit placement is determined by age and gender. At the time of the visit all female detainees resided in Zenoff Hall. This is the oldest unit on the campus. It has two long hallways where the cells are and then a large open area in the center and two classrooms.

This unit was closed between the initial site visit in April and the follow-up visit in September and the female detainees were moved to another unit.
The other eight units on campus are structured to have two sides with two classrooms in the middle. On either side there are cells and an open dayroom area. Also in the center of the unit is the office from which staff can observe both sides of the unit from one location. This basic layout is similar across the other eight units. There are two special units on campus where youth are housed there for special circumstances. One is the intake unit where youth are placed when they are new to detention, and is the place where they are taught the rules at the facility. The other is the unit designed for serious offenders, and is referred to as a high security unit. This unit contains violent offenders, federal holds, and youth with other serious charges. Staff reported that in this unit, officer safety is the first priority the safety of the youth and the security of the unit come second. Young men living in this unit are not allowed to use the gymnasium for security reasons, but still get large muscle exercise. Another specific concern expressed by staff in the high security unit, was the heavy reliance on part time hourly staff. These staff do receive training, but may be unfamiliar with the youth or inexperienced in dealing with situations or working on this unit and this causes a safety concern on the unit.

The facility has its own commercial kitchen that was built in the 1960s where all the meals are prepared. Menus are developed based in the federal school lunch program and prepared on site by the kitchen staff, and some detainees who have earned that privilege. Staff reported that the kitchen serves around 1000 meals a day which includes three meals and one evening snack. Units have small laundry areas where small things are washed, but larger items are done by maintenance. The facility has a nursing unit that has nurses on for two shifts a day so that there is a nurse on duty for all waking hours. These nurses complete health screening at intake, attend to injuries and also provide care in regards to STDs and pregnancy. The facility has basketball courts on site and also shares the gymnasium with the nearby emergency shelter care provider. Also available to youth in this facility are psychiatric services, as well as a local pastor who is available for counseling 30 hours a week.

Visitation is conducted in each unit's dayroom and parents are screened and searched prior to visiting. Youth are also searched for contraband after the visit is over. Staff reported that 55-60% of the population placed in this facility is released within 10 days, which makes formal programming difficult. However youth in this facility do attend school with a Clark County School District teacher on their unit daily. Also those youth awaiting placement in the county youth camp (Spring Mountain Youth Camp or SMYC) are given the opportunity to begin to learn the rules and the program for that facility so that when they are transferred they can move out of the SMYC intake unit faster.

Overall, youth report that staff treat youth fairly. In some cases, youth report being "picked on" and "messed with", but that staff are fair with punishments. Sometimes if staff do not like a youth, they are stricter with him, and may abuse their authority in punishing youth. Problems with staff seem to occur on the swing shift. However, staff report that the goal is consistency in managing youth. In some units it seemed that consistency and equal treatment was emphasized more than on other units.

Some youth reported not filling out grievances because they are afraid staff will treat them differently. Youth report receiving enough exercise now that they are back in school because they now have a PE course, but many report that being in trouble or being on sports restriction will keep you from being allowed outside. Youth state that there is only a health program, not specific substance abuse classes. Youth stated that the food needs to be healthier and cooked "in the right way". One youth stated that sometimes they mash several things like pizza into a soup and serve it. For youth whose parents do not speak English, some reported that the facility provides translators, and some reported that family members (siblings) translate for the parents.

FACILITY RESPONSE:

The Clark County Department of Juvenile Justice Services (DJJS) has been pleased to assist the Nevada Institute for Children's Research & Policy as they conducted their two site visits to Clark County Juvenile Detention Center (CCJDC). DJJS appreciates the investment that has been made in conducting the site visits, policy reviews, and assessment of grievances. We believe that this assessment and feedback by an outside entity will be valuable to us as we continue to make significant reform in juvenile justice in Clark County.

We are proud that reports on our facility continuously mention that the facility is clean and viewed as safe by the youth detained. During the past two years and specifically 2006, DJJS has taken monumental steps to the improvement of the conditions of confinement for youth at CCJDC. DJJS has fully embraced the concepts of the Juvenile Detention Alternative Initiatives as presented by the Annie E. Casey Foundation. Their guidance on many issues has been invaluable for all of DJJS and specifically CCJDC. DJJS would like to briefly highlight a few of the many changes made during 2006.

- *Funding for and implementation of 4 mental health counselors and a half time psychiatrist to be utilized in detention.*
- *The addition of daily team meetings that include detention line staff, nursing, mental health staff and psychiatrist.*
- *Reclassification of a nursing position to nurse practitioner in detention.*
- *Creation and funding of medical administrator position for detention.*
- *The closing of the 40+ year old, Zenoff Hall that reduces CCJDC capacity to 192.*
- *Re-allocation of Zenoff Hall staff to provide staffing support to other units, reducing overtime and reliance on part-time hourly staffing and increasing consistency of trained staff providing supervision.*
- *July-October 2006 detention population down over 25% from same period in 2002 and 2003.*
- *Implementation of the CASE (Creating A Successful Environment) behavioral management system in detention. This creates levels of incentives and privileges that you can obtain while in detention awaiting court actions.*
- *The Spring Mountain Youth Camp behavioral program implemented in detention for youth who are waiting for placement. Achievement points are awarded prior to entry to Camp.*

- *Improved grievance process for youth that assures anonymity with timely review and response within 5 days.*
- *Ability to release youth 24 hours per day; 7 days per week.*
- *Development of detention work teams to promote policy and program change.*
- *Implementation of de-escalation training for detention staff.*
- *Process for review and change to detention policy procedure manual.*
- *Revamped suicide prevention procedures.*
- *Weekly detention Population Review Meeting.*
- *Daily review of female population to expedite the disposition of cases.*
- *Continued capital improvements to campus facilities.*

Major changes made during 2005 included:

- *Implementation of revised Risk Assessment Instrument for detaining youth.*
- *Implementation of MAYSI II testing for all detained youth.*

As demonstrated by the above actions it is clear that DJJS remains steadfast in their endeavors to improve the conditions of confinement for detained youth and to make reform that is cognizant of maintaining public trust and community safety.

COMPLAINTS

Description of the Process

In Clark County Juvenile Detention the grievance process has been recently modified. Previously, if a detainee wanted to file a complaint he or she had to request the grievance form from a staff member. Once the facility studies some other programs' policies they realized that this process should be more anonymous and youth should have access to the forms without needing staff assistance. Currently the facility has a locked grievance box located on every unit and the only people who have a key to that box are the detention manager or his representative. Youth can file a grievance and place it in the box and the box is emptied every two to three days. The grievances are addressed by the detention manger and if appropriate they are distributed to other staff for investigation and follow up. The facility feels that this new process has improved communication between detainees and management. Complainants are supposed to receive a response within five days of filing the grievance, but staff admits that while they are doing the best they can, this does not always happen.

Number of Complaints

Facility staff explained that some of the complaints filed with NICRP during the project period were in fact the result of a certain disgruntled staff member that no longer works for the facility. It was reported that many of the complaints of racism and racist remarks were a result of manipulation by this staff member. This person allegedly asked youth to call NICRP and make these claims in exchange for time out of their rooms.

	Count	Percent
Total Number of Complaints Received:	247	100%
Past Complaints January 1, 2000 – December 31, 2005	216	87.4%
Forwarded Complaints Jan 1, 2006 – September 30, 2006	11	8.1%
Complaints Received by NICRP Jan 1, 2006 – September 30, 2006	20	4.5%

Average Response Times for Complaints (in Days)

	Average # Days	Range (Min-Max)
Average Response Time – Overall	4.1	0-43
Average Response Time - Past Complaints January 1, 2000 – December 31, 2005	2.6	0-23
Average Response Time - Forwarded Complaints Jan 1, 2006 – September 30, 2006	4.1	0-10
Average Response Time – Received by NICRP Jan 1, 2006 – September 30, 2006	13.8	1-43

Type of Complaint

Complaints were placed into broad categories based on the topics determined by the Subcommittee's original request.

	Count	Percent
Health Anything having to do with a child's physical or mental health. These include nutrition and exercise, medical care, medication administration and attention pertaining to illness or injury.	68	27.5%
Safety Anything having to do with the physical safety of the children. These include physical security and staffing issues, physical restraint, appropriate placement within the facility, and physical environment, including cleanliness as well appropriate and working facilities and equipment.	6	2.4%
Welfare Anything having to do with the general well being of the child. These include emotional issues and may include such things as the way that staff interacts with children on a daily basis, punishments, education, and wellness activities.	138	55.9%
Treatment This term is defined in terms of a treatment program not necessarily how a child is "treated" on a daily basis. These include issues of access to counseling (mental health and substance abuse) resources, issues relating to a resident's actual treatment plan and how youth are able to progress through a facility's program.	1	0.4%
Civil and Other Rights This includes things pertaining to not only a child's civil rights, but also their rights as human beings. This would also include any rights within a particular facility that the youth are granted as explained to them in orientation.	24	9.7%
Privileges This category was added for complaint analysis because there are complaints received about not getting things that are deemed privileges and are earned and are not a right, or do not affect their health, safety, welfare, or treatment.	7	2.8%
Other This category includes all issues not easily placed into the above six groups.	3	1.2%
Unknown Unknown complaints occurred in situations where there was a resolution and no grievance attached, or the grievance was illegible.	0	0.0%

Sub-Categories of Complaints

All complaints were further analyzed independent from their resolutions and coded into 11 categories to help researchers understand the nature of the complaint in greater depth. Complaints may fall into more than one category, and so percents will not add up to 100%. Answers were Yes-No-Unknown for each question, and only Yes answers are reported here. Unknown was only selected in situations where the grievance was not attached or was illegible. The percent demonstrates the percent in each sub-category out of the total number of complaints received.

	Count	Percent
Physical Harm	3	1.2%
Lack of Supervision	1	0.4%
Inappropriate verbal contact by staff	62	25.1%
Inappropriate verbal contact by another youth	5	2.0%
Inappropriate physical contact by staff	3	1.2%
Inappropriate physical contact by another youth	4	1.6%
Sexual in nature	2	0.8%
Disagreement with staff/administrative decision	117	47.4%
Medical in nature (medication, doctors visits, etc)	20	8.1%
Differential treatment by staff	49	19.8%
Unsatisfactory physical environment	57	23.1%

Categories of Response

Responses were also coded separately from the complaint in order to further understand the level of response from administration.

	Count	Percent
Action-Oriented A response that indicates that the facility did something in response to this complaint such as counseling, policy change, termination, or new placement.	90	36.4%
Explanatory A response where the facility only provides an explanation for the complaint, or the circumstances of the complaint and no action is indicated.	125	50.6%
Unknown If the facility did not attach a response to a grievance or the response was illegible, the response was coded as unknown.	32	13.0%

POLICIES AND PROCEDURES

Clark County Juvenile Detention provided NICRP with a 27 chapter manual which includes the policies and procedures, as well as a Directives manual. The Directives manual is for detention administration.

Last date of revision: Unknown

Health

Assessments

- NO INFORMATION PROVIDED

Nutrition & Exercise

- Chapter 15, section "Responsibilities of Food Service Staff" provides that menus will be created monthly for both staff and youth and reviewed by the Assistant Manager and Division Manager. "Meals will be in compliance with guidelines set by the US Department of Health and Welfare in conjunction with the Federal School Meal Program. Adjustments in the standard menu will be made for: Youths [sic] who have medically approved need for special diet, or age of youth, or religious beliefs that require a youth to adhere to a special dietary program." Two hot meals and one other meal is provided daily along with a snack at 9pm. Meals meet criteria established by the Child Nutrition Program and "will be reviewed annually by the dietician from the State of Nevada, Department of Education." Youth have the right to refuse a meal and in this case, medical staff will be informed and the refusal will be recorded.
- Chapter 24 states that recreation "is used to promote physical fitness and to expose the child to cooperative group activities. This teaches rules of the game [sic], develop skills, promote teamwork, and good sportsmanship. Each unit is responsible to provide a well-rounded recreation program for the youths [sic] assigned to their unit. Recreation includes both inside and outside activities for the youth."

Access to Medical Care

- Chapter 17, "Medical and Health Care" detail the medical care provided by the facility. Medical, dental and health care is provided 24 hours a day. First Aid is provided as needed. Youth may be transported to UMC if necessary for emergency medical treatment. Sick calls, complaints that are taken to the nurse, are done 4 times each day. In cases of pregnancy, the detention staff will give prenatal care to the youth. Pregnancy tests are given to all females "prior to dispensing of any medication and/or in conjunction with any physical [sic]."

Administration of Medication

- NO INFORMATION PROVIDED

Communicable Diseases

- Chapter 17, section "Human Immunodeficiency Virus (HIV) provides that there is no mass screening for juveniles admitted to Juvenile Court "for the sole purpose of identifying specific minors who may be infected with HIV." Pursuant to NRS 201.356, youth charged with prostitution will be tested and youth charged with a sexual assault will be tested pursuant to NRS 441A.320. Youth with HIV that have abnormal behavior

problems such as biting may be housed in appropriate Units. Youth's condition will remain confidential.

Safety

Physical Environment

- Chapter 12, section "Use of Cleaning Materials" states that cleaning materials will be used by youth only under direct supervision of staff. Cleaning items will be stored in a locked area "out of reach" of youth.
- Chapter 14, section "Resident's Rights" states "a healthful and orderly physical environment is provided all residents consistent with federal, state, and local fire and safety regulations. Residents are assured of a safe and caring environment. Residents are protected from abuse or exploitation by peers."
- Chapter 15, section "Food Service Rules" provides rules to be followed by kitchen staff.

Emergency Procedures

- Chapter 11, section "Emergency Codes for Hand Held Radios" lists the codes for riots, escapes, assaults on staff, and gang fights to be used over the radios. Another code listed in this section is for fights between youth, youth out of control, serious injury to either staff or youth, near drowning, suicidal situation, or request for assistance.
- Chapter 11, section "Responsibilities of Staff" state that in the case of a hostile youth that needs to be restrained, more than one staff member is mandatory for safety reasons.
- Chapter 12, section "Evacuation due to Fire or Any Irrational Act (Bomb Threat)" gives the evacuation plan for bomb threats and fires. There is a manual for bomb threat procedures located in the Control Booth of each unit.
- Chapter 12, section "Group Disturbance (Riot)" states the procedures for riots. This section also explains warning signs and prevention of riots.
- Chapter 12, section "Hostage Incidents" outlines the procedures used in hostage situations including warning signs and preventions.
- Chapter 12, section "Escape Procedure: Agency" outlines escape procedures including contacting the police and the procedures to be followed once the youth is returned to the facility.
- "Evacuations due to Disasters, i.e. Explosion, Chemical Spill, etc." is the section in Chapter 12 that outlines these special types of evacuation procedures. "In the event of a disaster it is Detention staff's responsibility to ensure the safety and welfare of youth in our care and custody. All youth who have a parent available will be released." Other youth will be transported to a safe area.

Placement

- Chapter 19 outlines classification codes and what each means. This section also provides a list of gangs for staff to watch for as well as slang to know.

Staffing

- Chapter 5, section "Training" states that "staff are required to take training which is deemed mandatory by either the County, FYS, POST, or Detention Services. All of Detention Services In-Service Core Training is mandatory. If staff are assigned to attend the mandatory training and fail to attend they may be subject to disciplinary action." The

section goes on to describe the mandatory training. This includes 120-hours of training for all new Probation Officers within their first year.

- Chapter 5, section "Detention Probation Officer Academy" outlines the POST academy pursuant to NRS 481.054.
- Chapter 11, section "Sight Supervision" states that staff must retain sight supervision of all youth at all times. "Sight supervision is defined as . . . .'the maintaining of youth within visual and audio range so as to allow for direction and intervention by the Detention Probation Officer without undue delay.'" Room checks are done 4 times each hour.
- Staff's responsibilities are broke down by each shift under Chapter 11 section "Shift Responsibilities."

Physical Restraint and Use of Force

- Chapter 11, section "MANDT Policy – Managing Non-Aggressive and Aggressive People:" describe the MANDT system which is used when handling juveniles "exhibiting maladaptive behaviors by using the least restrictive behavior management techniques." This policy states that using mechanical restraints should only be used when transporting youth or if an out of control youth needs to be restrained. This type of restraint is only used until the youth is under control. "Youth in mechanical restraints shall be monitored a minimum of every ten minutes to assess their physical condition and emotional stability." Staff receive 2 days of MANDT training to learn non-pain techniques to prevent physical harm. The use of force is only implemented when deemed "absolutely necessary." The use of force is never to be used as a punishment and is used as a last alternative only after non-physical and physical intervention is used. A report will be made in all cases of use of force.
- Chapter 11, section "Physical Restraint" outlines the use of physical restraint. This section states that physical restraint will only be used to when necessary to control youth and "staff can use the techniques taught in Defensive Tactics if the least restricted technique (MANDT) is not working. Staff can use reasonable force as necessary to counter the youth's aggressive behavior or actions. Excessive force can be grounds for disciplinary action."
- Chapter 11, section "Restraint Chairs" provides the procedure to use the restraint chair. The chair "must be used any time a youth is physically restrained or Capstuned." Only the unit supervisor or the lead may make the decision to use the restraint chair.
- Chapter 11, section "Capstun" outlines procedures for use of Capstun. Each unit has Capstun, the supervisor/lead can have one canister of Capstun, and only certified staff may carry Capstun.
- Chapter 11, section "Capstun/Restraint Reviewing Board" states that a review board will be used in all cases of uses of force to determine if the appropriate actions/steps/procedures were taken in the incident.

Suicide Prevention

- Chapter 11, section "Suicidal Coding" provides codes to be used for youth who are suicidal. These youth should be checked every 5 minutes and their room should be searched prior to allowing the youth to enter it.

- Chapter 17, section "Suicide, Threatened" outlines attempted suicide procedures and/or threatened suicide procedures. All youth with attempted or threatened suicide within the past 6 months will have a mental status exam. These youth will have a special code (S3).
- Chapter 17, section "Suicide, Attempted" states that first aid will be administered in cases of ingested poison or noticeable injury. Paramedics are to be notified in serious cases. Other youth will be moved out of sight of the youth who attempted suicide. The psychologist will be notified regardless of seriousness. Youth on the special S3 status have precautions set to prevent suicide, these include; immediate intensive counseling, relocation to the room closest to the unit office, and observation of every 10 minutes.
- Chapter 17, section "Procedure for Response to a Person Found Hanging by the Neck" states that immediately finding a person hanging by the neck, staff should get the person down, summon assistance, and begin CPR.

Welfare

Education

- Chapter 22, section "School Programming" explains the education the youth receive while at the facility. Youth undergo testing to assess their skill levels in various subjects. The educational program is operated by the Clark County School District and meets all minimum state education standards. Adult school and continuation school is available for those youth who qualify.
- Chapter 23 provides that youth are allowed library access.

Staff & Youth Interactions

- Chapter 18 states that staff should positively reinforce youth and model good behavior. Detention staff teaches "youth new options to his inappropriate behavior" which is a positive way to learn new skills. "The Awareness Team Program was designed to accommodate some of the basic needs of the youth as well as to provide them with enrichment opportunities and personal growth experiences."

Behavioral Control Systems

- Chapter 13, section "Discipline" outlines the discipline used at the Detention Center. Control of youth will be established with positive reinforcement whenever possible. "When disciplinary action is necessary, it will be administered in such a way as to create a learning experience for the youth and will be commensurate to the degree of seriousness of the wrongful behavior. Discipline will never be of a nature or administered in such a way as to degrade or humiliate the youth." A list of unacceptable punishments is given.
- Chapter 13 outlines all the restrictions/discipline youth are given. Youth may be on room confinement for minor negative behavior and/or limited activities and privileges for example. A list of behavior that "warrants disciplinary action" is given. If drugs/narcotics are found, the youth will have additional charges of possession added to record. Room and person searches are necessary upon finding drugs/narcotics.
- Chapter 14, section "Juvenile Hearings" states that in cases of major rule violations, youth will have a hearing to determine guilt or innocence.

- Chapter 21 lists programs available at the facility. These programs, which include kitchen work, work programs, unit programs, are designed to help the juveniles do well while at the facility.

Treatment

Treatment Plans

- NO INFORMATION PROVIDED

Behavioral Treatment

- NO INFORMATION PROVIDED

Substance Abuse Treatment

- NO INFORMATION PROVIDED

Mental Health Treatment

- Chapters 17, section "Psychological Services" states "individual and crisis intervention counseling is available to all residents."

Civil and Other Rights

Grievances/Complaints

- Chapter 14, section "Grievance Procedures" outlines the procedures for grievances. Youth may file a grievance when they believe they are not being treated fairly. The unit supervisor makes the determination as to whether the grievance is valid or invalid. If the youth does not agree with these findings, the youth can present the grievance to the assistant manager. This decision is final.

Awareness

- According to chapter 18, section "Orientation", youth receive a copy of the rules and regulations upon intake and this outlines instances when staff may use Capstun.

Protection of Rights

- Chapter 2, section "Confidential Information and Records" states that youth will be protected by NRS 62 for confidentiality.
- Chapter 4, section "Clark County Juvenile Court Institutional Abuse Procedures" outlines the procedures when abuse is suspected. Any allegations will be investigated and appropriate staff will be notified in conjunction with the local Child Abuse hotline.
- Chapter 11, section "Smoking – Giving Cigarettes to Juveniles" prohibits giving cigarettes to youth and pursuant to NRS 202.010 persons may be charged with a misdemeanor and may be terminated.
- Chapter 14, section "Resident Rights" prevents youth from being subjected to medical testing.
- Chapter 14 details juvenile rights in detail. Juveniles are given the right to access to courts, counsel, and programs and services. Youth are protected from harm and have freedom in grooming. The rights continue in more detail throughout the chapter (including equal rights).

FACILITY SUMMARY

Don Goforth Resource Center
Hawthorne, NV

[No Current Photo Available]

Don Goforth Resource Center

Mailing Address:
P.O. Box 1167
Hawthorne, NV 89415

Physical Address:
525 W. 9th St
Hawthorne, NV 8941

Ph: 775-945-3393

Facility Contact:
Vincent Kellison, Detention Manager
Email: mcjpo@sbcglobal.net

General Facility Information

Type of Facility: Detention (Short Term)

Funding of Facility: Government - County

Facility Max Capacity: 32

Staff to Child Ratio: **Daytime:** 1:7 **Nighttime:** 1:7

No. of Staff Employed: 23 **Full Time:** 15 **Part Time/On Call:** 8

Age Range Accepted: 8-18

Average Length of Stay: 10-14 days

Security Level: Staff Secure

Average Daily Population: 18

2005 Facility Demographics

		Percent of Population by Race/Ethnicity		Percent of Population by Types of Offense	
Total Number of Residents:	562	**African American**	8%	UK	
Average Monthly Population:	47	**Hispanic**	20%	UK	
Percent Male:	67%	**Asian/Pacific Islander**	2%	UK	
Percent Female:	33%	**American Indian/Alaska Native**	25%	UK	
Average Age:	15	**White**	45%	UK	

SITE VISIT SUMMARY

Information in this section comes from the tour given at the facility and conversations with staff and youth in the facility.

NICRP Facility Visit

Date: March 27, 2006

Arrival Time: 2:00 PM **Departure Time:** 5:00 PM

Number of Interviews Conducted: 5 **Administrator:** 1
Staff: 2
Youth: 2

Population (Day of Visit): 11 **Males:** 8 **Females:** 3

Under 12: 0

The Don Goforth Resource Center is a 32-bed staff-secure detention center located in Hawthorne. In addition to its detention duties, the center also runs a 21-day MAGIC program for substance abuse treatment, and runs community service programs such as a summer free lunch program where the youth make 150 lunches per day to give out to community members. In addition, the facility has a contract with the school district to follow up on all school absentees after three days and work with the parents to solve the problem. *(FACILITY RESPONSE: The Resource Center staff is not responsible for the truancy contract with the School District. This is an obligation of the Mineral County Juvenile Probation Department.)* This facility is the only detention facility not represented in the Silver State Juvenile Detention Association.

NICRP arrived mid-afternoon on a Monday. The Detention Manager was not at the facility that afternoon, but a call was placed. NICRP spoke with the Chief Juvenile Probation Officer informally until the Detention Manager arrived.

The detention facility is housed in an old Armory. *(FACILITY RESPONSE: The entire facility was renovated in 1998/1999, solely for the purpose of housing/detaining youth. Since the renovation, there has been constant repairs and updating as needed to provide clean, safe environment for our youth. It is the opinion of administration that our facility is satisfactorily maintained. The inspections from the State Fire Marshall's Office, State Board of Education, State Board of Health as well as respective agencies, have all approved or complimented the staff on the cleanliness and how well kept the facility is.)* Youth are housed in two large barracks-style rooms on either side of the hallway with 12 youth to a room. *(FACILITY RESPONSE: There are four rooms. Three are currently used to hold youth and the fourth is set up as a classroom for training. The facility has a holding capacity of 32 beds in a dorm setting. There are three rooms: A-room holds 12 beds, B-room holds 10 beds, and C-room holds 10 beds.)* There are bunk beds in each room with fairly thin mattresses and bedding that appeared dirty.

(FACILITY RESPONSE: The bed linens are washed weekly in hot water and bleach, unless linens become soiled or torn then the unserviceable linens are thrown away. New linens are issued to each youth entering the facility.) There is a cot in the hallway to be used for youth on close watch for self-harm. *(FACILITY RESPONSE: In some instances a youth will be relocated on a bed in the hall or gym area due to special circumstances where the youth is requiring closer monitoring until they can be transported to the proper facility to deal with their issues.)* Bathrooms appeared dirty and in need of repair. *(FACILITY RESPONSE: This department feels the observation by NICCRP to be inaccurate, as the bathrooms were constructed new at the time of the renovation. The bathrooms are cleaned twice a day by the youth and supervised by the staff. The maintenance is done as needed and in a very timely manner. This is one of the most frequently used rooms and we hold the staff to a higher standard on the bathrooms because of the number of youth using them on a daily basis. The State Department of Health and Human Resources inspects this facility twice or more a year. The last inspection was less than six months ago and cited this facility as over all sanitation to be very good.)* The laundry room and small kitchen are co-located in an L-shaped room, which could be a health hazard. *(FACILITY RESPONSE: The washer and dryer are contained in an enclosed are adjacent to where food is stored. There is no preparation of food in this area. The food is prepared in a separate area. The State Board of Health has approved this situation for cooking and laundry.)* The facility recently hired a cook, and stated that they participate in the Federal School Lunch program for nutrition. The kitchen opens onto a large room which is used as the dayroom, the cafeteria, and the gym.

The classroom is in a separate modular building several yards away from the primary detention building. Classes are conducted by a licensed Mineral County School District teacher, and youth receive school credits for their classes, however youth and staff report classes consisting of handouts and videos. *(FACILITY RESPONSE: Unfortunately, last year there was a problem with the school teacher that was provided by the Mineral County School District and the curriculum. The school has replaced that teacher and we have a new teacher and new curriculum, which seems to be working very well.)*

Medical care is provided to youth off-site, with particular focus on treatment for STD's, as staff stated during the tour that a large part of their population comes in infected. *(FACILITY RESPONSE: Anytime a youth has any sort of medical need it is either addressed as an emergency care or a doctor's appointment made for the youth depending on the individual need. Staff may require the youth cleared by a doctor even prior to booking them if urgent care appears to be evident.)* They have a certified substance abuse counselor on staff. Facility staff administer medications to youth, as there is no nurse present, and during the visit there was mention made of medications not getting to youth on time. *(FACILITY RESPONSE: This facility does not have medical personnel on staff. Medications are dispensed by staff and logged in. The medications are given by the direction on the bottles. Non-prescription medications are administered according to the directions on the packages and are also logged in. Special attention is given to youth who have indicated allergies to food or medication. In the event of a medical emergency, procedures are in place to contact emergency medical personnel to call for an ambulance, law enforcement and the hospital is standing by when the ambulance is dispatched to this department. All staff are CPR/First Aid certified to help with an emergency.)*

Staff reported that if youth misbehave they are required to stand against a wall or to do squats or other physical exercises. For extreme misbehavior, when a youth needs to be restrained, staff reported that youth are handcuffed to the bench in the main hallway. *(FACILITY RESPONSE: Historically the bench is used when a youth exhibits signs that he/she is a danger to himself or others within the facility. After fifteen minutes the youth is reevaluated to determine the course of action necessary. This means the youth may return to the population or removed to a lock down facility. A Use of Force report is completed at that time. Squats or facing the wall may be used as disciplinary action for inappropriate behavior.)* One of the staff reported that he does the facility maintenance when he is on duty.

Security was difficult to ascertain for NICRP staff. Facility staff do not have uniforms or badges, which makes it difficult to determine who belongs in the facility and who does not. In addition, doors in empty offices and rooms were propped open. *(FACILITY RESPONSE: This is a Non-Secure Facility and all doors are non-secure, except the inner office doors, which are locked at night when office staff or probation officers leave for the night.)* Youth reported that if a youth cannot be maintained within this facility, they are moved to lockdown in Douglas County Juvenile Detention for a few days. The facility coordinates transportation over a large area for youth moving between facilities, which may contribute to the facility being understaffed at times. *(FACILITY RESPONSE: There are designated transport officers used for this purpose. Therefore this would not contribute to any understaffing issues. There are also several part time employees used as "call-in" when staffing is necessary – accordingly the facility is not operated understaffed.)* Staff seemed somewhat unfamiliar with formal facility policies and procedures, and some mentioned that they may disregard the rules when dealing with youth. Youth were unclear about formal grievance procedures at the facility, and staff appeared concerned with grievances being viewed as "tattling" by superiors. Youth files are unsecured in offices that are not monitored. There appears to be a need for more training, education and information about best practices, and professional development opportunities.

Staff also mentioned that this facility is often used as a temporary holding facility for children awaiting placement by the Department of Child and Family Services. *(FACILITY RESPONSE TO NICRP: The resource center is adjacent to the Juvenile Probation Department. Due to the connecting of the two facilities, child welfare issues are addressed with youth within the facility while arrangements are secured for their safe placement. Although meals are provided in the same kitchen, the welfare youth are supervised on the Juvenile Probation side of the building. FACILITY RESPONSE TO DCFS: Q: Are foster children housed with delinquent youth? A: The only time a foster child would be held with delinquent children is if the foster child is already involved in the juvenile system. If the foster child is on probation and violates probation then he/she is housed. A foster child would be held here if he/she was pick-up on a status offense charge, until a parent or the child's jurisdiction is notified and makes arraignments for the transport of the child. A hearing is conducted with-in twenty four hours when it is necessary.)*

FACILITY STATEMENT: 11/14/06

In response to your visit of the facility on 03/27/06, the following measures have and will be taken to improve the facility and policy discrepancies that were noted. Some areas of the evaluation appeared to have been observed and noted inaccurately and we should be able to easily identify and explain these to NICRP if given the opportunity. [see facility responses above] We have received overwhelming response from other facility administrators that have offered to come and meet with us at the Don Goforth Resource Center to help create and improve areas of the policies and on site discrepancies. A meeting is scheduled for Thursday November 9th, 2006. This meeting was arranged after a telephone conference with [facility staff and administration and administration from other facilities]. A team of both detention and program administrators will be coming to provide their professional experience and ideas in an effort to improve areas of insufficiency that have been noted.…We welcome this added measure of experience and are confident that with their combined observations and opinions it can only help us to improve the facility to benefit both the staff and the youth held. It is also our intent to improve and update the written policies and procedures and provide a copy to the NICRP. It is our sincere desire to accommodate and improve the areas of insufficiency that have been identified in an effort to provide a facility for holding youth that would be considered above standard and to insure the appropriate safety and security for both the youth held and the staff empowered to supervise them.

COMPLAINTS

Description of the Process

Per a letter from the Detention Manager on 2/16/06, the grievance process is as follows: the Detention Manager receives the grievances from the youth, and he handles the situation utilizing law enforcement, counseling, and meetings with all involved parties. After forwarding the resolved grievance to the youth's probation officer, it is destroyed.

Number of Complaints

Per a letter from the Detention Manager on 2/16/06 stating that all grievances are destroyed once they are resolved, no complaints were sent to NICRP for the time period 1/1/00 to 2/16/06. No complaints were forwarded from this facility between 2/16/06 and 9/30/06.

	Count	Percent
Total Number of Complaints Received:	0	0%
Past Complaints January 1, 2000 – December 31, 2005	0	0.0%
Forwarded Complaints Jan 1, 2006 – September 30, 2006	0	0.0%
Complaints Received by NICRP Jan 1, 2006 – September 30, 2006	0	0.0%

POLICIES AND PROCEDURES

Don Goforth Resource Center (Mineral County) provided NICRP with two documents, consisting of 9 pages total. The first document provides rules for staff and the second provides rules for juveniles.
Last date of revision: Unknown

Health

Assessments

- NO INFORMATION AVAILABLE

Nutrition & Exercise

- NO INFORMATION AVAILABLE

Access to Medical Care

- NO INFORMATION AVAILABLE

Administration of Medication

- NO INFORMATION AVAILABLE

Communicable Diseases

- NO INFORMATION AVAILABLE

Safety

Physical Environment

- The staff "Work Ethics" section states that "staff is responsible for making sure the center is clean and that nothing is carved on, wrote on or broke."[sic]

Emergency Procedures

- NO INFORMATION AVAILABLE

Placement

- NO INFORMATION AVAILABLE

Staffing

- NO INFORMATION AVAILABLE

Physical Restraint and Use of Force

- NO INFORMATION AVAILABLE

Suicide Prevention

- NO INFORMATION AVAILABLE

Welfare

Education

- The juvenile document provides that school will take place Monday through Friday from 8:30 am to 11:30 am and again at 1:30 pm to 3:00 pm.

Staff & Youth Interactions

- The "Staff Rules" provide that "if there is someone to whom you have a conflict of interest or dislike, then you need to go through the chain of command or pull yourself from the shift." Additionally, "there is to be no touching of other staff or detainees."
- The "Work Ethics" section of the staff document states that staff should "back all fellow workers…Even if you disagree with the situation, still back up your fellow worker and then take it to your supervisor." That section further states that "it is good to interact with the detainee's, but we are not probation officer's [sic]; counselors; or anything of that nature, we are staff members and we are here to do our jobs. Not to give advice or counsel the juvenile's [sic] in our facility."
- The "Staff Office" section states that "interacting is good with the detainees, but do not take your attention away from the kids by playing games…or by having personal conversation with one or more detainees."

Behavioral Control Systems

- The staff "Work Ethics" section provides that "all detainees will walk on the left-hand side of the hallway going to the bathroom, staff office or multipurpose room. They will walk on the right side going back to their rooms." Detainees are to "have their hands behind their backs at all times."
- The "General Rules" section of the juvenile document lays out the rules that juveniles are expected to follow while at the facility, including, but not limited to: obeying staff; acceptable dress; no touching staff or other detainees; treating the property with respect; and not talking about or planning escape.
- The "Room Rules" section of the juvenile document provides additional rules which include: no sleeping during the day; no touching someone else's bed; how to sleep in the bed; and no touching windows.
- The "Dining Rules" section of the juvenile document provides, in part, that juveniles are to: line up and sit as told to by staff; not complain about the food; no talking during meals; and not to trade food.
- Juveniles are on a grading system which allows daily points for each subject (school, work crew, behavior/attitude, chores, personal hygiene, activities). Weekly points determine the youth's privileges for the following week.

Treatment

Treatment Plans

- NO INFORMATION AVAILABLE

Behavioral Treatment

- NO INFORMATION AVAILABLE

Substance Abuse Treatment

- NO INFORMATION AVAILABLE

Mental Health Treatment

- NO INFORMATION AVAILABLE

Civil and Other Rights

Grievances/Complaints

- The "Dining Rules" section of the juvenile document provides, in part, that juveniles are not to complain about the food.

Awareness

- NO INFORMATION AVAILABLE

Protection of Rights

- The staff document contains a section entitled "Policy for Religion at the Don Goforth Resource Center" which provides when church services will be held and the procedures and times for juveniles to request religious consultation. The policy provides that "special arrangements will be made" if it is an emergency. The policy further states that no baptisms will take place at the facility.
- The "Visits" section of the juvenile document states that all visits are on Sunday. Other visits must be scheduled in advance.
- Phone calls are once a week for ten minutes. This section states that the youth may only call "the people on you [sic] designated list that will be supplied by your P.O. Any other phone calls must be pre-approved by your P.O." The document further states that "you will not be allowed to call your P.O. Do not ask, if they want or need to talk to you they will call you."

FACILITY SUMMARY

Douglas County Juvenile Detention Center
Stateline, NV

Douglas County Juvenile Detention Center (Stateline)

Mailing Address:
P.O. Box 7169
Stateline, NV 89449

Physical Address:
175 Hwy 50
Stateline, NV 89449

Phone: 775-586-7220

Facility Contact:
Douglas Albertson, Detention Supervisor
Email: dalbertson@douglas.nv.gov

General Facility Information

Type of Facility: Detention Center (Short-Term)

Funding of Facility: Government - County

Facility Max Capacity: 15

Staff to Child Ratio: **Daytime:** 2:15 **Nighttime:** 2:15

No. of Staff Employed: 10 **Full Time:** 9 **Part Time/On Call:** 1

Age Range Accepted: 8 - 18

Average Length of Stay: 13 days

Security Level: Locked

Average Daily Population: 8-10

2005 Facility Demographics

		Percent of Population by Race/Ethnicity		Percent of Population by Types of Offense	
Total Number of Residents:	394	**African American**	5%	**Probation/Parole Violation**	58%
Average Monthly Population:	32.8	**Hispanic**	14%	**Property Crime**	20%
Percent Male:	75%	**Asian/Pacific Islander**	2%	**Crimes Against Persons**	20%
Percent Female:	25%	**American Indian/Alaska Native**	4%	**Other (Public Order)**	2%
Average Age:	16	**White**	75%		

SITE VISIT SUMMARY

Information in this section comes from the tour given at the facility and conversations with staff and youth in the facility.

NICRP Facility Visit

Date: January 23, 2006

Arrival Time: 10:00 AM **Departure Time**10:00 AM

Number of Interviews Conducted: 5 **Administrator:** 1
Staff: 2
Youth: 2

Population (Day of Visit): 15 **Males:** 14 **Females:** 1

Under 12: 0

Douglas County Juvenile Detention Center is a 2500 square foot facility co-located with the county's adult jail, though youth are separated sight and sound from the adults. The center is a short-term holding facility, with a maximum capacity of 16 youth. Because the entrance to the facility is on the west side of the building, it is not immediately visible from the road. The detention center serves Douglas County, as well as other contract counties which include Churchill, Lyon, Nye and Mineral counties. The Detention Manager for this facility is a member of the Silver State Juvenile Detention Association, which is a professional organization for Detention Administrators to meet and discuss best practices in detention management.

At the time of arrival, NICRP staff were met by the Detention Supervisor and escorted to his office (which doubles as the facility's control room) for the first interview. The Detention Supervisor had been on the job for 6 months at the time of the visit, though he had spent the prior 8 years as a probation officer. The Douglas County Chief Juvenile Probation Officer joined us partway through the interview to provide an additional perspective. Facility staff were welcoming and eager to participate and provide as much information as possible.

The tour was conducted by the Detention Supervisor. There is a locked door between the detention facility and the booking area for security. The entrance to the facility has a computer where the MAYSI-2 is conducted at intake. There is a common room which serves as the school area, the cafeteria, and the library. The control room/office oversees this space. Medication, youth medication cards, and the overall tracking log are secured in this space. The door to the recreation area is located on the wall next to the control room. This facility has both an indoor and outdoor recreation area which is shared with the adults. There are three pods with 5 cells in each of them. Each pod has two showers, which were stainless steel modular. Youth are responsible for cleaning the facility daily. With the exception of some hard water stains in the showers, the facility seems clean and neat.

Youth in this facility attend school daily. School is taught by a Douglas County teaching assistant and is held in the facility's day room. Because youth are at different educational levels this can be a challenge to keep things interesting and relevant for all youth, therefore high school credit is not given to youth for attending this school. The education provided focuses more on building life skills, not necessarily on a specific curriculum.

NICRP staff were concerned that the food for the youth was prepared at the adult jail and brought to the juvenile side. There were some concerns about the quality, nutritional content and portion size being appropriate for juveniles. As a result, the Center purchases snacks (which include fruit, juice, granola bars, yogurt and other nutritional snacks) for residents which are available at set times twice a day, seven days a week. *(FACILITY RESPONSE: The jail food service manager has been replaced, and the new manager has been working to provide improved nutrition, weekly menus, and larger portions. They are working to re-instate the Federal School Lunch program at the facility to improve the nutrition as well.)*

Additionally, NICRP staff were concerned that facility staff are responsible for medication administration, due to the fact that there is no nurse on duty. Concerns were raised that there was not sufficient training for staff on the kinds of medication they were administering and how to appropriately administer it. *(FACILITY RESPONSE: The center has weekly access to a public health nurse, an on-call psychologist and mental health evaluator, an Urgent Care facility 200 meters away if a doctor or nurse is needed, and immediate 911 response. The facility states that there is room for improvement in staff training for medication administration at orientation and yearly review.)*

COMPLAINTS

Description of the Process

Youth at this facility are encouraged to work with staff informally to resolve problems. Written grievances are considered a last resort. Written grievances are placed in the Detention Supervisor's box and he works with staff and youth to resolve them.

Number of Complaints

According to a letter received from the Detention Supervisor on March 20, 2006, there was an extensive document review completed, and only one documented complaint was found for the period before January 2006. That complaint was forwarded to NICRP. According to the Detention Supervisor, staff reported that very few complaints had been received before he became Supervisor, and he was unable to locate documentation of those complaints. Complaints received since January 2006 have been forwarded to NICRP as requested.

	Count	Percent
Total Number of Complaints Received:	6	100%
Past Complaints January 1, 2000 – December 31, 2005	1	16.7%
Forwarded Complaints Jan 1, 2006 – September 30, 2006	4	66.7%
Complaints Received by NICRP Jan 1, 2006 – September 30, 2006	1	16.7%

Average Response Times for Complaints (in Days)

	Average # Days	Range (Min-Max)
Average Response Time – Overall	10	5-15
Average Response Time - Past Complaints January 1, 2000 – December 31, 2005	5	5-5
Average Response Time - Forwarded Complaints Jan 1, 2006 – September 30, 2006	Unknown	Unknown
Average Response Time – Received by NICRP Jan 1, 2006 – September 30, 2006	15	15-15

Type of Complaint

Complaints were placed into broad categories based on the topics determined by the Subcommittee's original request.

	Count	Percent
Health Anything having to do with a child's physical or mental health. These include nutrition and exercise, medical care, medication administration and attention pertaining to illness or injury.	2	33.3%
Safety Anything having to do with the physical safety of the children. These include physical security and staffing issues, physical restraint, appropriate placement within the facility, and physical environment, including cleanliness as well appropriate and working facilities and equipment.	0	0.0%
Welfare Anything having to do with the general well being of the child. These include emotional issues and may include such things as the way that staff interacts with children on a daily basis, punishments, education, and wellness activities.	4	66.7%
Treatment This term is defined in terms of a treatment program not necessarily how a child is "treated" on a daily basis. These include issues of access to counseling (mental health and substance abuse) resources, issues relating to a resident's actual treatment plan and how youth are able to progress through a facility's program.	0	0.0%
Civil and Other Rights This includes things pertaining to not only a child's civil rights, but also their rights as human beings. This would also include any rights within a particular facility that the youth are granted as explained to them in orientation.	0	0.0%
Privileges This category was added for complaint analysis because there are complaints received about not getting things that are deemed privileges and are earned and are not a right, or do not affect their health, safety, welfare, or treatment.	0	0.0%
Other This category includes all issues not easily placed into the above six groups.	0	0.0%
Unknown Unknown complaints occurred in situations where there was a resolution and no grievance attached, or the grievance was illegible.	0	0.0%

Sub-Categories of Complaints

All complaints were further analyzed independent from their resolutions and coded into 11 categories to help researchers understand the nature of the complaint in greater depth. Complaints may fall into more than one category, so percents often may not add up to 100%. Answers were Yes-No-Unknown for each question, and only Yes answers are reported here. Unknown was only selected in situations where the grievance was not attached or was illegible. The percent demonstrates the percent in each sub-category out of the total number of complaints received.

	Count	Percent
Physical Harm	0	0.0%
Lack of Supervision	0	0.0%
Inappropriate verbal contact by staff	1	16.7%
Inappropriate verbal contact by another youth	1	16.7%
Inappropriate physical contact by staff	0	0.0%
Inappropriate physical contact by another youth	0	0.0%
Sexual in nature	0	0.0%
Disagreement with staff/administrative decision	2	33.3%
Medical in nature (medication, doctors visits, etc)	0	0.0%
Differential treatment by staff	0	0.0%
Unsatisfactory physical environment	3	50.0%

Categories of Response

Responses were also coded separately from the complaint in order to further understand the level of response from administration.

	Count	Percent
Action-Oriented A response that indicates that the facility did something in response to this complaint such as counseling, policy change, termination, or new placement.	2	33.3%
Explanatory A response where the facility only provides an explanation for the complaint, or the circumstances of the complaint and no action is indicated.	4	66.7%
Unknown If the facility did not attach a response to a grievance or the response was illegible, the response was coded as unknown.	0	0.0%

POLICIES AND PROCEDURES

Douglas County Juvenile Services Detention Center provided NICRP with a five part policies and procedures manual which includes the following sections: Administration; Detainee's Rights, Rules and Discipline; Facility Security; Facility Operations and Logistics; and Medical Care and Health. Each policy indicates the date that it was issued, the date of revision, if applicable, and the signature and title of the approving authority.
Last date of revision: October 20, 2003

Health

Assessments

- NO INFORMATION AVAILABLE

Nutrition & Exercise

- Section 2.13 provides that meals shall meet all federal food service guidelines and that "meals will never by withheld or reduced as a disciplinary measure." Administration will make arrangements for special diets required for medical reasons.
- Section 4.12 provides that "each detainee will receive physical education or recreation activities daily unless restricted by Court Order or medical reasons…Facility policy requires no less than 1 [h]our of large muscle activity for detainees on 24 hour room restriction…"

Access to Medical Care

- Section 5.1 provides that when youth need medical treatment "staff shall contact the agency 'on-call' JPO to transport the youth to the doctor or hospital."
- Section 5.4 provides that "whenever a detainee needs to see a doctor/nurse, staff shall contract the responsible county agency which housed the child in the facility…Every effort shall be made to have the responsible agency handle the medical treatment." Otherwise, the shift supervisor shall make the decision.
- Section 5.6 provides that mental health evaluators are "available 24 hours a day through West Hills Hospital."

Administration of Medication

- Section 5.3 states that "all medication(s) must be authorized by a physician…All medication is to be locked in the appropriate areas in the control room." Furthermore, "it is the responsibility of the shift supervisor to ensure that all medications are administered as prescribed, and logged on the medication card, and that the detainee has signed for their medication."

Communicable Diseases

- Section 5.1 provides that latex gloves and tuberculosis masks are available to avoid transmission of communicable diseases.
- Section 5.2 references the State of Nevada, Division of Occupational Safety and Health General Industry Standard 1910.1030 in regard to procedures to be used in the event of exposure to blood or other potentially infectious materials.

Safety

Physical Environment

- Section 1.18 provides that the facility "shall be maintained in a clean and orderly manner, and kept in good repair." This section also states that security checks of the facility will be conducted monthly by the graveyard shift.
- Section 3.5 provides proper guidance and procedures for use and storage of flammable, toxic, or caustic materials and tools.

Emergency Procedures

- Section 3.3 provides the procedures in the event of an escape or attempted escape to ensure the safety and security of the facility and the youth.
- Section 3.4 provides an evacuation plan for use in the event of a fire or bomb threat.
- Section 3.9 covers the procedures to be implemented in case of a detainee riot.

Placement

- Section 3.7 provides that "suicidal or otherwise disruptive, combative or critical observation situations" shall utilize the "safe room."

Staffing

- NO INFORMATION AVAILABLE

Physical Restraint and Use of Force

- Section 3.11 provides that all staff are trained in and may use as needed the "Jireh Safe Physical Management Principles and Techniques" in circumstances requiring self protection, safety of others, prevention of property damage or prevention of escape. That section further provides that mechanical restraints "shall never be used solely for the convenience of the staff or as a means of punishment." Mechanical restraints much be checked every 5 minutes during use.

Suicide Prevention

- Section 3.7 states, in pertinent part, that "the 'safe room' is to be utilized for suicidal…situations. Skin checks are required for detainees on safe room status. Detainees displaying suicidal ideation are required to have constant supervision pending mental health evaluation. 4 minutes or less is the absolute maximum for any detainee displaying symptoms of suicidal ideation."
- Section 5.8 outlines the "comprehensive suicide prevention procedures." The facility has implemented a "suicide risk screening form" which rates youth into one of four risk categories: no apparent risk; possible risk; definite risk; or imminent risk. Youth who fall into one of the latter two categories will be further assessed by a mental health evaluator from West Hills Hospital.

Welfare

Education

- Section 4.1 provides that education is administered by the Lake Tahoe Juvenile Detention School Program which is financed by the Douglas County School District. Attendance is mandatory for all detainees.

Staff & Youth Interactions

- Section 1.5 provides that all Detention staff are mandatory child abuse reporters under NRS 432B. This section defines the criteria for child abuse in the detention facility, including physical, general and sexual abuse, as well as neglect. Additionally, this section outlines the procedures staff should use to make a report.
- Section 1.6 provides a code of ethics for staff which includes, in pertinent part, relationships with clients (client's rights; discrimination; respect; confidentiality) and specified contact with youth (refrain from sexual contact; limit contact with detainees of opposite sex; do not give or accept gifts without permission).
- Section 3.10 provides that staff are required to use the concepts of "Interactive Supervision" which "is defined as the constant observation of a group of persons by active movement within the group, professional verbal interaction, and constant positive reinforcement."
- Section 4.5 provides that staff duties include counseling and casework services to youth, including, but not limited to: rule orientation within 24 hours of intake; discussing matters of immediate concern related to the juvenile's detention; and, assisting juvenile in communicating with parents, attorney, clergy or probation officer.

Behavioral Control Systems

- Section 2.2 is entitled "Behavior Intervention" and provides techniques for resolving minor rule violations. The following section, 2.3, defines the rules which youth must follow and establishes behavioral norms for the youth. Section 2.4 defines the "major rule violations" which include: willful destruction of property; stealing; intimidating or threatening; possession of contraband; attempting, assisting or planning escape; escape; fighting; assault; significant safety and security violation; gang related activity; insubordination; sexually inappropriate language/behavior; and sexual misconduct.
- Section 2.5 provides that youth are encouraged to use problem solving steps to settle disputes or concerns and that mediation will be made available to assist in this process.
- Section 2.6 explains the disciplinary hearing process and provides that they must take place no later than 24 hours after the incident. Youth have the right to appeal to the Facility Supervisor within 3 days.

Treatment

Treatment Plans

- NO INFORMATION AVAILABLE

Behavioral Treatment

- NO INFORMATION AVAILABLE

Substance Abuse Treatment

- Section 5.7 provides that "under NO circumstances will staff accept any youth who appears to be in a medical sate of withdrawal and/or in need of detoxification from alcohol, or drugs…It is the responsibility of the arresting officer to provide transportation and/or obtain medical clearance for acceptance into the facility."

Mental Health Treatment

- Section 4.5 provides that "psychological counseling is available upon request."

- Section 5.6 provides that mental health evaluators are "available 24 hours a day through West Hills Hospital" and that COMPAS evaluators can be reached by phone.

Civil and Other Rights

Grievances/Complaints

- Section 1.8 describes the policies and procedures regarding complaints made about the facility, staff of the facility, or juvenile detainees which come from citizens in the community.
- Section 2.9 provides the procedures for youth to file grievances about the facility and/or staff. This section provides that "each detainee has the right, [sic] to discuss any matter of a possible grievance with any staff involved. If after discussing the matter with staff concerned, the detainee…has the right to present the matter to the Detention Supervisor, or Youth Counselor 3, in writing."
- Section 2.10 provides youth the right and means to file complaints regarding discrimination.

Awareness

- Section 2.1 provides that all detainees are to be informed of rules and guidelines during orientation.
- Section 4.3 provides that youth who do not understand the rules after orientation will be provided with oral explanations of rules and regulations. Spanish interpretation will be provided as needed.

Protection of Rights

- Section 1.7 provides references to NRS statutes in relation to the confidentiality of information and records. The section also provides procedures for ensuring confidentiality at the facility.
- Section 2.1 lists the "Detainee's Rights" which include, but are not limited to: equal opportunity and treatment without discrimination based on race, national origin, color, creed, sex, or physical handicap; dignity and respect; health, safety, nutrition and exercise; communication with authorized individuals; access to legal representation; file grievances; and, religious freedom.
- Section 2.11 outlines the rules and guidelines for visitation, including times, permissible visitors; and procedures for detainees.
- Section 2.12 provides that detainees have the right to communicate through writing with certain approved persons. The facility pays postage for the first three letters per week. Additional postage must be paid by the parent or guardian.

FACILITY SUMMARY

Humboldt County Juvenile Detention Center
Winnemucca, NV

[No Current Photo Available]

Humboldt County Juvenile Detention Center (Leighton Hall)

Mailing Address:
P.O. Box 1039
Winnemucca, NV 89445

Physical Address:
737 E. Fairgrounds Road
Winnemucca, NV 89445

Ph: (775) 623-6382

Facility Contact:
William S. Jones, Assistant Chief of Detention Services
bjones@wmnv.net

General Facility Information

Type of Facility: Detention Center

Funding of Facility: Government - County

Facility Max Capacity: 24

Staff to Child Ratio: **Daytime:** 3:10 **Nighttime:** 1:10

No. of Staff Employed: UK **Full Time:** UK **Part Time:** UK

Age Range Accepted: 8 to 18

Average Length of Stay: 1 day to 3 months

Security Level: Locked

Average Daily Population: 10

2005 Facility Demographics

		Percent of Population by Race/Ethnicity		Percent of Population by Types of Offense	
Total Number of Residents:	214	**African American**	1%	**Probation Violation**	23%
Average Monthly Population:	11.95	**Hispanic**	20%	**Runaway**	12%
Percent Male:	72%	**Asian/Pacific Islander**	N/A	**ASAP (Alcohol/Substance)**	11%
Percent Female:	28%	**American Indian/Alaska Native**	15%	**Incorrigible**	8%
Average Age:	15.4	**White**	64%	**Warrants**	7.5%

SITE VISIT SUMMARY

Information in this section comes from the tour given at the facility and conversations with staff and youth in the facility.

NICRP Facility Visit

Date: April 25, 2006

Arrival Time: 9:45AM **Departure Time:** 12:15 PM

Number of Interviews Conducted: 5
Administrator: 1
Staff: 2
Youth: 2

Population (Day of Visit): **Males:** 7 **Females:** 3

Under 12: 0

Humboldt County Juvenile Detention Center (Leighton Hall) is a 24 bed juvenile detention center located in Winnemucca. This detention center is a three county cooperative serving Humboldt, Pershing and Lander counties. The Detention Manager for this facility is a member of the Silver State Juvenile Detention Association, which is a professional organization for Detention Administrators to meet and discuss best practices in detention management.

NICRP staff found the small on-site kitchen to be clean and well kept. The kitchen is used to prepare snacks for the youth in custody, while meals are prepared at the adult detention center located next door to the facility. Meals are created by a nutritionist and tailored for youth with any special dietary needs, but it is a concern that the food is not prepared on-site. *(FACILITY RESPONSE: Facility staff conduct random site inspections to ensure the provider is maintaining sanitary and safe food preparation practices. The provider is located a very short distance from Leighton Hall and meals are transported in trays designed to keep the food warm. Our facility continues to work with the provider to address our desire for additional food selections that are better suited to youth and their nutritional needs.)* A locked medicine cabinet and a log were next to the kitchen door. Staff stated that medications are brought to the youth and staff administers all medications, as there is no nurse on staff. *(FACILITY RESPONSE: We are rectifying the medication concern by having a certified nurse available to train detention staff on the proper storage and dispensing of medication.)* Youth usually share rooms (two to a room), but there are four single occupancy rooms with food slots if needed, and two ADA compliant rooms. The bathrooms contain three shower heads which were observed to be lime encrusted and the bathrooms smelled musty. *(FACILITY RESPONSE: Our facility has enlisted the services of a professional cleaning company to address the lime encrustation and detail cleaning of the shower area.)* Additionally some of the rooms had extra mattresses on the floor. For recreation the facility has an open outdoor yard with basketball hoops, an exercise room that has some

equipment (including a treadmill), and they also have a craft program that youth may participate in.

School is located on site and the classrooms seemed appropriate containing computers and a variety of books. Additionally complaint posters were observed hanging in the classrooms. Facility staff remain in classrooms with youth during school hours. School seemed to be very long, lasting until 5:00 PM. *(FACILITY RESPONSE: The school schedule for detained youth adopted several months ago includes a school start time of 9:00 am and concludes at 4:00 pm, Monday through Thursday. This includes a one and one half hour lunch break. On Fridays, school begins at 9:00 am and ends at 11:30 am.)* Youth are issued clothing at intake and most of the laundry, including linens, is washed at the detention center next door, but there is a small laundry facility located on site. There is also a dayroom for the youth which consists of six tables and is also used as the cafeteria. This area is overlooked by the central monitoring room but has no security camera. *(FACILITY RESPONSE: This room is sight monitored by detention staff and at no time are youth in the dayroom without direct visual observation.)* NICRP staff also observed a cleaning supply room which is kept locked.

Youth records are also stored on site, in unlocked file cabinets. These files are kept in the administration area which is usually monitored by at least one person, but is fairly open. Additionally most records are not stored electronically, only the paper file.

This facility seems fairly well maintained, and youth did not seem to have any major problems. The primary concern at this facility was the lack of a nurse on staff which causes staff to have to administer medications when they may not be appropriately trained to do so.

COMPLAINTS

Description of the Process

Youth are allowed to file grievances by filling out the facility form and turning it in to the facility administrator. Then he has a meeting with the youth to work out a resolution. Youth also have the option to make a verbal complaint to the facility administrator, at which point they can attempt to come to a resolution right then. These types of verbal complaints are not documented in writing. In dealing with grievances it is the goal of the facility to explain policies to the youth who may not understand them or come to an understanding of an issue and even conduct some staff re-training if necessary.

Number of Complaints

Per an e-mail, the facility kept inconsistent records of grievances previously filed with the facility, and has since revised the policy.

	Count	Percent
Total Number of Complaints Received:	29	100%
Past Complaints January 1, 2000 – December 31, 2005	22	75.9%
Forwarded Complaints Jan 1, 2006 – September 30, 2006	7	24.1%
Complaints Received by NICRP Jan 1, 2006 – September 30, 2006	0	0.0%

Average Response Times for Complaints (in Days)

	Average # Days	Range (Min-Max)
Average Response Time – Overall	8.9	1-31
Average Response Time - Past Complaints January 1, 2000 – December 31, 2005	1	1-1
Average Response Time - Forwarded Complaints Jan 1, 2006 – September 30, 2006	10.4	1-31
Average Response Time – Received by NICRP Jan 1, 2006 – September 30, 2006	N/A	N/A

Type of Complaint

Complaints were placed into broad categories based on the topics determined by the Subcommittee's original request.

	Count	Percent
Health Anything having to do with a child's physical or mental health. These include nutrition and exercise, medical care, medication administration and attention pertaining to illness or injury.	1	3.4%
Safety Anything having to do with the physical safety of the children. These include physical security and staffing issues, physical restraint, appropriate placement within the facility, and physical environment, including cleanliness as well appropriate and working facilities and equipment.	0	0.0%
Welfare Anything having to do with the general well being of the child. These include emotional issues and may include such things as the way that staff interacts with children on a daily basis, punishments, education, and wellness activities.	16	55.2%
Treatment This term is defined in terms of a treatment program not necessarily how a child is "treated" on a daily basis. These include issues of access to counseling (mental health and substance abuse) resources, issues relating to a resident's actual treatment plan and how youth are able to progress through a facility's program.	9	31.0%
Civil and Other Rights This includes things pertaining to not only a child's civil rights, but also their rights as human beings. This would also include any rights within a particular facility that the youth are granted as explained to them in orientation.	1	3.4%
Privileges This category was added for complaint analysis because there are complaints received about not getting things that are deemed privileges and are earned and are not a right, or do not affect their health, safety, welfare, or treatment.	2	6.9%
Other This category includes all issues not easily placed into the above six groups.	0	0.0%
Unknown Unknown complaints occurred in situations where there was a resolution and no grievance attached, or the grievance was illegible.	0	0.0%

Sub-Categories of Complaints

All complaints were further analyzed independent from their resolutions and coded into 11 categories to help researchers understand the nature of the complaint in greater depth. Complaints may fall into more than one category, and so percents will not add up to 100%. Answers were Yes-No-Unknown for each question, and only Yes answers are reported here. Unknown was only selected in situations where the grievance was not attached or was illegible. The percent demonstrates the percent in each sub-category out of the total number of complaints received.

	Count	Percent
Physical Harm	0	0.0%
Lack of Supervision	0	0.0%
Inappropriate verbal contact by staff	2	6.9%
Inappropriate verbal contact by another youth	4	13.8%
Inappropriate physical contact by staff	0	0.0%
Inappropriate physical contact by another youth	0	0.0%
Sexual in nature	1	3.4%
Disagreement with staff/administrative decision	24	82.8%
Medical in nature (medication, doctors visits, etc)	0	0.0%
Differential treatment by staff	6	20.7%
Unsatisfactory physical environment	0	0.0%

Categories of Response

Responses were also coded separately from the complaint in order to further understand the level of response from administration.

	Count	Percent
Action-Oriented A response that indicates that the facility did something in response to this complaint such as counseling, policy change, termination, or new placement.	2	6.9%
Explanatory A response where the facility only provides an explanation for the complaint, or the circumstances of the complaint and no action is indicated.	13	44.8%
Unknown If the facility did not attach a response to a grievance or the response was illegible, the response was coded as unknown.	14	48.3%

POLICIES AND PROCEDURES

Leighton Hall Juvenile Detention Center provided NICRP with an 87 page policies and procedures manual, as well as the MANDT System handbook. The policies and procedures manual contains five chapters which include: Administration and Management; Physical Plant; Facility Operations; Facility Services; and Juvenile Services.
Last date of revision: Unknown

Health

Assessments

- Chapter 4, Section C provides that "every youth who is booked into Leighton Hall is screened for medical, dental and mental health conditions." Screenings include direct questions to the youth, as well as observations of behavior and physical condition.

Nutrition & Exercise

- Chapter 4, Section A provides the food service management guidelines for the facility. The policies provide, in pertinent part, that the Humboldt County Detention Center's Culinary Supervisor, who is required to be a qualified dietician, will ensure compliance with state and federal nutritional guidelines. Youth who require special diets for medical, dental or religious purposes will have their diets adjusted accordingly. Staff are not to use meals or snacks as a disciplinary measure.
- Chapter 5, Section E covers "Recreation and Activity" which are to be provided on a daily basis. One hour a day of free time shall be provided to all youth. One hour of structured leisure time and one hour of large muscle exercises shall also be provided.

Access to Medical Care

- Chapter 4, Section C provides that all youth shall have 24 hour access to medical care. The Humboldt General Hospital is the primary provider of medical care for the facility. Mental health services are provided by Winnemucca Rural Mental Health Clinic.
- Detention staff are trained in emergency cardiopulmonary resuscitation and first aid.

Administration of Medication

- Chapter 4, Section C provides that "detention staff shall only administer prescription medication if the prescription was prescribed by a licensed physician or psychiatrist." A daily log of medication administration shall be kept. All prescribed medicine is stored in a locked medicine cabinet at all times. "During each shift, two staff shall count the prescription medication; enter the accounting in the daily log; and review previous entries."

Communicable Diseases

- Chapter 4, Section C includes a subsection on HIV and Infectious Diseases. Youth charged with prostitution, solicitation for prostitution, or sexual assault involving penetration will be tested for HIV per the NRS. Others may be tested if needed for doctor's diagnosis. The physician must obtain informed consent from the youth.
- Youth with HIV can be housed at the facility and may participate in normal daily activities. Precautions will be taken to manage body fluids and infectious waste to avoid transmission to other youth or staff.

Safety

Physical Environment

- Chapter 2 provides policies on the Physical Plant and Environmental Conditions which support the safety and well-being of youth in the facility.
- Chapter 4 provides policies on facility sanitation and inspection. The Culinary Supervisor is responsible for ensuring that the food service area is in compliance with Humboldt County Health Department standards and that food preparation and handling is conducted in compliance with federal, state and local health regulations. The Humboldt County Detention Center will conduct weekly inspections of all food service areas.
- Facility administration is responsible for conducting security and sanitation inspections of the facility.

Emergency Procedures

- Chapter 3, Section B provides safety and emergency procedures, which include: fire safety, emergency phone number policies, emergency medical procedures, material safety, emergency power and communication, evacuation due to fire or bomb threat and escape policies.

Placement

- NO INFORMATION AVAILABLE

Staffing

- Chapter 1, Section C provides that staff to youth ratios should be 1:8 on day shift and 1:18 on swing shift and 1:20 on graveyard.

Physical Restraint and Use of Force

- Chapter 3 (as well as Chapter 4) includes a section on the "Use of Restraints." That section provides, in pertinent part, that "the use of shackles and handcuffs is never used as punishment…[and] will be done only when other means of physical restraint are not effective…" Staff must document the routine or emergency use of any mechanical restraint devices. Another section entitled "Use of Force" provides that staff may use physical force as taught in police self-defense or MANDT training, but only to the extent needed to protect the personal safety of the youth or others, or to prevent escape or "riotous condition."

Suicide Prevention

- Youth who are suicidal "require increased supervision at intervals to include, but not limited to, every (7) minutes." Youth are also to be spoken with, if awake, at least every 30 minutes.
- Chapter 4 provides that youth who threaten suicide will be placed on suicide watch and a suicide log will be maintained until medical personnel recommend otherwise. Youth who attempt suicide will be administered first aid as necessary and staff will contact 911. Staff will notify Rural Mental Health as soon as possible and comply with the directives of the mental health professional. The staff will also notify the probation officer, case worker and/or parent or guardian as applicable. Staff will also notify the Chief Juvenile Probation Officer and the Assistant Chief Juvenile Probation Officer.
- "No detainee will be removed from suicide watch without consulting a mental health professional."

- All harmful or potentially harmful objects will be removed from the child's room and room search will be conducted each time the child is placed in the room.
- This chapter additionally contains a subsection entitled "Procedures Response to a Person Found Hanging by the Neck" which provides that these victims may be revived and gives detailed instructions on the steps necessary to attempt to preserve the child's life.

Welfare

Education

- Chapter 1, Section C provides that teacher to student ratios shall be 1:24 and that students with special needs shall be addressed by the Humboldt County School District.
- Chapter 5, Section C provides policies and procedures for "Academic, Vocational, and Self Help Programs." The Humboldt School District operates the educational component of the facility. Detention School Programming is a residential program for youth that provides educational programs at a student to teacher ratio of 12:1. A Summer School Program is also available to all youth.

Staff & Youth Interactions

- The disciplinary guidelines in Chapter 3 provide that staff shall "maintain control of youth through methods of positive reinforcement and alternatives" and that discipline "will be administered in such as way as to create a learning experience for the youth." Furthermore, staff are not to "degrade or humiliate youth" while disciplining.

Behavioral Control Systems

- Leighton Hall uses the "MANDT System" to "provide uniformity and consistency in managing juveniles while they are detained…The main philosophy of MANDT is building health relationships by treating people with dignity and respect." Chapter 3, Section C also provides a detailed outline of the facility rules and the corresponding level system.

Treatment

Treatment Plans

- NO INFORMATION AVAILABLE

Behavioral Treatment

- NO INFORMATION AVAILABLE

Substance Abuse Treatment

- Chapter 4, Section C provides that detention staff are trained in recognizing signs and symptoms of chemical dependency. Youth who have substance abuse issues will be given referral resources through the youth's case worker.
- Detention will not accept youth "who appear to need detoxification from alcohol, barbiturates and/or other drugs." Those youth will be referred to Humboldt County General Hospital Emergency Room.

Mental Health Treatment

- Chapter 4, Section C includes a subsection on "Psychological Services" which provides that individual and crisis intervention counseling will be available to all residents and provides the guidelines for referring patients for mental health treatment.
- Chapter 5, Section B is entitled "Mental Health Services" and refers to Rural Mental Health.

Civil and Other Rights

Grievances/Complaints

- Chapter 3, Section D outlines grievance procedures which provides, for the most part, that youth should initiate any grievance with the primary Probation Officer, who will "encourage the youth to discuss [the grievance] with the Detention Staff involved…" If the youth is not satisfied that the grievance has been addressed, the youth can write a formal grievance which goes directly to the Chief Juvenile Probation Officer "or his designee" for action if the grievance is deemed valid. There is no appeal of the Chief Juvenile Probation Officer's decision. Youth charged with major violations may also face formal charges in court.

Awareness

- Chapter 5, Section A defines the procedures for intake and orientation. During intake, all youth are to be read Miranda rights and have all rules read to them so that they understand them. A translator will be contacted if necessary. Youth will also be provided a written copy of the rules. The level system is explained during orientation.

Protection of Rights

- The policies and procedures manual clearly outlines actions that cannot be used by staff as discipline, including certain enumerated rights of the child such as meals, medical care, sleep, exercise, legal assistance and contact with family.
- Chapter 3, Section D of the manual is "Juvenile's Rights". The rights outlined in this section include: access to legal resources, equal access to programs and services, protections from harm, resident's rights, freedom in personal grooming and the right to initiate a grievance.
- Chapter 4, Section C provides that a HIV positive youth's "right to privacy will be observed with sensitivity and confidentiality."
- Chapter 5, Section F provides that religious programs will be offered on a voluntary basis. Youth shall also be able to participate in religious practices, as long as they do not interfere with the safety or disrupt the order of the facility.
- Chapter 5, Section G provides that all youth have the right to correspond (via telephone, mail and visits) to various people and organizations and that no child shall bear the cost for any personal letters and there are no limits on the amount of letters that a youth may write. Telephone calls made to family will be collect while calls to other authorized parties (attorney, PO, clergy) will be made direct.

FACILITY SUMMARY

Northeastern Nevada Regional Juvenile Detention Center Elko, NV

Northeastern Nevada Regional Juvenile Detention Center

Mailing Address:
665 West Silver Street
Elko, NV 89801

Physical Address:
665 West Silver Street
Elko, NV 89801

Ph: (775) 753-4603

Facility Contact:
Patricia Plaster, Director of Juvenile Services
pplaster@elkocountynv.net

General Facility Information

Type of Facility: Detention

Funding of Facility: Government – County, Some grant funding

Facility Max Capacity: 24

Staff to Child Ratio: **Daytime:** 2:17 **Nighttime:** 2:17

No. of Staff Employed: UK **Full Time:** UK **Part Time/On Call:** UK

Age Range Accepted: 8 to 17

Average Length of Stay: 9 days

Security Level: Locked

Average Daily Population: 17

2005 Facility Demographics

		Percent of Population by Race/Ethnicity		Percent of Population by Types of Offense	
Total Number of Residents:	489	**African American**	<1%	**Drugs/Alcohol**	39%
Average Monthly Population:	41	**Hispanic**	18.5%	**Probation/Parole Violation**	31.2%
Percent Male:	69%	**Asian/Pacific Islander**	<1%	**Property Crime**	14%
Percent Female:	31%	**American Indian/Alaska Native**	8.8%	**Crimes Against Persons**	12.4%
Average Age:	16	**White**	71%	**Other**	3.4%

SITE VISIT SUMMARY

Information in this section comes from the tour given at the facility and conversations with staff and youth in the facility.

NICRP Facility Visit

Date: April 25, 2006

Arrival Time: 2:00 PM **Departure Time:** 5:30 PM

Number of Interviews Conducted: 5 **Administrator:** 1
Staff: 2
Youth: 2

Population (Day of Visit): 10 **Males:** 4 **Females:** 6

Under 12: 0

The Northeastern Nevada Regional Juvenile Justice Center is a 24-bed secure detention center located in Elko. The detention center serves surrounding counties and tribal reservations. The Director of Juvenile Services for this facility is a member of the Silver State Juvenile Detention Association, which is a professional organization for Detention Administrators to meet and discuss best practices in detention management.

While on the tour, NICRP staff observed first the administration area which consists of a file room, probation officer's offices, a conference room and other staff offices. In this administration area NICRP observed the complaint posters on the wall. The facility has a medication room that houses medications locked in a cabinet or in trays. That room is used to store prescription and over the counter medications and is also the area where pregnancy tests can be administered. NICRP also observed the booking area, the holding cell and the shower. The facility also has a locked property room which holds all of the belongings of the youth when they are admitted to the facility. Items are stored in bags, while valuable items such as wallets are locked in a cabinet for which only supervisors have a key.

NICRP staff also observed the cellblock and girls' and boys' wings. There are four hallways with cells, and youth do not share rooms. Two hallways are used for the boys. There are tables with attached stools bolted to the floor at the end of each hallway. The cellblock appeared clean, with some chipping paint and scratched doors. The central monitoring area is located between the hallways and across from the dayroom and activity room, and is enclosed by glass so that activity in any location is visible to the staff on duty. On the cellblock there are bookshelves with books for the youth to use. The books are donated and have been screened for content. The facility also has a dayroom that is also used as a cafeteria, which has computers and supplies for working on crafts. Laundry is done on-site and the youth help with laundry. Youth are also responsible for helping to clean the facility, although cleaning supplies are stored in a locked

closet. On the day of the visit the female residents were cleaning their cellblock. There is a small recreation yard outside with a small grassy area, with the door opening out from the dayroom. The facility has some donated computers, craft supplies, and a television used for programming as well as the weekends for movies.

Food is prepared in the kitchen on site and menus are developed by one of the shift supervisors. She is not a trained nutritionist or dietician; however she does follow federal school lunch guidelines. Food is stored in the pantry next to the kitchen. The kitchen and pantry open onto the dayroom/cafeteria area. The facility used to receive its food from the neighboring adult detention center, but found it insufficient and so decided to prepare meals themselves. *[FACILITY RESPONSE: Our facility has never received food from the County Jail Facility located next door, but we were housed in a cell block of the County Jail for approximately 3 years while our facility was being planned and built (1994-1997). At that time we head an opportunity to evaluate the adult menu and realized that it would not meet the criteria to receive the school lunch reimbursements. We then made plans to again cook our own meals upon occupancy of our new building.]* Special accommodations are made if a child has a food allergy or other documented special dietary need.

The facility operates many different programs, which are available to the detainees, youth on probation, or even the general community. These programs include, Frontline AIDS and GIRLS Circle, and some drug and alcohol programming. The programs are often grant funded and would not continue if they lost their funding. The concern with the drug and alcohol program is that the youth participating are not detainees, so the facility has made efforts to improve the hall where those youth stay during the program. They have also made improvements to the girls' hall as well in an effort to provide a more home-like environment.

NICRP staff spoke with staff while on the tour and also conducted formal interviews with two staff and two youth (one male, one female). These interviews did not indicate any major issues within the facility. It is, however, noted that one youth requested more structured activities besides school, and one staff suggested that representatives from all the facilities across the state get together to discuss issues and come up with solutions that will work for everyone. Youth also report that they feel the facility is clean and they do receive clean clothing.

COMPLAINTS

Description of the Process

If a resident wished to make a complaint at Northeastern Nevada Regional Juvenile Detention Center the youth needs to write down his/her complaint and give it to the shift supervisor. The shift supervisor starts with any staff involved and if it cannot be resolved on that level then it goes to the administrator. This interaction is usually documented in the daily log. The policy for the facility is that the facility should respond to all complaints within 24 hours. Complaints cannot be done anonymously in this facility.

Number of Complaints

NOTE: Grievances filed in 2000, 2001, and 2004 could not be located for this study. *(FACILITY RESPONSE: Our procedure for grievances had been that we retained them in the juveniles' individual detention files. Because of this procedure we found ourselves digging in the storage room in each file of those youth that had aged out of the juvenile system, as well a going through current files. We have put a new procedure in place that will allow us to access one file.)* However, the procedure has changed to maintain better records, including the creation of a master complaint file.

	Count	Percent
Total Number of Complaints Received:	4	100%
Past Complaints January 1, 2000 – December 31, 2005	3	75.0%
Forwarded Complaints Jan 1, 2006 – September 30, 2006	0	0.0%
Complaints Received by NICRP Jan 1, 2006 – September 30, 2006	1	25.0%

Average Response Times for Complaints (in Days)

	Average # Days	Range (Min-Max)
Average Response Time – Overall	3.5	1-6
Average Response Time - Past Complaints January 1, 2000 – December 31, 2005	1	1-1
Average Response Time - Forwarded Complaints Jan 1, 2006 – September 30, 2006	N/A	N/A
Average Response Time – Received by NICRP Jan 1, 2006 – September 30, 2006	6	6-6

Type of Complaint

Complaints were placed into broad categories based on the topics determined by the Subcommittee's original request.

	Count	Percent
Health Anything having to do with a child's physical or mental health. These include nutrition and exercise, medical care, medication administration and attention pertaining to illness or injury.	0	0.0%
Safety Anything having to do with the physical safety of the children. These include physical security and staffing issues, physical restraint, appropriate placement within the facility, and physical environment, including cleanliness as well appropriate and working facilities and equipment.	1	25.0%
Welfare Anything having to do with the general well being of the child. These include emotional issues and may include such things as the way that staff interacts with children on a daily basis, punishments, education, and wellness activities.	3	75.0%
Treatment This term is defined in terms of a treatment program not necessarily how a child is "treated" on a daily basis. These include issues of access to counseling (mental health and substance abuse) resources, issues relating to a resident's actual treatment plan and how youth are able to progress through a facility's program.	0	0.0%
Civil and Other Rights This includes things pertaining to not only a child's civil rights, but also their rights as human beings. This would also include any rights within a particular facility that the youth are granted as explained to them in orientation.	0	0.0%
Privileges This category was added for complaint analysis because there are complaints received about not getting things that are deemed privileges and are earned and are not a right, or do not affect their health, safety, welfare, or treatment.	0	0.0%
Other This category includes all issues not easily placed into the above six groups.	0	0.0%
Unknown Unknown complaints occurred in situations where there was a resolution and no grievance attached, or the grievance was illegible.	0	0.0%

Sub-Categories of Complaints

All complaints were further analyzed independent from their resolutions and coded into 11 categories to help researchers understand the nature of the complaint in greater depth. Complaints may fall into more than one category, and so percents will not add up to 100%. Answers were Yes-No-Unknown for each question, and only Yes answers are reported here. Unknown was only selected in situations where the grievance was not attached or was illegible. The percent demonstrates the percent in each sub-category out of the total number of complaints received.

	Count	Percent
Physical Harm	1	25.0%
Lack of Supervision	1	25.0%
Inappropriate verbal contact by staff	3	75.0%
Inappropriate verbal contact by another youth	1	25.0%
Inappropriate physical contact by staff	1	25.0%
Inappropriate physical contact by another youth	0	0.0%
Sexual in nature	0	0.0%
Disagreement with staff/administrative decision	0	0.0%
Medical in nature (medication, doctors visits, etc)	0	0.0%
Differential treatment by staff	1	25.0%
Unsatisfactory physical environment	0	0.0%

Categories of Response

Responses were also coded separately from the complaint in order to further understand the level of response from administration.

	Count	Percent
Action-Oriented A response that indicates that the facility did something in response to this complaint such as counseling, policy change, termination, or new placement.	3	75.0%
Explanatory A response where the facility only provides an explanation for the complaint, or the circumstances of the complaint and no action is indicated.	0	0.0%
Unknown If the facility did not attach a response to a grievance or the response was illegible, the response was coded as unknown.	1	25.0%

POLICIES AND PROCEDURES

Northeastern Nevada Regional Juvenile Detention Center provided NICRP with a 154 page policy and procedure manual. The manual is divided into nine main headings: Administration; Admissions, Transfers, Releases; Juveniles Rights, Rules, Discipline; Security, Control and Crisis Situations; Programs; Medical and Health; General Staff Duties; Job Performance Standards; and Duties and Responsibilities of Detention Officers.
Last date of revision: Unknown

Health

Assessments

- The "Booking Procedure" of the "Admissions, Transfers, Releases" section states that the booking officer shall complete a 'Medical Questionnaire' which the juvenile must sign. If the juvenile indicates that he/she is taking medications, the parent or guardian must bring the medication to the facility and sign a "Medication Release" form.
- The "Medical and Health" section states that when a juvenile is booked, "a full health screen will be completed."

Nutrition & Exercise

- The "Food Service and Nutrition" section outlines the nutrition policies for the facility. The policy states that juveniles are to be provided with three wholesome and nutritionally adequate meals and two snacks per day. The policy further provides that "juveniles cannot be denied meals or snacks as a form of discipline." Special diets due to medical conditions or for religious purposes will be accommodated – preferably with written documentation.
- The "Programs" section of the manual provides that each juvenile is to receive one hour of physical exercise or recreation every day, unless restricted by the court or for medical reasons. Juveniles on "limited activity" or "lock up threat" status will be given 30 minutes of exercise twice a day.

Access to Medical Care

- The "Admissions, Transfers, Releases" section contains a subpart which provides that "a juvenile who appears to be extremely intoxicated, seriously ill, unconscious, dazed or obviously in need of medical treatment shall not be admitted until a medical clearance has been obtained."
- The "Medical and Health" section provides that a first aid kit and medical supplies will be located in the medical examination room. Blood spill kits and emergency air-ways will be located in the control room, medical room and probation department.
- The "Medical and Health Care" section provides that psychiatric assessments are available 24 hours a day, 7 days a week through a request to the Family Court Therapist.

Administration of Medication

- The section entitled "Detention Logs" contains a subsection "Medication Log" which provides that the administration of prescription and over the counter medication to juveniles must be logged and that "no medication will be issued without a release to administer medication is signed by the parent or guardian."

- The "Medical and Health" section states that "all medications must be authorized by a physician, with appropriate instructions included" and that "no over the counter drugs will be accepted unless there is prior approval from the parent/guardian or assigned probation officer and usage is deemed medically necessary by the Shift Supervisor/Senior on duty." "All prescription medication will be dispensed by the Shift Supervisor/Senior." The manual provides procedures on preparing, dispensing and logging all medications given to juveniles. All medication is to be locked in the medicine cabinet when not being used. Non-prescription medications may be dispensed as needed but must also be logged.

Communicable Diseases

- The "Security, Control and Crisis Situations" section provides that juveniles with suspected or diagnosed contagious diseases or infection are to be classified "medical isolation" and remain in the Medical Isolation area.
- The "Medical and Health Care" section also provides that there is a "negative air flow room" and hippo filter masks available to protect others from infectious disease.

Safety

Physical Environment

- The "Maintenance and Repair" section states that "the Detention facility will be maintained in a clean condition and good repair." This section also assigns responsibility to certain staff for conducting nightly security checks of the facility.
- The "Food Service and Nutrition" section provides that the facilities food service areas shall comply with Elko County / Nevada State Health Department standards for sanitation and food storage and handling. All staff are responsible for inspecting the area for safety and security violations. Additionally, certain high risk juveniles will not be eligible to work in the kitchen.
- The "Security, Control and Crisis Situations" section provides that perimeter checks will take place during each shift and that specified shifts will check all building doors and locks at specified times. Fences and gates are to be checked prior to any groups going outside, as well as daily by a specified shift.
- The "Security, Control and Crisis Situations" section states that all flammable, toxic and caustic materials and tools must be "kept in the locked storage area out of the reach of detained juveniles."

Emergency Procedures

- The "Emergency Telephone Numbers" section on page 15 provides that a maintained and updated list of emergency numbers will be kept on the desk in the Control Room.
- The "Power Failure" section provides that the facility has an emergency generator which will provide minimal lighting in the event of a power outage.
- The "Security, Control and Crisis Situations" section contains procedures for the following events: Fire Alarms and Evacuation Due to Emergency Situations – fire and bomb threats. Fire extinguishers are to be inspected monthly and serviced annually or when used.
- This section also includes procedures in the event of a riot, which includes calling in the Juvenile Probation Department and/or Police as needed, as well as using physical restraint and/or O.C. spray to bring the situation under control.

- The procedures to use in the event of an escape are also provided in the "Security, Control and Crisis Situations" section.

Placement

- The "Admissions, Transfers, Releases" section contains a subsection, "Juvenile Populations" which provides, in part, that in the event the facility goes over maximum capacity, "the decision on where to house juveniles will be based on whether or not the juvenile is a security risk, has medical problems, age, attitude, violence and arrest history."

Staffing

- NO INFORMATION PROVIDED

Physical Restraint and Use of Force

- The guidelines regarding "Juvenile Discipline" in the "Juveniles Rights, Rules and Discipline" section states that "corporal punishment or cruelty in any form is forbidden." Furthermore, the "use of physical restraint is prohibited unless necessary for the protection of self, staff or juveniles."
- The "Security, Control and Crisis Situation" section provides that "physical force will not be used in those cases where compliance can be obtained through other means. When physical force is used, staff must escalate or de-escalate the use of force accordingly as the juvenile's resistance changes." Physical force should only be used to prevent harm to the juvenile, other juveniles, or staff, or to prevent escape.
- That section further provides the facilities' policy on mechanical restraints. When possible, soft restraints should be used. Restraints are only to be used as a means to control a juvenile when other means have been unsuccessful. Restraints are not to be used as discipline. Restrained juveniles must be checked "at least every 15 minutes to ensure that the restraints are not hampering circulation and to determine if a juvenile's behavior or emotional state is such that restraints can be safely removed."
- The aerosol agent, Capstun, may also be used by trained and certified staff in the event of an emergency. This section provides detailed procedures for the use and storage of aerosol agents in the facility.

Suicide Prevention

- The "Food Service and Nutrition" section provides, in pertinent part, that juveniles classified as suicidal (any type) will not be allowed to work in the kitchen area of the facility.
- The "Booking Procedures" state that "the initial period of detention for juveniles is a period of high risk where suicides are most likely to occur. All juveniles should therefore be observed as frequently as possible during this period and never at a rate less than every 15 minutes."
- The "Security, Control and Crisis Situation" section provides that "those juveniles with diagnosed suicidal tendencies by a mental health professional, juveniles who have made actual attempts, or verbal threats, or juveniles who staff have a 'gut feeling' that they may be suicidal will be [visually] checked at five minute intervals." That section additionally provides that "it is the responsibility of the detention Shift Supervisor/Senior to take whatever action is reasonably necessary to maintain the health and safety of juveniles in custody at the [facility] and to maintain constant sight supervision of juveniles exhibiting life threatening suicidal behavior."

- The "Security, Control and Crisis Situation" section also contains a subsection specifically outlining the procedures in the event of suicides and attempted suicides. This includes procedures for hangings, attempts involving bleeding, as well as poisoning/drug overdose attempts. The section further outlines procedures in the event of a successful suicide attempt. Any staff that receive information from any source indicating that a juvenile may be suicidal is to report that information to the Shift Supervisor/Senior for action. Evaluations are to be ordered immediately on any juvenile who claims to be suicidal. A psychologist or psychiatrist must make the determination that a juvenile can be taken off of suicidal status.

Welfare

Education

- The "Programs" section of the manual provides that school attendance is mandatory for all juveniles and that the school program is administered and financed by the local school district. The policy provides that "the goal of the school program is to provide structure to the juvenile's day and give him/her guided activity with an educational basis." Furthermore, the education program "does not aim to keep the juvenile current with his/her regular school studies, but it does so whenever possible."

Staff & Youth Interactions

- The "Admissions, Transfers, Releases" section contains a subsection entitled "Abused, Neglected and Abandoned Children" which states that all detention staff are mandatory reporters for child abuse and neglect. This section outlines the policies for filing a report of actual or suspected incidents.
- The "Orientation" subsection of the "Juveniles Rights, Rules and Discipline" section states that detention officers' duties involve casework services which include "orienting each juvenile to the rules of the facility…[and] assisting the juvenile in contacting his/her parents, attorney, clergy, counselor, or probation officer." However, "discussion of the juvenile's case is the responsibility of the juvenile's probation officer."
- The "General Staff Duties" section provides that "no detention officer will enter the room of a juvenile without the presence of another detention officer."

Behavioral Control Systems

- Disciplinary procedures are outlined in the "Juveniles Rights, Rules and Discipline" section. The subsection on juvenile discipline strictly prohibits certain types of control mechanisms, including: excessive physical exercise; restriction of food, sleep and/or medical care; physical restraint, unless necessary for protection; humiliation; obscene language; or psychological intimidation. Juveniles may be given a "corrective room restriction" (being restricted to his/her room) as a means of punishment, but may only be used after less restriction action fails. Any restriction beyond two hours requires an incident report and any restriction over eight hours requires approval of the Detention Director or the Chief Juvenile Probation Officer.
- Juveniles with continued disciplinary problems or those identified as threats to safety may be placed on Limited Activity (LA) or Lock Up Threat (LUT) Status. These juveniles will receive at least 30 minutes of exercise per day, meals will be served in their

dayrooms and school assignments will be done in their dayroom. The policy also provides the standards for being removed from the restrictive status.

Treatment

Treatment Plans

- NO INFORMATION PROVIDED

Behavioral Treatment

- NO INFORMATION PROVIDED

Substance Abuse Treatment

- The "Medical and Health" section states that "under no circumstances will a juvenile be accepted who appears to need detoxification for alcohol or drugs."

Mental Health Treatment

- The "Medical and Health Care" section provides that psychiatric assessments are available 24 hours a day, 7 days a week through a request to the Family Court Therapist.

Civil and Other Rights

Grievances/Complaints

- The "Juveniles Rights, Rules and Discipline" section outlines the policies and procedures for grievances. Juveniles are encouraged to first speak to the Officer involved. If that is not successful, the juvenile may put the grievance in writing and submit it to the Shift Supervisor/Senior. The Shift Supervisor/Senior will then speak with the juvenile and Officer involved and put the response in writing. The juvenile may appeal this decision to the Director. The decision of the Director, in consultation with the Chief Probation Officer, is final.

Awareness

- The "Booking Procedure" provides that all juveniles shall be given a copy of the "Miranda Rights" form and the "Juvenile Detention Rules" book. Juveniles must sign to acknowledge that they have read and/or understand both.

Protection of Rights

- The section entitled "Confidentiality of Records and Information", located on page 6, provides reference to Nevada Revised Statutes which cover the release of information and records regarding juveniles. The policy provides that "it is the responsibility of all employees…to ensure compliance with all statutory provisions concerning the confidentiality of information…"
- The "Juvenile's Telephone Calls" section, located on page 13, provides that youth are entitled to one telephone call to a parent or guardian upon intake and additional calls every 48 hours. Calls to and from attorneys, clergyman, caseworkers and employers are permitted "as long as they are of reasonable duration and time of day as determined by staff." Probation Officers may allow additional calls as necessary. Requests to speak with Probation Officers will be made in writing and these contacts will be made within 24 hours, exclusive of weekends and holidays.

- The "Juvenile Discipline" part of the "Juveniles Rights, Rules and Discipline" section provides that "a juvenile's basic rights such as food, sleep, and medical care may never be restricted."
- The "Juvenile's Rights, Rules and Discipline" section enumerates 13 rights afforded to juveniles detained in the facility. The first right is to a "safe and caring environment" which includes: protection from abuse, injury, disease, corporal punishment, harassment, harm, humiliation, intimidation. This right also provides that juveniles have the right to: respect and fairness; be informed of rules; daily exercise; nutritious meals; clean & safe environment; proper clothing; and medical and dental care. The other rights listed include: access to courts; access to legal counsel; no discrimination based on race, religion, national origin, sex or physical handicap; reasonable communication with parents/guardians via visits, phone and mail; grieve/complain without repercussion; and visits with clergy of their faith.

FACILITY SUMMARY

Washoe County Juvenile Detention Center
Reno, NV

Washoe County Juvenile Detention Center
(Jan Evans Juvenile Justice Center/ Wittenberg Hall)

Mailing Address:
P.O. Box 11130
Reno, NV 89520

Physical Address:
650 Ferrari McLeod Blvd
Reno, NV 89512

Ph: 775-325-7800

Facility Contact:
Robert Coleman, Detention Manager
Email: bcoleman@washoecounty.us

General Facility Information

Type of Facility: Detention (Short Term)

Funding of Facility: Government - County

Facility Max Capacity: 108

Staff to Child Ratio: **Daytime:** 1:9 **Nighttime:** 1:16

No. of Staff Employed: 80 **Full Time:** 50 **Part Time/On Call:** 30-35

Age Range Accepted: 8-18

Average Length of Stay: 13.7 days

Security Level: Locked

Average Daily Population: 73.3

2005 Facility Demographics

		Percent of Population by Race/Ethnicity		Percent of Population by Types of Offense	
Total Number of Residents:	1905	**African American**	9.2%	**Person Offenses**	25.9%
Average Monthly Population:	74.7	**Hispanic**	29.4%	**Violation Offenses**	18.3%
Percent Male:	71.9%	**Asian/Pacific Islander**	2.6%	**Property Offenses**	14.8%
Percent Female:	28.1%	**American Indian/Alaska Native**	2.5%	**Public Order**	13%
Average Age:	15.3	**White**	56.3%	**Other** (Status, Administrative, Drug Related, Traffic)	28%

SITE VISIT SUMMARY

Information in this section comes from the tour given at the facility and conversations with staff and youth in the facility.

NICRP Facility Visit

Date: March 14, 2006

Arrival Time: 9:30 AM **Departure Time:** 2:00 PM

Number of Interviews Conducted: 13 **Administrator:** 1
Staff: 3
Youth: 9

Population (Day of Visit): 81 **Males:** 61 **Females:** 20

Under 12: 2 (age 12)

Washoe County Juvenile Detention is a 108-bed secure detention facility operated by Washoe County. The facility has the capacity to expand to 144 beds if needed. The Detention Center (previously known as Wittenberg Hall) is a part of the 2-year-old Jan Evans Juvenile Justice Center which opened in May 2004. The Jan Evans Center is the one-stop-shop for juvenile justice in Washoe County. The detention center is co-located with the juvenile court and the probation department. The Detention Manager for this facility is a member of the Silver State Juvenile Detention Association, which is a professional organization for Detention Administrators to meet and discuss best practices in detention management.

The tour was conducted by the Division Director for Detention Services prior to her retirement. The facility was designed architecturally and interior-designed with youth development in mind. The facility is well equipped technologically with cameras, monitors and intercoms from the staff control area to the cells. There is a public entrance and a secured entrance for law enforcement to bring offenders into booking.

There are three 36-bed units in the detention center, with three 12-bed pods in each unit for easier management of the residents. Each unit has a central control room, and each secured pod has space for youth to be out of their cells. All chemicals, medications and personal hygiene items are located in the central control area of each pod. Each unit opens onto a large oval hallway which is monitored by camera so that individual youth are able to move by themselves while being watched. The nurse's office, the cafeteria and kitchen, a youth library, classrooms and gym open off this oval hallway.

The kitchen is a commercial kitchen with a large dining area. Menus are developed by a certified food manager who uses the federal school lunch guidelines to create meals. All meals are prepared on site and any special dietary concerns are taken into account and accommodated.

The center of the oval is an outdoor recreation yard that is used as weather permits. The classrooms utilize the Plato learning system, a computer-based curriculum that provides individualized basic skills instruction. Detainees rotate between different classes and classrooms in an attempt to make the environment as much like their regular middle or high school as possible. The facility utilizes a token economy program that functions on staff assigned points and scores for behavior, hygiene, school performance, etc.

There are many programs available to the youth in this facility. Facility staff develops and delivers interactive programs on a weekly basis. The facility also utilizes purchased programs on race relations, anger management, ending abuse and female empowerment. Detention also utilizes community resources to educate youth with the following programs: Planned Parenthood, Sierra Art's, Victim Impact Panel, Alcohol and Narcotic Anonymous, and the Prisoner Awareness Program. Also, in the past year facility staff has been trained in two evidence-based practices: Aggression Replacement Training (ART) and Thinking for Change. The facility staff is now providing training to all the youth in the facility in these two evidence-based practices. They have a religious program that consists of a Chaplin and voluntary church services on Sunday and bible study during the week.

COMPLAINTS

Description of the Process

The grievance procedure at Washoe County Juvenile Detention Center was changed in March 2003 to further encourage residents to utilize the grievance process and to provide written documentation of the resolutions to the grievances. The youth are encouraged by staff to write grievances and place them in designated grievance boxes. The Detention Manager is responsible for managing complaints. Every complaint is reviewed and resolved by the Detention Manager on a daily basis. The kids are told in orientation what their rights are and how to file the grievances. The Detention Manager will interview youth and staff involved in the grievance as a part of his resolution process. As of March 2003, the Detention Manager responds to all grievances in writing. Grievances prior to March 2003 do not have written documentation of the resolution. The Director of Detention Services reviews the resolutions in daily reports and is able to ask for further investigation if needed. For allegations of abuse or neglect, reports are filed with local Child Protective Services or local law enforcement.

Number of Complaints

	Count	Percent
Total Number of Complaints Received:	677	100%
Past Complaints January 1, 2000 – December 31, 2005	610	90.1%
Forwarded Complaints Jan 1, 2006 – September 30, 2006	64	9.5%
Complaints Received by NICRP Jan 1, 2006 – September 30, 2006	3	0.4%

Average Response Times for Complaints (in Days)

	Average # Days	Range (Min-Max)
Average Response Time – Overall	4.43	0-99
Average Response Time - Past Complaints January 1, 2000 – December 31, 2005	3.7	0-99
Average Response Time - Forwarded Complaints Jan 1, 2006 – September 30, 2006	8.9	0-86
Average Response Time – Received by NICRP Jan 1, 2006 – September 30, 2006	9.7	8-13

Type of Complaint

Complaints were placed into broad categories based on the topics determined by the Subcommittee's original request.

	Count	Percent
Health Anything having to do with a child's physical or mental health. These include nutrition and exercise, medical care, medication administration and attention pertaining to illness or injury.	67	9.9%
Safety Anything having to do with the physical safety of the children. These include physical security and staffing issues, physical restraint, and physical environment, including cleanliness as well appropriate and working facilities and equipment.	44	6.5%
Welfare Anything having to do with the general well being of the child. These include emotional issues and may include such things as the way that staff interacts with children on a daily basis, punishments, education, and wellness activities.	326	48.2%
Treatment This term is defined in terms of a treatment program not necessarily how a child is "treated" on a daily basis. These include issues of access to counseling (mental health and substance abuse) resources, issues relating to a resident's actual treatment plan and how youth are able to progress through a facility's program.	54	8.0%
Civil and Other Rights This includes things pertaining to not only a child's civil rights, but also their rights as human beings. This would also include any rights within a particular facility that the youth are granted as explained to them in orientation.	87	12.9%
Privileges This category was added for complaint analysis because there are complaints received about not getting things that are deemed privileges and are earned and are not a right, or do not affect their health, safety, welfare, or treatment.	58	8.6%
Other This category includes all issues not easily placed into the above six groups.	41	6.1%
Unknown Unknown complaints occurred in situations where there was a resolution and no grievance attached, or the grievance was illegible.	0	0.0%

Sub-Categories of Complaints

All complaints were further analyzed independent from their resolutions and coded into 11 categories to help researchers understand the nature of the complaint in greater depth. Complaints may fall into more than one category, so percents often will not add up to 100%. Answers were Yes-No-Unknown for each question, and only Yes answers are reported here. Unknown was only selected in situations where the grievance was not attached or was illegible. The percent demonstrates the percent in each sub-category out of the total number of complaints received.

	Count	Percent
Physical Harm	11	1.6%
Lack of Supervision	1	0.1%
Inappropriate verbal contact by staff	128	18.9%
Inappropriate verbal contact by another youth	27	4.0%
Inappropriate physical contact by staff	14	2.1%
Inappropriate physical contact by another youth	16	2.4%
Sexual in nature	7	1.0%
Disagreement with staff/administrative decision	478	70.6%
Medical in nature (medication, doctors visits, etc)	26	3.8%
Differential treatment by staff	108	16.0%
Unsatisfactory physical environment	61	9.0%

Categories of Response

Responses were also coded separately from the complaint in order to further understand the level of response from administration.

	Count	Percent
Action-Oriented A response that indicates that the facility did something in response to this complaint such as counseling, policy change, termination, or new placement.	91	13.4%
Explanatory A response where the facility only provides an explanation for the complaint, or the circumstances of the complaint and no action is indicated.	499	73.7%
Unknown If the facility did not attach a response to a grievance or the response was illegible, the response was coded as unknown.	87	12.9%

POLICIES AND PROCEDURES

Wittenberg Hall provided NICRP with a 187 page manual which includes the policies and procedures of the facility. The juvenile's rights and discipline was also provided within the manual. The sections included in the manual are: Administration; Admissions-Transfers-Releases; Juvenile Rights, Rules and Discipline; Security, Control, and Crisis Situations; Programs; Medical and Health; General Staff Duties; Job Performance Standards; Duties and Responsibilities of Shift Supervisor/Senior; and Duties and Responsibilities of Youth Advisor. ***Last date of revision: January 2006***

Health

Assessments

- The Admissions-Transfers-Releases section, subsection "Initial Intake Process" states that a medical assessment will be completed once the juvenile enters the facility and all information will be logged.
- Per title Juvenile Rights, Rules and Discipline, subsection "Orientation Program" staff will conduct counseling and MAYSI testing for all new juveniles in the facility.

Nutrition & Exercise

- The Administration section, subsection "Food Service and Nutrition – Juvenile and Staff Meals" provides that the juveniles receive "a wholesome & nutritionally adequate diet in compliance with the school lunch and breakfast (Nutri-Kids) program. A minimum of three meals and one snack per day. A minimum of twenty minutes to eat each meal." Juveniles will not be denied food as discipline. Special diets will also be given to those requiring special menus for health or religious needs.
- Programs, subsection "Recreation Programs" states "every juvenile detained at Wittenberg Hall will receive a minimum of one hour of physical exercise or recreation daily" unless court ordered.

Access to Medical Care

- Per the Administration section under "Detention Log" subsection, medical problems and treatment will be logged daily.
- Title Medical and Health, subsection "Medical Services" states that juveniles in need of medical care will be transported to the doctor or hospital assuming there is enough staff. If there is not enough staff, the probation officer will help with transportation. First Aid equipment will be on hand.

Administration of Medication

- Title Medical and Health, subsection "Prescription Medication" provides that juveniles with receipt for medication will be taken and verified with the person who wrote the prescription. Medication is locked in the prescription medication locker located in the facility pharmacy. "No over the counter drugs will be accepted unless there are written instructions from the juvenile's physician." "The Shift Supervisor, Shift Senior, their designee, or the nurse will dispense all prescription medication." Medical attention will be sought immediately in the case of medication errors.

Communicable Diseases

- NO INFORMATION AVAILABLE

Safety

Physical Environment

- The Administration section, subsection "Location/Physical Description" states that the facility is equipped for 108 single sleeping beds.
- Title Security, Control and Crisis Situations, subsection "Use of Flammable, Toxic, Caustic Materials and Tools" provides those procedures to be used when handling and storing these types of items. Any juveniles using these items must be in direct supervision of staff. "Staff must ensure that all such items are kept in a locked storage area out of the reach of detained juveniles."
- Title Administration, subsection "Confidentiality of Records and Information" provides that "all employees of the Department of Juvenile Services [must] ensure compliance with all statutory provisions concerning the confidentiality of information obtained on all juveniles" according to N.R.S. 62G.170, N.R.S. 62D.010, N.R.S. 62D.440, N.R.S. 62H.020, N.R.S. 62H.030, and N.R.S. 62H.040.

Emergency Procedures

- The Administration section, subsection "Power Failure" states that the facility is equipped with an emergency generator in the case of a power failure.
- The Administration section, subsection "Detention Logs" provides that any escapes/attempted escapes, and fire alarms will be logged daily.
- The Security, Control and Crisis Situations, subsection "Fire Alarms" outlines the procedures to follow when a fire alarm sounds including evacuation procedures. Evacuation procedures are also to be followed in explosions, gas/toxic fumes, earthquakes, structural damage, and "failure of mechanical equipment to provide life, fire, and safety."
- Title Security, Control and Crisis Situations, subsection "Evacuation due to Bomb Threat" provides specific procedures to follow in the case of a bomb threat.
- Title Security, Control and Crisis Situations, subsection "Riots" outlines the procedures to be used in a riot situation.
- Title Security, Control and Crisis Situations, subsection "Escape" outlines the procedures to be used in an escape situation.

Placement

- The Admissions-Transfers-Releases section, subsection "Initial Intake Process" and "Room Assignment" outlines the placement of the child. "Prior sexual misconduct, gang affiliation, and history of violence" are taken into consideration.

Staffing

- The Administration section, under subsection "Shift Briefing Notes," all communication between shifts will be logged in the shift briefing notes.
- Administration section, under subsection "Shift Responsibilities" details the daily actives to be completed by staff including "all staff are responsible for general room checks to be

conducted at least once every fifteen minutes for all juveniles while in their rooms, and every five minute for suicidal juveniles not on camera."

- Title Security, Control and Crisis Situations, subsection "Security and Supervision in General" outlines the general guidelines and practices staff should initiate each working day.

Physical Restraint and Use of Force

- The Security, Control and Crisis Situations, subsection "Transporting Juveniles" states that juveniles being transported will be handcuffed.
- The Security, Control and Crisis Situations, subsection "Escorting Juveniles" states that staff certified to carry O.C. spray should carry spray while outside.
- Title Security, Control and Crisis Situations, subsection "Physical Force" outlines the use of force stating staff "must consider the Range of Force Continuum as taught in Defensive Tactics training." Staff only may use the extent and duration of force necessary and may only be used for self-defense, preventing escapes, protect juveniles, staff, and public.
- Security, Control and Crisis Situations, subsection "Mechanical Restraints" outlines the use of soft and mechanical restraints. "Whenever possible, soft restraints will be used." "Restraints will never be used as a disciplinary measure."
- The Security, Control and Crisis Situations, subsection "Aerosol Agents" describes the use of Capstun which is only used by staff who "have satisfactorily completed the department's aerosol weapons training course and have completed a re-certification course yearly." Aerosol agents may only be used when a juvenile attacks staff.

Suicide Prevention

- The Administration section under subsection "Detention Logs" any attempted suicides will be logged daily.
- Administration section, under subsection "Shift Responsibilities" room checks should be done "every five minute for suicidal juveniles not on camera."
- Title Security, Control and Crisis Situations, subsection "Suicide" provides that "in all cases of suicide attempts, medical and mental health attention will be sought immediately." Furthermore, "in the case of hanging, the juvenile is to be taken down and vital signs are to be checked and noted. CPR and mouth-to-mouth resuscitation should be initiated immediately when the juvenile is not breathing." In the case of bleeding, precautions must be taken to keep from passing possible communicable diseases. Cases of poisoning and drug overdose transportation to the hospital are mandatory. In cases of successful suicide, an investigation will be conducted. In cases where suicide was attempted but not completed, psychologists/psychiatrists will be contacted. "Any information received about a juvenile which would indicate the juvenile is a potential suicide risk is to be relayed to the Shift Senior and noted in the log book, briefing log, and census. He/she is responsible for implementing the procedure for potentially suicidal juveniles."

Welfare

Education

- The Juvenile Rights, Rules and Discipline, subsection "School Rules" states juveniles "will attend school in this facility."
- Programs, subsection "School Program" outlines the procedures for school at the facility. School is mandatory for all juveniles detained at the facility. "The curriculum is a generalized program centered on basic educational skills, current events, Drug and Alcohol education, social skills, basic skills and topics of general interest." Juveniles may earn credit through the Washoe High School. GED classes may be held for some juveniles.

Staff & Youth Interactions

- NO INFORMATION AVAILABLE

Behavioral Control Systems

- The Juveniles Rights, Rules and Discipline, subsection "Juvenile Discipline" outlines all rules and regulations along with corresponding punishments (including but not limited to room restriction, limited co-ed recreation, limited television time, etc.). "Corporal punishment or cruelty in any form is forbidden. Violations of this rule will be grounds for immediate dismissal, suspension, or reprimand, and could result in Court prosecution." Also, "a juvenile's basic rights such as food, sleep, and medical care may never be restricted."
- Juvenile Rights, Rules and Discipline, subsection "Token Economy Program" outlines the program utilized at the facility in which youth receive points for good behavior and removal of points for bad behavior. Points earn privileges. Youth may not grieve token economy points.
- The Security, Control and Crisis Situations, subsection "Classification System" states that "an important tool in controlling and modifying the behavior of detained juveniles" is the classification system where juveniles are placed in categories "denoting degrees of observation and supervision" by staff. Classifications are outlined in this subsection including suicide classifications, restriction classifications, etc.

Treatment

Treatment Plans

- NO INFORMATION AVAILABLE

Behavioral Treatment

- NO INFORMATION AVAILABLE

Substance Abuse Treatment

- NO INFORMATION AVAILABLE

Mental Health Treatment

- Section Medical and Health Care, subsection "Emergency and Non-Emergency Psychiatric Evaluations and Hospitalization" provides that assessments "are available on a 24 hour a day, 7 days a week, basis." There is an on-call mental health evaluator. Some

cases require emergency mental health and juveniles may be placed through state agencies to "Adolescent Treatment Center" or "Children's Behavioral Services."

Civil and Other Rights

Grievances/Complaints

- Under the Juvenile Rights, Rules, and Discipline, subsection "Juvenile Rights" states "juveniles may pursue a grievance if they feel their rights have been violated."
- The Juvenile Rights, Rules, and Discipline, subsection "Complaints" provides that juveniles may grieve disciplinary action that the juvenile feels was unjust or conditions juveniles feel are unacceptable. The subsection outlines how juveniles may file these grievances and the process which grievances go through. "There is no punishment for filing complaints." The token economy scoring system may not be grieved.
- Under the Juvenile Rights, Rules and Discipline, subsection "Grievances" the complaint process is defined and also another outlining of the grievance process is given.

Awareness

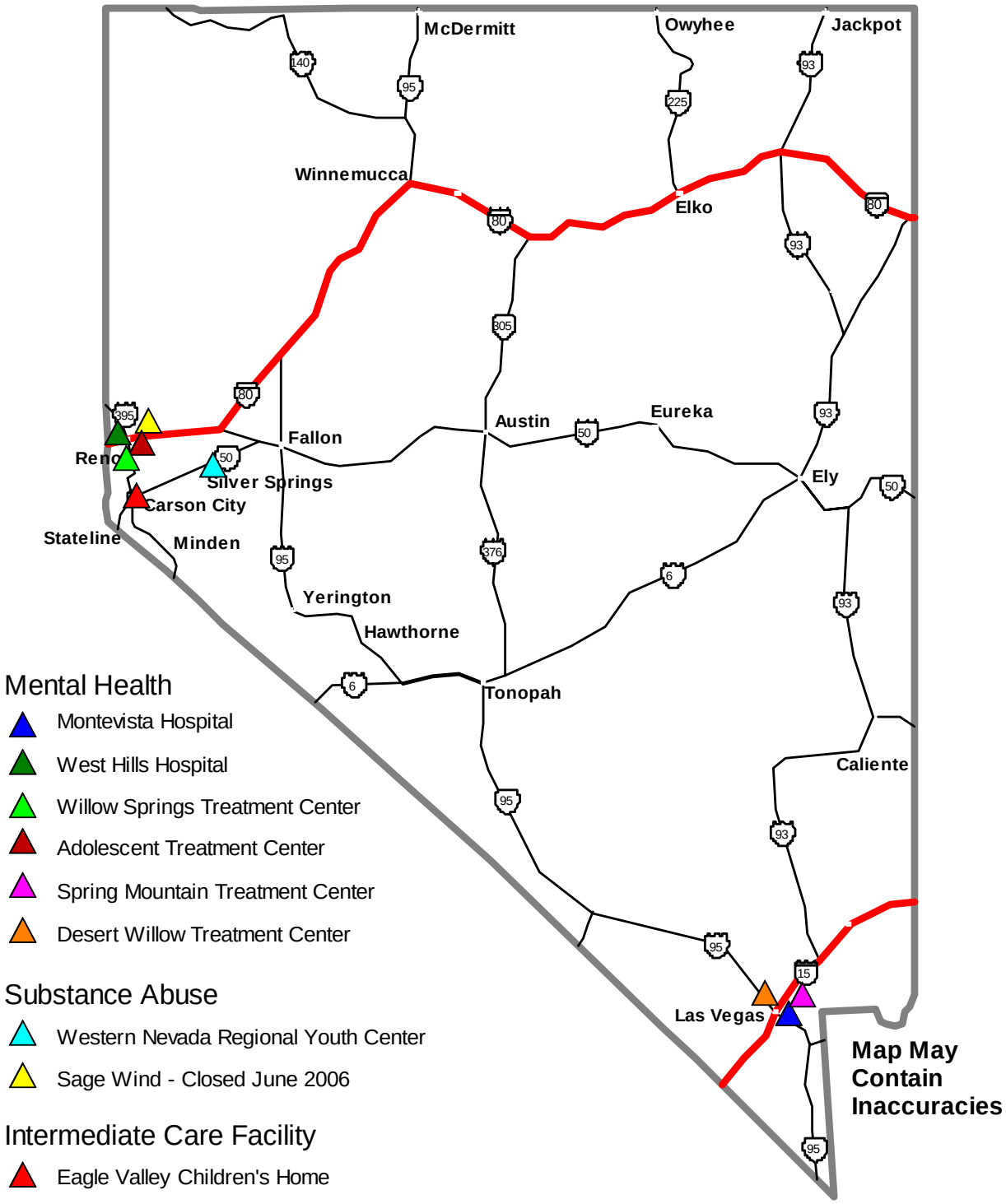
- Under Admissions-Transfers-Releases section, under "Booking Procedure" subsection, "juveniles are given Rights forms, and if understood are requested to sign" during admission. The juveniles may refuse to sign but they must sign the refusal form.
- Per Juvenile Rights, Rules and Discipline, subsection "General Rules" a list of what is expected of juveniles as well as what is not allowed will be given to each entering juvenile. This includes dining hall rules, dress codes, violations of rules, and room rules.

Protection of Rights

- Under the Juvenile Rights, Rules, and Discipline, subsection "Juvenile Rights" outlines the rights of juveniles. Juveniles are afforded the right of equal opportunity, a healthy and orderly place to live, a safe and caring environment free from abuse, daily exercise, the right to send and receive mail and phone calls along with family visitations, pursue rights within the Court system, access to legal representation, and visitation from clergy.
- Section Admissions-Transfers-Releases, subsection "Searches" states that in order to maintain security of the facility "searches of detainees and the facility will be conducted when there is reasonable suspicion that the security of the facility is endangered or that a detainee is in possession of contraband, weapons, or evidence." The subsection outlines procedures used in all 3 types of searches.
- The Juvenile Rights, Rules and Discipline, subsection "Outside Recreation Rules" outlines the rules juveniles are expected to follow during recreation time.
- The Administration section, subsection "Smoking – Giving Cigarettes to Juveniles" states that giving cigarettes to minors is a misdemeanor and any staff found giving cigarettes may be criminally prosecuted.
- The Juvenile Rights, Rules and Discipline, subsection "Time-Out Request" states that juveniles have the right to ask for a "time-out" when they are feeling irritable and/or need time away from the group. This subsection outlines the times juveniles may not request a time-out.

Treatment Centers

(Mental Health, Substance Abuse, Intermediate Care)



FACILITY SUMMARY

Adolescent Treatment Center
Reno, NV

Adolescent Treatment Center

Mailing Address:
480 Galletti Way Bldg. 8-A
Sparks, NV 89431

Physical Address:
480 Galletti Way Bldg. 8-A
Sparks, NV 89431

Ph: (775) 688-1633

Facility Contact:
Kelly Wooldridge, Clinical Program Manager
Email: kwooldridge@dcfs.state.nv.us

General Facility Information

Type of Facility: Mental Health Treatment

Funding of Facility: Government - State

Facility Max Capacity: 16

Staff to Child Ratio: **Daytime:** 1:4 **Nighttime:** 1:8

No. of Staff Employed: 21 **Full Time:** 21 **Part Time:** 0

Age Range Accepted: 12 to 17

Average Length of Stay: 137 days

Security Level: Staff Secure

Average Daily Population: 10 -16

2005 Facility Demographics

		Percent of Population by Race/Ethnicity		Percent of Population by Reason for Placement	
Total Number of Residents:	38	**African American**	2.7%	Bi-Polar Disorder	32%
Average Monthly Population:	11.75	**Hispanic**	16.2%	Major Depressive Disorder	21%
Percent Male:	47%	**Asian/Pacific Islander**	2.7%	Depressive Disorder	13%
Percent Female:	53%	**American Indian/Alaska Native**	0	Mood Disorder	10%
Average Age:	15.2	**White**	78.9%	Post-Traumatic Stress Disorder	5%

SITE VISIT SUMMARY

Information in this section comes from the tour given at the facility and conversations with staff and youth in the facility.

NICRP Facility Visit

Date: May 1, 2006

Arrival Time: 2:45 PM **Departure Time:** 5:30 PM

Number of Interviews Conducted: 3 **Administrator:** 1
Staff: 1
Youth: 1

Population (Day of Visit): 10 **Males:** 6 **Females:** 4

Under 12: N/A

Adolescent Treatment Center (ATC) is a group residential program for severely emotionally disturbed adolescents. The program is operated out of two buildings located on the campus of the Northern Nevada Adult Mental Health Services. None of the buildings on this campus are well marked and due to construction and poor maps NICRP had trouble locating the buildings assigned to ATC.

The tour was given by the facility director. The facility itself is very old and run down. The first building contained the counselor and staff/administrative offices, the school rooms and activity room. Youth also eat lunch in this building. There was a central desk at the back of the facility that served as the staff monitoring area. NICRP staff were informed by facility staff that the air conditioning was not working, and apologized for the warm temperature in the building. (*FACILITY COMMENT: Please note the air conditioning was repaired soon after this visit. The air conditioning unit was replaced in June 2006. Policy and procedures were developed regarding client and staff access to thermostats to better regulate and maintain air temperature. ATC was inspected by the Nevada State Fire Marshall, the Nevada State Health Department, and the Nevada State Child Care Licensing Board. The facility passed all inspections in May 2006. A facilities action plan and maintenance schedule was developed in February 2006. The vacant Northern Nevada Child & Adolescent Services (NNCAS) maintenance position has been filled and all high priority maintenance issues have been resolved. A CIP has been requested for ATC)* This building had several rooms that were not being used at all or were being used for storage and most of the doors were mislabeled. Outside of this building was a recreation area with a tennis court, volleyball/basketball court. The courts appeared uneven and dirty. The netting was falling off and seemed ill maintained. Additionally it seemed that the facility was doing some cleaning and was waiting for trash and debris to be removed. NICRP staff observed sticks and sharp objects on the ground where youth may have access to them. (*FACILITY COMMENT: Please note the grounds were cleaned and objects removed when the garbage truck*

came the day following the visit. At the time of the site visit the play area was shared with a private treatment program. This program has since vacated the buildings and cleanup is easier to maintain with only ATC youth accessing this area. Specific policy and procedure regarding cleanup and maintenance of this are have been developed).

The second building is the living unit, where patients sleep, eat and have free time. Also in this building is the nurse's station. This area contains all medications and is locked at all times. The nurse's station also keeps a log of all medications administered as well as tracking the female patients' menstrual cycles. There is a nurse on duty during waking hours only. The two common areas had couches, tables and a fireplace. There was also a small kitchen and dining area, library, pool table, televisions, small game areas and staff observation areas. Meals are prepared off-site at the Institute's kitchen and delivered the facility. *(FACILITY COMMENT: ATC contracts with Northern Nevada Adult Mental Health Services (NNAMHS) for food service. The budget for FY05 was $107,573 which equals approximately $18.75 per client per day for three meals and two snacks. Prepared meals are monitored by the NNCAS contract nutritionist as well as the NNAMHS nutritionist. In June 2006, the NNCAS contract nutritionist contacted the NNAMHS nutritionist to discuss the presentation and type of food served. The ATC clients looked at the menu and made a list of their preferences. Some changes were made. The NNAMHS nutritionist noted that the kitchen serves the adult institutions as well and food cannot always be geared towards the favorites of adolescents and still meet nutritional guidelines.)* While food is prepared according to regulations set forth by Public Law 108-265 Child Nutrition and WIC reauthorization act of 2004, NICRP staff observed the food served on that day to be, in our opinion, inedible. Both staff and youth in the facility reported the food to be a problem and staff even stated that they will not eat the food served to the youth in the facility. Additionally, staff reported that the water coming from sinks and drinking fountains the morning of the visit was orange, so no one could drink the water. *(FACILITY COMMENT: NNAMHS maintenance have responded to reports that the water sometimes comes out of the faucets orange and repeatedly report back that tests of the water show no contaminants. They advise that water be run before using as it will run clear after a few seconds. Water fountain filters are frequently checked and changed. ATC is reviewing the need to purchase water.)*

Also in the living unit are the residents' bedrooms and bathrooms. Each room had a bathroom and a closet, and two youth share a room. In some bedrooms and bathrooms light bulbs were exposed (no shade or light fixture, just a bulb). *(FACILITY COMMENT: All lighting fixtures have been repaired.)* Also there were no shower curtains up in the bathrooms at the time of the visit. Staff reported the reason for this is that they were experiencing a problem with youth taking down the curtain rods and using them as weapons against staff. The facility was considering using Velcro to hold up shower curtains, but this had not been put in place at the time of the visit. *(FACILITY COMMENT: New safer shower curtains that do not use rods have been installed.)* In addition, NICRP noted that the bedroom doors lock from the inside, which is a definite safety hazard in a mental health facility. *(FACILITY COMMENT: Doors are locked on the outside, so others cannot get in. Clients are able to open the doors from the inside at all times. Doors do not lock from the inside.)*

At ATC youth are allowed to wear their own clothing and if necessary the facility will provide additional clothing from clothes that have been donated to the facility. Additionally the Center has a policy that has those youth on suicide watch wearing blue jumpsuits and those youth who are at risk for running away wearing orange jumpsuits. There are two "suicide watch" rooms that are located across from the staff desk in the center of the living area. Storage for linens and towels was on one side of the building.

During the visit staff reported that they were having a difficult time addressing staffing issues, causing current staff to feel overworked. The facility is undergoing some major changes and has created a corrective action plan that should help to address some of the problems identified in the Center's programming and policies.

COMPLAINTS

Description of Complaints

If a child wishes to file a grievance, they are to write that down and then it goes to community meeting. The community meeting consists of the residents of the facility as well as the staff on duty. They work through problems as a group using a Boys Town problem solving model. IF the complaint is about staff then they fill out an incident report is done and that is given directly to the Clinical Program Manager, then she addresses the problem, even calling out Child Protective Services if necessary. While problems are often solved at the community meeting, if a resident has a grievance they can request not to have it go to community meeting, in which case they can speak to their therapist, or directly to the clinical program manager. Any resolutions or responses are provided to the complainant, verbally or in writing.

Number of Complaints

	Count	Percent
Total Number of Complaints Received:	6	100%
Past Complaints January 1, 2000 – December 31, 2005	4	66.7%
Forwarded Complaints Jan 1, 2006 – September 30, 2006	0	0.0%
Complaints Received by NICRP Jan 1, 2006 – September 30, 2006	2	33.3%

Average Response Times for Complaints (in Days)

	Average # Days	Range (Min-Max)
Average Response Time – Overall	13.5	1-50
Average Response Time - Past Complaints January 1, 2000 – December 31, 2005	2.25	1-5
Average Response Time - Forwarded Complaints Jan 1, 2006 – September 30, 2006	N/A	N/A
Average Response Time – Received by NICRP Jan 1, 2006 – September 30, 2006	36	22-50

Type of Complaint

Complaints were placed into broad categories based on the topics determined by the Subcommittee's original request.

	Count	Percent
Health Anything having to do with a child's physical or mental health. These include nutrition and exercise, medical care, medication administration and attention pertaining to illness or injury.	0	0.0%
Safety Anything having to do with the physical safety of the children. These include physical security and staffing issues, physical restraint, appropriate placement within the facility, and physical environment, including cleanliness as well appropriate and working facilities and equipment.	2	33.3%
Welfare Anything having to do with the general well being of the child. These include emotional issues and may include such things as the way that staff interacts with children on a daily basis, punishments, education, and wellness activities.	3	50.0%
Treatment This term is defined in terms of a treatment program not necessarily how a child is "treated" on a daily basis. These include issues of access to counseling (mental health and substance abuse) resources, issues relating to a resident's actual treatment plan and how youth are able to progress through a facility's program.	1	16.7%
Civil and Other Rights This includes things pertaining to not only a child's civil rights, but also their rights as human beings. This would also include any rights within a particular facility that the youth are granted as explained to them in orientation.	0	0.0%
Privileges This category was added for complaint analysis because there are complaints received about not getting things that are deemed privileges and are earned and are not a right, or do not affect their health, safety, welfare, or treatment.	0	0.0%
Other This category includes all issues not easily placed into the above six groups.	0	0.0%
Unknown Unknown complaints occurred in situations where there was a resolution and no grievance attached, or the grievance was illegible.	0	0.0%

Sub-Categories of Complaints

All complaints were further analyzed independent from their resolutions and coded into 11 categories to help researchers understand the nature of the complaint in greater depth. Complaints may fall into more than one category, and so percents will not add up to 100%. Answers were Yes-No-Unknown for each question, and only Yes answers are reported here. Unknown was only selected in situations where the grievance was not attached or was illegible. The percent demonstrates the percent in each sub-category out of the total number of complaints received.

	Count	Percent
Physical Harm	0	0.0%
Lack of Supervision	4	66.7%
Inappropriate verbal contact by staff	1	16.7%
Inappropriate verbal contact by another youth	0	0.0%
Inappropriate physical contact by staff	0	0.0%
Inappropriate physical contact by another youth	2	33.3%
Sexual in nature	1	16.7%
Disagreement with staff/administrative decision	4	66.7%
Medical in nature (medication, doctors visits, etc)	2	33.3%
Differential treatment by staff	0	0.0%
Unsatisfactory physical environment	0	0.0%

Categories of Response

Responses were also coded separately from the complaint in order to further understand the level of response from administration.

	Count	Percent
Action-Oriented A response that indicates that the facility did something in response to this complaint such as counseling, policy change, termination, or new placement.	4	66.7%
Explanatory A response where the facility only provides an explanation for the complaint, or the circumstances of the complaint and no action is indicated.	2	33.3%
Unknown If the facility did not attach a response to a grievance or the response was illegible, the response was coded as unknown.	0	0.0%

POLICIES AND PROCEDURES

Northern Nevada Child and Adolescent Services (Adolescent Treatment Center, Family Learning Homes, Palmer Home, and Achievement Place West) provided NICRP with a ten part Policy Manual index which is divided into the following sections: Administration; **Client Rights**; Quality Assurance; Agency Referrals; Health/Safety Emergencies; Physical Plant/Grounds Maintenance; Medical Services; Outpatient Services; **Family Learning Homes**: and **Adolescent Treatment Center**. NICRP was provided only with the **bolded** sections. NICRP was also provided with an updated client complaint policy, as well as separate policies on clients' rights and the DCFS policy on seclusion/restraint of clients.
Last date of revision: Policy Manual – 9/13/96; Client Complaint – 2/2/06; Seclusion/Restraint of Clients – 6/10/05

Health

Assessments

- Policy FLH.008 requires a physical examination as part of the intake process. The examination must have been conducted within six months prior to admission.
- FLH.012 and D.011 provide that each child will receive an assessment as deemed necessary.
- D.005 provides that youth must have a "written comprehensive physical examination, including laboratory work, medication history, allergy identification, immunization history, and assessment for communicable diseases" prior to admission.

Nutrition & Exercise

- FLH.054 provides that "meals are a vital part of the nutritional program" and that "meals will not be used contingently in any treatment program."

Access to Medical Care

- FLH.037 provides the procedure for accessing medical care. Parents/guardians are responsible for transporting children to routine medical appointments and for obtaining necessary medications. Emergency medical treatment will be provided by the closest emergency room or at the instruction of the parent/guardian.
- *(FACILITY RESPONSE: Policies are being revised and newly developed re: vital signs, immunizations, physical exams and client drug/alcohol testing.)*

Administration of Medication

- FLH.011, D.007, and CRS.021 provide the policy regarding the receipt of informed consent before the administration of medication can occur and the procedures for administering medication in the absence of express and informed consent.
- FLH.035 and D.036 provide that female clients who are already taking birth control will be allowed to continue taking the medication with the consent of the parent or guardian. For purposed of administration and storage, birth control are to be treated like prescription drugs.
- *(FACILITY RESPONSE: Policies are being revised and newly developed re: controlled medications, dispensing medications, prescribing medications, and birth control.)*

Communicable Diseases

- D.029 provides that all employees "will receive a tuberculin test or chest X-ray film to ensure health protection for consumers and other employees."

Safety

Physical Environment

- FLH.034 provides that the facility will comply with Public Health Standards established by the Bureau of Consumer Health Protection Services. The Director will coordinate all inspections, including monthly, or as needed, health and safety inspections.

Emergency Procedures

- FLH.033 provides the procedures for conducting monthly fire drills.
- FLH.038 and D.021 provide the procedures for dealing with runaway/AWOL children and youth.
- FLH.039 describes the emergency fire procedures.
- FLH.050, D.030 and CRS.008 provide the procedures for filing mandatory reports of abuse/neglect.
- D.039 provides the procedures for "disaster" situations including bomb threats, and fire.
- EMR.006 provides that "emergency medical treatment may be provided by a member of the medical staff or a physician without the informed consent of the consumer."

Placement

- NO INFORMATION PROVIDED

Staffing

- NO INFORMATION PROVIDED
- *(FACILITY RESPONSE: Policies are being revised and newly developed re: leave usage, staff orientation, schedule for 24 hour direct care positions, staff assignments, client supervision, daily routing, employee supervision, mental health technician certification; and employee orientation.)*

Physical Restraint and Use of Force

- FLH.047 covers the use of restraint, including physical, chemical and manual. Only trained direct care staff can use restraint. A trained employee may assist in the application of manual restraint. Only a physician or registered/licensed practical nurse upon a physicians order may administer chemical restraints. Restraining techniques are only to be used when less restrictive measures have failed. Except in cases of emergency, all restraints must be ordered by a physician. "Standing or PRN orders for physical restraint will not be used."
- The DCFS Statewide Policy on Seclusion/Restraint of Clients provides definitions, legal references and standards for the use of seclusion and restraints. Specifically: these techniques will only be used in emergency situations; all staff with a role in implementation of these techniques must be trained; only the psychiatrist or attending physician can order these interventions; orders are time limited and cannot be standing or PRN; reevaluations need to be conducted according to JCAHO standards; parents/guardians shall be notified of each occurrence; and each occurrence must be documented. Chemical restraints are prohibited to control behavior or to restrict client's

movement. The policy also lists prohibited practices, including, but not limited to: pressure or weight on the chest, lungs, sternum, diaphragm, back or abdomen causing chest compression; choking or neck holds; pressure on neck/throat, artery or back of neck/head. Penalties are provided for the use of prohibited practices.

Suicide Prevention

- FLH.058 outlines the policy and procedure in regard to suicide assessment, prevention, and staff response to suicidal attempts and/or threats. Youth identified as suicidal will be admitted to the local hospital with parental consent. If parental consent cannot be obtained, staff will contact child protection services and/or law enforcement as appropriate.
- D.031 provides that youth at the Adolescent Treatment Center who are identified as being at risk for suicide will be placed on suicide precautions, which entails, in part, that they will remain within staff sight at all times and that a search of their room/belongings will be conducted to remove any unsafe objects. The youth will be checked every 15 minutes during sleep hours unless otherwise specified in the clinical record.
- *(FACILITY RESPONSE: Policies are being revised and newly developed re: AWOL, suicide screening intake/admission, suicide screening form, suicide risk assessment for residential clients, suicide risk assessment form, client high risk observation form, individual safety plan form, contraband policy, contraband form, client searches, client room searches, NNCAS residential services accident/incident report form, quality review, acute care admission policy, and clinical coverage policy.)*

Welfare

Education

- FLH.056 provides that facility personnel will contribute to Individualized Education Plan meetings conducted by the school district.

Staff & Youth Interactions

- D.034 provides that staff "will establish and maintain professional relationships will consumers…"

Behavioral Control Systems

- FLH.021 establishes the guidelines for the utilization of "behavioral contracting…when a specific behavior is not being positively impacted with the use of natural/logical consequences."
- FLH.044 and D.041 state that "staff may use activity or environmental time out as a treatment technique under certain ethical and professional guidelines." This technique is only to be used when less restrictive and positive reinforcement techniques have failed.
- FLH.045 provides the policy and procedure on the use of seclusion as an "emergency measure to protect a consumer from injury to self or others as specifically authorized by a physician." Orders cannot be for more than 8 hours of seclusion. The policy requires the child to be monitored every 2 minutes while on seclusion.
- FLH.061 outlines the facility's "behavior management system" which utilizes the "Removal from Participation Gradient."

Treatment

(FACILITY RESPONSE: Policies are being revised and newly developed re: ATC philosophy of care/mission statement and client orientation policy.)

Treatment Plans

- Policy FLH.007 provides that each child will have a treatment team made up of the case manager, Teaching Family Parent or partners in a specific residence.
- Policy FLH.011 and CRS.021states that "each consumer…will be informed as to his/her rights in regard to treatment and will be asked to sign a consent to treatment form…[and] each consumer will be informed that a [sic] individual written treatment plan is to be developed with input from parent and child."
- FLH.013 and D.012 outline the policy and procedures for individual treatment plans. The plan must be completed within 30 working days of intake.

Behavioral Treatment

- FLH.015 provides the procedures for the "motivational system" to be used by the "5 and 7 day/week" components.
- FLH.021 and D. 013 establishes the guidelines for the utilization of "behavioral contracting…when a specific behavior is not being positively impacted with the use of natural/logical consequences."

Substance Abuse Treatment

- D.040 provides that clients suspected of alcohol or drug abuse will be referred to their parent/guardian for medical evaluation or referral to detention.

Mental Health Treatment

- FLH.014 outlines the treatment procedures for services provided by the facility and as indicated in the treatment plan. Techniques will be consistent and periodically reviewed.
- FLH.016 provides that outside referrals will be utilized as needed to provide needed services.

Civil and Other Rights

Grievances/Complaints

- Policy FLH.009 provides that the grievance and appeal process will be explained during orientation.
- The DCFS Statewide Policy on the Client Complaint Procedure was revised in direct response to this study and provides that clients may file complaints directly with NICRP or may file a written complaint directly to the facility.

Awareness

- Policy FLH.009 and D.006 provide that youth/families will be provided with an explanation of the rights and responsibilities of consumers and a written rights statement during orientation. Grievance and appeal process will also be explained during orientation. This section further provides that "communications will be in a form in terms of language and literacy level which can be easily understood by the consumer and family."

- Policy FLH.011, D.007 and CRS.021 state that "each consumer…will be informed as to his/her rights in regard to treatment and will be asked to sign a consent to treatment form…"

Protection of Rights

- FLH.01, D.007, and CRS.021 list the rights of a client, which include: to be informed of treatment procedures; to give or withhold informed consent; receive treatment in least restrictive environment; access to treatment regardless of race, religion, sex, ethnicity, or handicap; to communicate with family/friends; and to be free from mechanical restraints, unless prescribed by physician and only as needed.
- FLH.019 includes, in part, the procedures for ensuring the confidentiality of clinical case records.
- FLH.023 and D.033 provide the guidelines for making phone calls at the facility.
- FLH.053 and D.020 provide the policy and procedures regarding confidentiality of client information.
- FLH.057 and D.024 provide that "a consumer's rights cannot be denied except to protect the health and safety of self or others, or both, and that any denial of rights must be documented."

FACILITY SUMMARY

Desert Willow Treatment Center
Las Vegas, NV

Desert Willow Treatment Center

Mailing Address:
6171 W. Charleston Blvd
Las Vegas, NV 89146

Physical Address:
6171 W. Charleston Blvd
Las Vegas, NV 89146

Ph: 702-486-8900

Facility Contact:
Dr Yangcha Crabb, Clinical Program Manager II
Email: ycrabb@dcfs.state.nv.us

General Facility Information

Type of Facility: Mental Health - Hospital

Funding of Facility: Government - State

Facility Max Capacity: 58

Staff to Child Ratio: **Daytime:** 1:3 **Nighttime:** 1:3

No. of Staff Employed: 110 **Full Time:** 110 **Part Time/On Call:** 0

Age Range Accepted: 6-18 years, unless still attending high school

Average Length of Stay: 70 days (varies by unit) **Security Level:** Locked

Average Daily Population: 49.67

Facility Demographics – FY 05-FY 06

		Percent of Population by Race/Ethnicity		Percent of Population by Types of Offense	
Total Number of Residents:	236	**African American**	30%	**Relationship Problems**	37%
Average Monthly Population:	49	**Hispanic**	16%	**Support Problems**	36%
Percent Male:	66%	**Asian/Pacific Islander**	0%	**Education Problems**	33%
Percent Female:	34%	**American Indian/Alaska Native**	1%	**Relationship Ending**	20%
Average Age:	14.2	**White**	53%	**Legal problems**	12%

SITE VISIT SUMMARY

Information in this section comes from the tour given at the facility and conversations with staff and youth in the facility.

NICRP Facility Visit

Date: February 7, 2006

Arrival Time: 10:00 AM **Departure Time:** 1:30 PM

Number of Interviews Conducted: 13 **Administrator:** 1
Staff: 5
Youth: 9*

Population (Day of Visit): 56 **Males:** 37 **Females:** 19

Under 12: 10

*Youth interviews were conducted on March 29, 2006 in order for the hospital to obtain parental consent for residents to participate in the research. No youth from the acute units were interviewed, nor were any children under 12.

Desert Willow Treatment Center is a 58-bed hospital for youth with mental health problems. It is a fully JCAHO[1] accredited hospital in Las Vegas. *(FACILITY COMMENT: DWTC is licensed by the Division of Health and licensure requirements are set forth in relevant NRS. DWTC is accredited by JCAHO and subject to regular audits by this accreditation body)*. It is a program under the Department of Child and Family Services (DCFS), and was built in 1998. It provides acute and residential care and treatment to youth.

The tour was the first part of the visit, and was conducted by the Quality Assurance Specialist. It was very complete. The facility is clean and neat, although there are some problems with the carpet coming up in places. (*FACILITY COMMENT: The carpet in the facility is currently being replaced – October and November 2006)*. There are five units at Desert Willow: 1) a children's acute unit, 2) a children's residential unit, 3) an adolescent acute unit, 4) an adolescent residential unit, and 5) a long-term rehabilitation program for juvenile sexual offenders (the SATP unit). The children's units house youth age 6-12, and the adolescent units house youth age 12 to 18, unless still attending high school. Youth aged 12 can be on either unit depending on the recommendation of the intake assessment. With the exception of the SATP unit, each unit is co-ed. There are 7 seclusion rooms attached to the units for seclusion or time out of clients. All are on a unit or directly attached to a unit for easy access and supervision. There is a nurse on each unit 24 hours a day, 7 days a week.

Food is prepared by an outside contractor, who is responsible for menus and preparation – there is no food preparation done on site. However, each unit does have a full kitchenette. The food

[1] Joint Commission on the Accreditation of Healthcare Organizations, http://www.jointcommission.org/

company works with Desert Willow's dietician to ensure the nutritional needs of the youth are met. Medication is secured in the nurse's area on each unit.

The hospital has a fully functioning school for its residents, with teachers provided by the Clark County School District. They have recreational therapists, and have a large gym, a weight room, and a locked arts and crafts room to develop those skills in residents. The facility posts youth rights, chore lists, schedules for program structure, menus, and age-appropriate problem solving lists in each unit for youth.

Staff expressed concern about the merits of using the "System of Care Principles" as used in many Department of Child and Family Services agencies as opposed to the "Medical Model" that they are subject to during their JCAHO accreditation. The concern is that the facility functions as a hospital but is held to policies that do not fit with the facility's purpose and are more appropriate for other agency facilities. *(FACILITY COMMENT: It should be noted that System of Care is a coordinated system of services across all levels of care that ensures patient decision-making and youth voice in their care and coordination of services across systems involved with a child and family. It has been adopted by the Division as well as endorsed by all three regional Children's Mental Health Consortia as the model for children's mental health in Nevada. It is not inconsistent with hospital practices and the Division will be providing more information and training in Systems of Care to DWTC staff in the coming months)*. They also expressed concern about the appropriateness of placing mentally retarded youth in a hospital for youth with mental illnesses. With primary diagnosis of mental retardation, developmental delays or autism, youth require much different types and levels of care, and may not be appropriate for the treatment programs established at Desert Willow. *(FACILITY COMMENT: The challenge for the facility is treating these youth when their mental health condition becomes acute and requires psychiatric care for their safety and stabilization. It should be noted that national research shows that the prevalence of sever emotional disturbances is higher in individuals with mental retardation than in individuals functioning in normal and above ranges of intelligence. DCFS is partnering with the Division of Mental Health and Developmental Services to bring information about the treatment of youth with mental retardation and related conditions who have dual mental health diagnoses to DCFS staff. The two Divisions are also working together to coordinate treatment of youth with dual diagnoses)*. NICRP was also told that the carpeting in the facility has been a problem due to staples coming out of the carpet and youth getting rug burns when getting "taken down". *(FACILITY COMMENT: Information about staples coming out of the carpet is incorrect, as the carpets are glued, not stapled. This may be referring to thread coming out of the carpet. Carpet is currently being replaced in the entire facility)*. It was also reported that the kids do not go outside very much and do not receive much structured exercise. Youth reported that if they misbehave, they are not allowed to go to the gym. *(FACILITY COMMENT: If a child's behavior is such that participation in group recreational therapy in the gym is not safe for that child or other children in the group, individualized recreation is provided on the unit)*.

COMPLAINTS

Description of the Process

Youth are asked to write any grievances on a specific form that the facility has. The facility's Patient Advocate follow-up by interviewing the child. If a CPS report is necessary, she will file one. There are extensive data tracking mechanisms in place at the hospital to aid in the investigation process.

The center's policy is to handle grievances on the assumption that the kids are not lying. The administration asks the staff about all issues and tries to determine what the staff personally could have done differently, etc. Unfortunately, the process may put staff on the defensive, but it is standard hospital policy.

Number of Complaints

	Count	Percent
Total Number of Complaints Received:	16	100%
Past Complaints January 1, 2000 – December 31, 2005	11	68.8%
Forwarded Complaints Jan 1, 2006 – September 30, 2006	2	12.5%
Complaints Received by NICRP Jan 1, 2006 – September 30, 2006	3	18.8%

Average Response Times for Complaints (in Days)

	Average # Days	Range (Min-Max)
Average Response Time – Overall	26.1	0-105
Average Response Time - Past Complaints January 1, 2000 – December 31, 2005	4.6	0-14
Average Response Time - Forwarded Complaints Jan 1, 2006 – September 30, 2006	24.5	0-49
Average Response Time – Received by NICRP Jan 1, 2006 – September 30, 2006	48.6	2-105

(FACILITY COMMENT: The report received by NICRP lists 48.6 days as the average. This figure may be incorrect due to DWTC's late receipt of complaint 7-02. The complaint was initially filed on July 7, 2006 but was not received by DWTC until a fax on October 16, 2006. The DWTC response was sent via email on October 19, 2006.)

(NICRP RESPONSE: According to NICRP records, complaint 7-02 was filed via email on July 7, 2006. The complaint was then faxed to DWTC on July 10, 2006 at 8:39 AM. A follow up call was made to the facility on July 17, 2006 at 1:15 PM at which point a voicemail message was left regarding the complaint. In preparation for the final report NICRP then contacted DWTC via email on October 16, 2006 at 11:56 AM regarding complaint 7-02. The complaint was then re-faxed to DWTC on October 16, 2006 at 4:04 PM. The facility's response was received via email on October 19, 2006.)

Type of Complaint

Complaints were placed into broad categories based on the topics determined by the Subcommittee's original request.

	Count	Percent
Health Anything having to do with a child's physical or mental health. These include nutrition and exercise, medical care, medication administration and attention pertaining to illness or injury.	4	25.0%
Safety Anything having to do with the physical safety of the children. These include physical security and staffing issues, physical restraint, appropriate placement within the facility, and physical environment, including cleanliness as well appropriate and working facilities and equipment.	2	12.5%
Welfare Anything having to do with the general well being of the child. These include emotional issues and may include such things as the way that staff interacts with children on a daily basis, punishments, education, and wellness activities.	4	25.0%
Treatment This term is defined in terms of a treatment program not necessarily how a child is "treated" on a daily basis. These include issues of access to counseling (mental health and substance abuse) resources, issues relating to a resident's actual treatment plan and how youth are able to progress through a facility's program.	1	6.3%
Civil and Other Rights This includes things pertaining to not only a child's civil rights, but also their rights as human beings. This would also include any rights within a particular facility that the youth are granted as explained to them in orientation.	3	18.8%
Privileges This category was added for complaint analysis because there are complaints received about not getting things that are deemed privileges and are earned and are not a right, or do not affect their health, safety, welfare, or treatment.	1	6.3%
Other This category includes all issues not easily placed into the above six groups.	1	6.3%
Unknown Unknown complaints occurred in situations where there was a resolution and no grievance attached, or the grievance was illegible.	0	0.0%

Sub-Categories of Complaints

All complaints were further analyzed independent from their resolutions and coded into 11 categories to help researchers understand the nature of the complaint in greater depth. Complaints may fall into more than one category, and percents often may not add up to 100%. Answers were Yes-No-Unknown for each question, and only Yes answers are reported here. Unknown was only selected in situations where the grievance was not attached or was illegible. The percent demonstrates the percent in each sub-category out of the total number of complaints received.

	Count	Percent
Physical Harm	1	6.3%
Lack of Supervision	0	0.0%
Inappropriate verbal contact by staff	10	62.5%
Inappropriate verbal contact by another youth	0	0.0%
Inappropriate physical contact by staff	1	6.3%
Inappropriate physical contact by another youth	0	0.0%
Sexual in nature	0	0.0%
Disagreement with staff/administrative decision	9	56.3%
Medical in nature (medication, doctors visits, etc)	3	18.8%
Differential treatment by staff	3	18.8%
Unsatisfactory physical environment	1	6.3%

Categories of Response

Responses were also coded separately from the complaint in order to further understand the level of response from administration.

	Count	Percent
Action-Oriented A response that indicates that the facility did something in response to this complaint such as counseling, policy change, termination, or new placement.	9	56.3%
Explanatory A response where the facility only provides an explanation for the complaint, or the circumstances of the complaint and no action is indicated.	3	18.8%
Unknown If the facility did not attach a response to a grievance or the response was illegible, the response was coded as unknown.	4	25.%

POLICIES AND PROCEDURES

Desert Willow Treatment Center provided NICRP with provided NICRP with a 12 chapter policy index which includes the facilities policies and procedures. The chapters in the index are: Organization; Ethics, Rights, and responsibilities, Human Resources, Quality Assurance, Training, Medical Records, Medical Services, Special Procedures, Clinical Services, Environment of Care (Infection Control, Physical Plant & Property, Plans, Dietary, Health & Safety, and Emergency/Security); Desert Willow Treatment Center; and Activity Therapy. ***Last date of revision: Each section has a revision date - January 2005.***

Health

Assessments

- Policy 7.03 states that "patients admitted to Desert Will Treatment Center shall undergo a routine physical health assessment performed by a licensed independent practitioner."
- Policy 7.04 states that "nursing assessments shall be conducted for all Desert Willow Treatment Center admissions."
- Policy 7.18 patients are assessed for pain at the time of their arrival per policy.
- Policy 7.22 states "psychiatric evaluation shall be conducted for all patients."
- Policy 7.24 states "a Mental Status Examination shall be completed for all Desert Will Treatment Center patients at admission."
- Policy 7.50 states "it is the policy of this organization to assess patient's physical status."

Nutrition & Exercise

- Policy 2.24 provides the guidelines for meal preparation, delivery, and schedule to include breakfast, lunch, and dinner.

Access to Medical Care

- Policy 2.40 indicates that the institution has to "provide effective care for diverse populations and recognizes the patient's right to care that is considerate and respectful of the personal value and belief systems of the individuals and families served."
- Policy 3.28 indicates that the "care of patients is supervised by mental health professionals."
- Policy 7.32 indicates "it is the policy of the origination to ensure medical care of patients in an emergency."
- Policy 7.63 states "it is the policy of DWTC to provide nursing care to all patients."

Administration of Medication

- Policy 7.06 states that "written informed consent must be obtained prior to administering any medication except as otherwise provided by this policy."
- Policy 7.09 states that "it is the policy of the organization to safeguard patient medication through the proper administration, storage and disposal of all patient medications."
- Policy 7.12 states that "the organization shall have a stop order policy for medications that are not specifically limited as to time or number of doses when ordered."

Communicable Diseases

- Policy 10.21 provides detailed policies and procedures for infection control and surveillance including compliance with JCAHO, OSHA and relevant federal, state and local regulations.

Safety

Physical Environment

- NO INFORMATION AVAILABLE

Emergency Procedures

- Policy 8.09 provides the guidelines for a runaway AWOL. This policy provides procedures of who to contact in the case of a runaway.
- Policy 8.10 outlines guidelines for patient emergency phone calls.
- Policy 8.11 states "it is the policy of the organization to utilize all available staff members in response to patient's emergencies."
- Policy 8.12 provides guidelines for on-grounds patient death, "in the case of a patient death the Metropolitan Police Department (METRO) will be immediately informed.

Placement

- NO INFORMATION AVAILABLE

Staffing

- Policy 1.14 States there is on "On-Call Professional" position that is available to "manage emergencies, crises, and act as an after-hour resource."
- Policy 3.01 outlines the policies and procedures for recruitment and employment.
- Policy 3.41 provides the policies and procedures for nursing staffing. The Nursing Supervisor is responsible for staffing on each unit however; the Director of Nursing has the ultimate responsibility to review staffing.
- Policy 7.23 for an on-call Psychiatrist states "the organization shall have a psychiatrist available to available to patients 24 hours a say, 7 days a week.
- Policy 7.40 states "it is the policy of the organization to ensure the availability of registered professional nursing care for all Desert Willows Treatment Center patients in a 24 hour basis 7 days per week."
- Policy 7.41 states "it is the policy of the organization to have qualified medical staff."

Physical Restraint and Use of Force

- Policy 2.01 indicates that patients are to be "free from the application of any mechanical restraint; except when prescribed by a physician and only as long as the conditions justifying such restraint continue to exist; any use of mechanical restraint, together with the reasons therefore shall be recorded in the patients treatment record."
- Policy 8.03 provides the guidelines for the restraint/seclusion of patients. Restraint is only used when "...less intrusive measures pose a greater risk than the risk of using a restraint..."
- Policy 8.04 provides the guidelines for use of physical management of patients. "Physical management of a patient will occur only after less restrictive methods have been utilized and deemed ineffective."
- Policy 8.05 provides guidelines for special treatment procedures. These procedures require clinical justifications. Special treatment procedures include restraint.

Suicide Prevention

- NO INFORMATION AVAILABLE

Welfare

Education

- NO INFORMATION AVAILABLE

Staff & Youth Interactions

- NO INFORMATION AVAILABLE

Behavioral Control Systems

- NO INFORMATION AVAILABLE

Treatment

Treatment Plans

- NO INFORMATION AVAILABLE

Behavioral Treatment

- NO INFORMATION AVAILABLE

Substance Abuse Treatment

- NO INFORMATION AVAILABLE

Mental Health Treatment

- NO INFORMATION AVAILABLE

Civil and Other Rights

Grievances/Complaints

- Policy 2.15 outlines the discrimination grievance policy. Desert Willow Treatment Center has an internal grievance procedure providing for prompt and equitable resolution or complaints alleging any action prohibited by Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and the Americans with Disabilities Act (ADA) of 1990." Any person who believes he or she has been subjected to discrimination under these basis' may file a grievance under this procedure. Furthermore, "it is unlawful for Desert Willow Treatment Center to retaliate against anyone who files a grievance or cooperated in the investigation of a grievance."

Awareness

- Policy 2.13 provides for a foreign language interpretation in order to "provide individualized care to patients and their families with awareness of the rights of those individuals. Recognizing that the individuals served have a right to care that is culturally sensitive and appropriate and presented in a language they understand."

Protection of Rights

- Policy 2.01 states that the facility "shall have written policies and procedures that describe the patient's rights and the means by which the rights are to be protected and may be excused" with the purpose of protecting patients rights. This policy also outlines the patient's rights. These rights include the following: receiving medical, psychosocial

and rehabilitative care, treatment and training; being informed of the nature and consequences of proposed treatment procedures; the reasonable risks, benefits, and purposes of such procedures; and alternative procedures clearly and in a language that the patient understands; ability to give or withhold informed consent in writing to any or all treatment procedures; ability to withdraw consent in writing at any time with or without cause; having a pain assessment with appropriate management and monitoring that is respectful of cultural, age, gender and spiritual characteristics; ability to wear his or her own clothing in compliance with other DWTC policies; ability to keep and use his or her own personal possession, including toilet articles, unless such articles may be used to endanger his or her own life or the lives of others; ability to keep and be allowed to spend a reasonable sum of his or her own money for expenses and small purchases; access to individual storage space for private use; seeing visitors each day; reasonable access to telephones, both to make and receive confidential calls; ready access to letter-writing materials, including stamps; mail and receive unopened correspondence except when such privileges have been assessed as clinically contraindicated by Treatment Team and with review by patient/legal custodian; free from the application of any mechanical restraint; except when prescribed by a physician and only as long as the conditions justifying such restraint continue to exist; any use of mechanical restraint, together with the reasons therefore shall be recorded in the patients treatment record.

- Policy 2.02 states that the facilities staff "shall report any incident which involves the denial of a patient's rights as outlined in the statute."
- Policy 2.15 states "it is the policy of Desert Will Treatment Center not to discriminate in admissions, provision of services, hiring and employment practices on the basis of race, color, national origin, gender, religion, age, sexual orientation or disability (including AIDS and AIDS related conditions).

FACILITY SUMMARY

Eagle Valley Children's Home
Carson City, NV

Eagle Valley Children's Home

Mailing Address:
2300 Eagle Valley Ranch Road
Carson City, NV 89703

Physical Address:
2300 Eagle Valley Ranch Road
Carson City, NV 89703

Ph: 775-882-1188

Facility Contact:
Pamela Smith, Executive Director
Email: psmith@eaglevalleychildrenshome.org

General Facility Information

Type of Facility: Treatment - Intermediate Care Facility for the Mentally Retarded

Funding of Facility: Medicaid

Facility Max Capacity: 18

Staff to Child Ratio: **Daytime:** 1:2 **Nighttime:** 1:6

No. of Staff Employed: 72 **Full Time:** UK **Part Time/On Call:** UK

Age Range Accepted: unrestricted

Average Length of Stay: 4.3 years (for those under 18)

Security Level: Locked for Safety

Average Daily Population: 18 (3 under age 18)

2005 Facility Demographics

		Percent of Population by Race/Ethnicity		Reason for Residence	
Total Number of Residents:	18	**African American**	0%	**Mental Retardation & Developmental Disabilities**	100%
Average Monthly Population:	18	**Hispanic**	0%		
Percent Male:	67%	**Asian/Pacific Islander**	5%		
Percent Female:	33%	**American Indian/Alaska Native**	5%		
Average Age:	26	**White**	90%		

SITE VISIT SUMMARY

Information in this section comes from the tour given at the facility and conversations with staff and youth in the facility.

NICRP Facility Visit

Date: March 28, 2006

Arrival Time: 1:20 PM **Departure Time:** 2:45 PM

Number of Interviews Conducted: 2 **Administrator:** 1
Staff: 1
Youth: 0*

Population (Day of Visit): UK **Males:** UK **Females:** UK

Under 12: UK

***** No youth were interviewed because their developmental disabilities were so severe.

Eagle Valley Children's Home is a fully-accredited intermediate care facility (ICF) for people of all ages with severe mental retardation and developmental disabilities located in Carson City.

There was some discussion at the beginning of the project about the appropriateness of this facility's inclusion in this study, and after the visit, NICRP staff concurred that this facility is completely unlike the other facilities included in the study. Because the name includes "Children", it is natural to assume that it is a facility for youth only. However, because it is an extremely long-term out-of-home placement for persons with severe mental retardation and developmental disabilities, there are adults living in the facility. On the day of our visit, there were three residents under age 18, and none of them were functioning at a level with the ability to be verbal.

The facility is clean and well-maintained, with lots of windows for natural light. There is an ADA-compliant playground available outside. The facility has a spotless commercial kitchen, and food is moved in stainless steel carts. There is an on-site laundry designed to reduce the incidence of infectious diseases, as the facility must do 400 pounds of laundry per day due to the nature of its population. There is a secured room for the computer servers, mobile medication carts, several large bathrooms, a secured maintenance closet and supply room, a therapy room and a therapeutic pool, and a large recreation room for movies, arts and crafts, and yoga. There is a lot of adapted equipment in the bathrooms to account for the hygiene needs of the residents. Bedrooms are private or double depending on the needs of the residents, and residents are encouraged to bring their own belongings from home. The sleeping rooms were very home-like. There are no mechanical lifts in the facility – staff are responsible for and are trained to move residents from place to place.

All equipment is state of the art, and every resident was extremely well-cared for. The facility administrator was sincerely concerned and attentive to the needs of her residents and their welfare was a prime focus. NICRP had no concerns about this facility.

A facility like this would be much needed in Southern Nevada to reduce the inappropriate placement of children with severe disabilities into mental health hospitals.

(FACILITY RESPONSE: Since Eagle Valley Children's Home is licensed by the state of Nevada and a participant in the Federal Medicaid program, we are required to abide by Federal regulations for ICFs/MR. It is noteworthy that Eagle Valley Children's Home has been found to be deficiency-free in its annual Federal survey in 9 of the most recent 11 reviews.)

COMPLAINTS

Description of the Process

Per a letter from the Executive Director dated January 26, 2006, there have been no complaints about the facility from parents or guardians, as youth themselves lack the verbal and mental skills to file complaints. According to the Director, if one did wish to file a complaint, that person would be welcome to come speak with her directly.

Number of Complaints

	Count	Percent
Total Number of Complaints Received:	1	100%
Past Complaints January 1, 2000 – December 31, 2005	0	0.0%
Forwarded Complaints Jan 1, 2006 – September 30, 2006	0	0.0%
Complaints Received by NICRP Jan 1, 2006 – September 30, 2006	1	100.0%

Average Response Times for Complaints (in Days)

	Average # Days	Range (Min-Max)
Average Response Time – Overall*	23	23-23
Average Response Time - Past Complaints January 1, 2000 – December 31, 2005	N/A	N/A
Average Response Time - Forwarded Complaints Jan 1, 2006 – September 30, 2006	N/A	N/A
Average Response Time – Received by NICRP Jan 1, 2006 – September 30, 2006	23	23-23

* This overall average and range in response times represent only the one complaint that was received by NICRP, as this is the only complaint from this facility included in the study.

Type of Complaint

Complaints were placed into broad categories based on the topics determined by the Subcommittee's original request.

	Count	Percent
Health Anything having to do with a child's physical or mental health. These include nutrition and exercise, medical care, medication administration and attention pertaining to illness or injury.	0	0.0%
Safety Anything having to do with the physical safety of the children. These include physical security and staffing issues, physical restraint, appropriate placement within the facility, and physical environment, including cleanliness as well appropriate and working facilities and equipment.	1	100.0%
Welfare Anything having to do with the general well being of the child. These include emotional issues and may include such things as the way that staff interacts with children on a daily basis, punishments, education, and wellness activities.	0	0.0%
Treatment This term is defined in terms of a treatment program not necessarily how a child is "treated" on a daily basis. These include issues of access to counseling (mental health and substance abuse) resources, issues relating to a resident's actual treatment plan and how youth are able to progress through a facility's program.	0	0.0%
Civil and Other Rights This includes things pertaining to not only a child's civil rights, but also their rights as human beings. This would also include any rights within a particular facility that the youth are granted as explained to them in orientation.	0	0.0%
Privileges This category was added for complaint analysis because there are complaints received about not getting things that are deemed privileges and are earned and are not a right, or do not affect their health, safety, welfare, or treatment.	0	0.0%
Other This category includes all issues not easily placed into the above six groups.	0	0.0%
Unknown Unknown complaints occurred in situations where there was a resolution and no grievance attached, or the grievance was illegible.	0	0.0%

Sub-Categories of Complaints

All complaints were further analyzed independent from their resolutions and coded into 11 categories to help researchers understand the nature of the complaint in greater depth. Complaints may fall into more than one category, so percents often will not add up to 100%. Answers were Yes-No-Unknown for each question, and only Yes answers are reported here. Unknown was only selected in situations where the grievance was not attached or was illegible. The percent demonstrates the percent in each sub-category out of the total number of complaints received.

	Count	Percent
Physical Harm	0	0.0%
Lack of Supervision	1	100.0%
Inappropriate verbal contact by staff	0	0.0%
Inappropriate verbal contact by another youth	0	0.0%
Inappropriate physical contact by staff	0	0.0%
Inappropriate physical contact by another youth	0	0.0%
Sexual in nature	0	0.0%
Disagreement with staff/administrative decision	1	100.0%
Medical in nature (medication, doctors visits, etc)	0	0.0%
Differential treatment by staff	0	0.0%
Unsatisfactory physical environment	0	0.0%

Categories of Response

Responses were also coded separately from the complaint in order to further understand the level of response from administration.

	Count	Percent
Action-Oriented A response that indicates that the facility did something in response to this complaint such as counseling, policy change, termination, or new placement.	1	100.0%
Explanatory A response where the facility only provides an explanation for the complaint, or the circumstances of the complaint and no action is indicated.	0	0.0%
Unknown If the facility did not attach a response to a grievance or the response was illegible, the response was coded as unknown.	0	0.0%

POLICIES AND PROCEDURES

Eagle Valley Children's Home provided NICRP with 14 separate documents which include: Human Rights Committee Policies and Procedures (revised 3/03); Client Record Policy and Procedure Manual (revised 3/03); House Rules; and various sections of the Policies and Procedures Manual (Accident/Incident Reporting & Investigation; Reporting of Serious Incidents Involving Clients of NV Div. of Mental Hygiene and Developmental Services; HIPAA Policies; Advanced Medical Directives; Agreement for Client Transfer for Medical Services; Staff Treatment of Clients; Client Complaint Procedure; Admissions and Discharge; Conduct Between Staff and Clients; Management of Inappropriate Client Behavior; and Emergency Response and Missing Client.)
Last date of revision: Various

Health

Assessments

- NO INFORMATION PROVIDED
  (FACILITY RESPONSE: As a Medicaid participating ICF/MR, the Facility must be in compliance with those regulations governing Health Care Services [Federal Condition of Participation W318]. This includes a physical examination prior to admission, as well as an annual physical examination that at a minimum includes the following: vision and healing evaluation, immunizations, routine laboratory screening as necessary and special studies when needed.)

Nutrition & Exercise

- NO INFORMATION PROVIDED
  (FACILITY RESPONSE: As a Medicaid participating ICF/MR, the Facility must be in compliance with those regulations governing Dietetic Services [Federal Condition of Participation W459]. This includes the requirement that each client receive a nourishing, well-balanced diet including modified and specially prescribed diets [W460]. A Registered Dietician is on contract with EVCH for this purpose. Compliance with regulations concerning meal services [W469] ensure that each client receives at least three meals daily, at regular times, with not more than 14 hours between a substantial evening meal and breakfast the following day, and not less than 10 hours between breakfast and the evening meal of the same day: in appropriate quantity, appropriate temperature and in a form consistent with the developmental level of the clients.)

Access to Medical Care

- The "Accident/Incident Reporting and Investigation Policy" provides that the nurse on duty is designated to provide necessary care in the event of an accident or injury. A physician and the child's parents are to be notified for certain enumerated events.
- The "Agreement for Client Transfer for Medical Services" provides that "it is the policy of EVCH to ensure that the client's transfer to area hospitals for necessary medical services is prompt, appropriate, and that return to EVCH…is without unnecessary delay."

Administration of Medication

- NO INFORMATION PROVIDED
  (FACILITY RESPONSE: Eagle Valley Children's Home complies with the Nevada Nurse Practice Act. All medications are administered by licensed nurses only).

Communicable Diseases

- NO INFORMATION PROVIDED
  (FACILITY RESPONSE: As a Medicaid participating ICF/MR, the Facility must be in compliance with those regulations governing Infection Control [Federal Condition of Participation W454-459]. This includes requirements for a sanitary environment, an active program for the prevention, control and investigation of infection and communicable diseases, and prohibiting staff with symptoms of a communicable disease from direct contact with clients and their food.)

Safety

Physical Environment

- NO INFORMATION PROVIDED
  (FACILITY RESPONSE: As a Medicaid participating ICF/MR, the Facility must be in compliance with those regulations governing the Physical Environment [Federal Condition of Participation W406]. Standards under this condition of participation regulate such areas as the living environment, client bedrooms, furnishings, storage space, bathrooms, heating and ventilation, flooring, emergency plan and procedures, evacuation drills, fire protection, and paint).

Emergency Procedures

- The facility's "Emergency Response and Missing Client" policy outlines the responsibilities of staff and administration in regard to certain emergencies including fire (refers to "Fire Drill Policy and Procedure"), disaster (refers to "Disaster Drill Policy and Procedure"), and missing clients.
- The "Accident/Incident Reporting and Investigation Policy" provides, in pertinent part, that "all serious incidents are investigated immediately by designated administrative staff in conjunction with, and in addition to, outside agencies as required by law and regulation." Additionally, staff with first hand knowledge of the incident are to "provide emergency assistance as needed." The policy also provides that incidents involving allegations of mistreatment, abuse or neglect require a consultation with the "DCT Supervisor on Duty and/or Administrative Staff." The Executive Director is responsible for notifying "outside agencies as required by law and regulation." Any serious incident involving a "client receiving services from The Division" of Mental Hygiene and Developmental Services requires notification to the Executive Director as soon as possible
- The facility's "Fire Drill Policy and Procedures" outline in great detail the steps to take in the event of a fire or a fire drill. There are separate policies and procedures for day/evening shift and the graveyard shift.
- The "Disaster Drill Policy and Procedure" included provisions for taking census, calling 911 and evacuating residents and staff as needed.

- The facility also provided additional procedures regarding bomb threats (evacuation); maintenance problems, including power outage, gas leak and water leak/outage; and earthquake. They also provided a list of emergency telephone numbers in the event of emergency or maintenance issue.

Placement

- NO INFORMATION PROVIDED
  (FACILITY RESPONSE: As a Medicaid participating ICF/MR, the Facility must be in compliance with those regulations governing Admissions, transfers and discharges [Federal Condition of Participation standards W198-205].)

Staffing

- NO INFORMATION PROVIDED
  (FACILITY RESPONSE: As a Medicaid participating ICF/MR, the Facility must be in compliance with those regulations governing Health Care Services [Federal Condition of Participation W158, standards 159-194]. This includes the qualifications and requirements for a Qualified Mental Retardation Professional [QMRP], professional program staff [including Occupational Therapy, Physical Therapy, Speech Therapy, Psychology and Recreation], Nursing, Social Work, and Direct Care Staff [including numbers of trained staff to be on duty sufficient to meet client needs].)

Physical Restraint and Use of Force

- The facility's "Management of Inappropriate Client Behavior" policy provides that "the use of physical restraint without prior approval and authorization is prohibited, and is reviewed as physical abuse." However, brief physical restraint may be used in emergencies to protect the client or another from serious injury.

Suicide Prevention

- NO INFORMATION PROVIDED

Welfare

Education

- NO INFORMATION PROVIDED
  (FACILITY RESPONSE: All school-age children [up to age 22] attend Carson City public schools.)

Staff & Youth Interactions

- The facility's "Staff Treatment of Clients" policy provides that "it is the policy of EVCH to ensure that clients are not subjected to physical, verbal, sexual or psychological abuse, or punishment."
- The facility's "Conduct Between Staff and Clients" policy provides that "it is the policy of EVCH to ensure that conduct between staff and clients is appropriate at all times and under all conditions."

Behavioral Control Systems

- The facility has a "Management of Inappropriate Client Behavior" policy which provides that "interventions for managing inappropriate behavior may never be used for disciplinary purposes, for the convenience of staff, or as a substitute for an active treatment program." Furthermore, "'standing' or 'as needed' (PRN) programs to control inappropriate behavior are not permitted." Approved intervention strategies include:

positive reinforcement; redirection; "ignore-attend-praise"; direct verbal or physical prompt; exclusionary or non-exclusionary environmental time-out; overcorrection; physical restraint (only for emergency); or chemical restraint (only with approval of Interdisciplinary Team, parents/guardians, and the Human Rights Committee).

Treatment

Treatment Plans

- NO INFORMATION PROVIDED
  (FACILITY RESPONSE: As a Medicaid participating ICF/MR, the Facility must be in compliance with those regulations governing Active Treatment Services [Federal Condition of Participation W195, standards W196-197, W206-W265]. This includes the requirement for an annual, individualized program plan based on functional assessments, training protocols, review, data collection and revision based on objective measures.)

Behavioral Treatment

- NO INFORMATION PROVIDED
  (FACILITY RESPONSE: See Treatment plans above. Regulation W261-262 specifically addresses treatment interventions prescribed to address inappropriate and maladaptive behaviors. Reference: EVCH Facility policy "Management of Inappropriate Client Behavior")

Substance Abuse Treatment

- NO INFORMATION PROVIDED

Mental Health Treatment

- NO INFORMATION PROVIDED
  (FACILITY RESPONSE: See Health)

Civil and Other Rights

Grievances/Complaints

- The facility's "Client Complaint Procedure" policy provides that "the client or his/her representative…has the right to file a complaint and request a review if": they disagree with the Individual Program Plan; they believe a client's rights are being restricted; they believe a client is being discriminated against because of any class protected by federal law/regulation; or they have a complaint regarding the manner in which a client was treated. The policy also provides that the complainant may contact the EVCH Discrimination Review Committee or the Office of Protection and Advocacy for further review of the complaint.

Awareness

- NO INFORMATION PROVIDED

Protection of Rights

- The facility has a Human Rights Committee which was formed to: review, approve and monitor programs to manage inappropriate behavior which may involve risks to clients' human rights; ensure that programs are conducted with appropriate written informed

consent; and review and make recommendations to the facility in regard to related practices and programs.

- The facility has a Client Record Policy and Procedure Manual which includes policies regarding confidentiality and release of information, clients right to revoke authorization for release of health information, client's right to receive/inspect health care record, and right to request amendment of health care information. In particular, the policies provide that: a valid written authorization from the client/guardian is required to release any record unless release of the record is for treatment, payment or health care operations, is required by law, or by court order.
- The facility's "Health Information Portability and Accountability" document provides policies regarding the protection of health information and its disclosure as required by HIPAA.
- The facility has a "House Rules" document which provides, in pertinent part, that each person who lives and works at the facility is entitled to: privacy; have and care for his or her own possessions; personal protection and safety; cleanliness; personal space; self-expression; reasonable peace and order; and active treatment.
- The facility's "Admission and Discharge" policies provide that "EVCH does not discriminate in the provision of services on the basis of race, national origin, gender, religion, age, or any other class protected by federal law or regulation."

FACILITY SUMMARY

Montevista Hospital
Las Vegas, NV

Montevista Hospital

Mailing Address:
5009 W. Rochelle Ave
Las Vegas, NV 89103

Physical Address:
5009 W. Rochelle Ave
Las Vegas, NV 89103

Ph. (702) 364-1111

Facility Contact:
Michelle Oelrich, Risk Manager
Michelle.Oelrich@psysolutions.com

General Facility Information

Type of Facility: Mental Health

Funding of Facility: Private (Psychiatric Solutions, Inc)

Facility Max Capacity: 28

Staff to Child Ratio: **Daytime:** 1:3 **Nighttime:** 1:4

No. of Staff Employed: UK **Full Time:** UK **Part Time:** UK

Age Range Accepted: 5 to 18

Average Length of Stay: 9.2 days

Security Level: Locked

Average Daily Population: 18

2005 Facility Demographics*

		Percent of Population by Race/Ethnicity		Percent of Population by Reason for Residence	
Total Number of Residents:	UK	**African American**	UK	UK	
Average Monthly Population:	UK	**Hispanic**	UK	UK	
Percent Male:	UK	**Asian/Pacific Islander**	UK	UK	
Percent Female:	UK	**American Indian/Alaska Native**	UK	UK	
Average Age:	UK	**White**	UK	UK	

* Data for this table is unavailable – the Facility Demographic form was not returned to NICRP.

SITE VISIT SUMMARY

Information in this section comes from the tour given at the facility and conversations with staff and youth in the facility.

NICRP Facility Visit

Date: April 20, 2006

Arrival Time: 11:00 AM **Departure Time:** 1:30 PM

Number of Interviews Conducted: 6 **Administrator:** 1
Staff: 3
Youth: 2*

Population (Day of Visit): 18 **Males:** 11 **Females:** 7

Under 12: 7

***** NICRP returned on May 12, 2006 to interview youth to provide time for the facility to obtain parental consent for the children to participate in research.

NICRP visited this facility on four different occasions. The first visit was on February 17, 2006. At this visit NICRP staff was told that this was an inconvenient time for the facility and after some discussion NICRP agreed to conduct the site visit on another day. NICRP staff returned on March 8, 2006 and again was told that this was an inconvenient time for the facility to comply with requests for interviews and a facility tour. Additionally, on this visit the facility administrator sat down with NICRP staff to ask questions about the study and challenge the appropriateness of Montevista hospital's inclusion in the study. Ultimately the administrator did not feel confident that Montevista hospital should be included in the study and they did not have time to arrange a tour and interviews on that day, so NICRP staff left the facility. On April 20, 2006 NICRP staff returned to the facility and at this time was granted the opportunity to take a tour and interview staff. Due to scheduling conflicts and the desire to obtain informed consent from the parents of the children, NICRP staff made an appointment to return on May 12, 2006 to conduct an interview with the facility administrator and three of the youth living in the facility.

This was the only facility to not allow tape recording of the interviews. Two staff refused tape recording, and youth were not permitted by the facility to be tape recorded despite their parents having signed an informed consent form that indicated the interviews would be tape recorded. In all seven interviews conducted at this facility only one person allowed tape recording.

Montevista provides both acute care and residential care to both adults and youth in their facility. NICRP was given a tour of the part of the facility relevant to children and adolescents on 4/20/06. NICRP staff observed the layout of the facility which includes a nurse's station at the intersection of the two hallways housing youth at the end of which are two units. Medication is

stored in a med room behind the nurse's station and is locked when unattended. The hospital has a pharmacy and a pharmacist comes to the facility to fill prescriptions. NICRP staff also observed the small laundry rooms located on each unit. Patients in the hospital wear their own clothing and adolescents are responsible for doing their own laundry, while the facility does laundry for the younger children. Linens are washed separately by housekeeping staff. *(FACILITY RESPONSE: Linens are washed by an outside service.)* Bedrooms have a bath/shower and a sink attached to them and a window. There are usually two youth placed in one room, but if necessary youth can be placed in single rooms. For recreation Montevista has a large gym with a basketball hoop and a carpeted floor. The facility also has a pool used in the summer and a patio and playground on the units. There is also a medical exam room next to the unit where every child admitted to the hospital sees a physician and a psychologist within 24 hours to gain a full history on the patient. NICRP also observed the kitchen and dining area. Menus for meals are posted on the units and all who enter the kitchen must wear a hairnet. The dietician creates all menus. Both the kitchen and dining areas appeared clean and well kept, and youth are only allowed plastic utensils and paper plates to protect their safety. The school is located on site and children and adolescents attend school for three hours a day where they work with an instructor who develops individualized plans for students. The classroom seems like an adequate space for education.

COMPLAINTS

Description of the Process

At Montevista if a patient wishes to make a complaint there is a complaint form that can be filled out or youth can verbally tell staff or write it out on a piece of paper. All complaints go to the risk manager first. Patients can request to talk to the risk manager directly. This policy is listed in the patient rights manual provided to all patients. If the risk manger receives a grievance she responds to it and gets back to the patient. If that patient wants a formal response, the risk manager will provide it. Complaints are also reviewed by the CEO. Parents wishing to make a complaint often do so over the phone and the appropriate person addresses their concerns. When this happens staff fill out a complaint/compliment form documenting the compliment or concern.

Number of Complaints

	Count	Percent
Total Number of Complaints Received:	33	100%
Past Complaints January 1, 2000 – December 31, 2005	28	84.8%
Forwarded Complaints Jan 1, 2006 – September 30, 2006	5	15.2%
Complaints Received by NICRP Jan 1, 2006 – September 30, 2006	0	0.0%

Average Response Times for Complaints (in Days)

	Average # Days	Range (Min-Max)
Average Response Time – Overall	2.7	0-23
Average Response Time - Past Complaints January 1, 2000 – December 31, 2005	2.8	0-23
Average Response Time - Forwarded Complaints Jan 1, 2006 – September 30, 2006	2.2	0-10
Average Response Time – Received by NICRP Jan 1, 2006 – September 30, 2006	N/A	N/A

Type of Complaint

Complaints were placed into broad categories based on the topics determined by the Subcommittee's original request.

	Count	Percent
Health Anything having to do with a child's physical or mental health. These include nutrition and exercise, medical care, medication administration and attention pertaining to illness or injury.	5	15.2%
Safety Anything having to do with the physical safety of the children. These include physical security and staffing issues, physical restraint, appropriate placement within the facility, and physical environment, including cleanliness as well appropriate and working facilities and equipment.	1	3.0%
Welfare Anything having to do with the general well being of the child. These include emotional issues and may include such things as the way that staff interacts with children on a daily basis, punishments, education, and wellness activities.	1	3.0%
Treatment This term is defined in terms of a treatment program not necessarily how a child is "treated" on a daily basis. These include issues of access to counseling (mental health and substance abuse) resources, issues relating to a resident's actual treatment plan and how youth are able to progress through a facility's program.	10	30.3%
Civil and Other Rights This includes things pertaining to not only a child's civil rights, but also their rights as human beings. This would also include any rights within a particular facility that the youth are granted as explained to them in orientation.	1	3.0%
Privileges This category was added for complaint analysis because there are complaints received about not getting things that are deemed privileges and are earned and are not a right, or do not affect their health, safety, welfare, or treatment.	0	0.0%
Other This category includes all issues not easily placed into the above six groups.	15	45.5%
Unknown Unknown complaints occurred in situations where there was a resolution and no grievance attached, or the grievance was illegible.	0	0.0%

Sub-Categories of Complaints

All complaints were further analyzed independent from their resolutions and coded into 11 categories to help researchers understand the nature of the complaint in greater depth. Complaints may fall into more than one category, and so percents will not add up to 100%. Answers were Yes-No-Unknown for each question, and only Yes answers are reported here. Unknown was only selected in situations where the grievance was not attached or was illegible. The percent demonstrates the percent in each sub-category out of the total number of complaints received.

	Count	Percent
Physical Harm	0	0.0%
Lack of Supervision	0	0.0%
Inappropriate verbal contact by staff	1	3.0%
Inappropriate verbal contact by another youth	0	0.0%
Inappropriate physical contact by staff	0	0.0%
Inappropriate physical contact by another youth	0	0.0%
Sexual in nature	0	0.0%
Disagreement with staff/administrative decision	20	60.6%
Medical in nature (medication, doctors visits, etc)	8	24.2%
Differential treatment by staff	8	24.2%
Unsatisfactory physical environment	0	0.0%

Categories of Response

Responses were also coded separately from the complaint in order to further understand the level of response from administration.

	Count	Percent
Action-Oriented A response that indicates that the facility did something in response to this complaint such as counseling, policy change, termination, or new placement.	25	75.8%
Explanatory A response where the facility only provides an explanation for the complaint, or the circumstances of the complaint and no action is indicated.	4	12.1%
Unknown If the facility did not attach a response to a grievance or the response was illegible, the response was coded as unknown.	4	12.1%

POLICIES AND PROCEDURES

Montevista Hospital provided NICRP with various sections of their policies and procedures manuals as requested by NICRP after reviewing their Table of Contents. The policies included are from the following Clinical Services Manuals: Assessment of Patients (900's); Clinical Services Manual for Care of Patients (1000's); Patient/Family Education (1100's); Continuum of Care (1200's); Nursing Specific Policies (1300's); Patient Rights (1800's); and Dietary/Food Services (1900's).
Last date of revision: Various Dates

Health

Assessments

- Section 900.14 states that psychological testing will be ordered by the attending physician.
- Section 900.3 provides that the facility conducts "an integrated systematic assessment" of each patient and that the medical screen will not be delayed due to financial resources or insurance status. The assessments provided include: medical screen; nursing; psych/social; adjunctive therapy; and substance abuse. Additional assessments may be conducted as needed.
- Section 900.4 provides that admitted patients must have a Psychiatric/Addition Evaluation conducted by the attending physician or designee.

Nutrition & Exercise

- Section 900.16 provides the policy for screening for dietary problems, food allergies and nutritional education.
- Section 900.50 provides that calorie counts will be conducted per physician order.
- Section 1000.35 states that the Dietary Department is responsible for ensuring that the menu meets nutritional guidelines as well as the patient's individual dietary needs.
- Section 1000.36 provides guidelines for food services for patients on therapeutic diets. The following section, 1000.37, outlines the procedures for ordering special diets or modifying meals for medical reasons.
- Section 1000.38 provides that nutritious snacks will be provided daily.
- Section 1000.40 states the procedures for food storage in the patient care areas.
- Section 1000.67 outlines the procedures for outdoor activities which provides in part that the playground will be made available to children/adolescents at scheduled times.
- Section 1000.129 provides the policy on use of the facility swimming pool.
- Sections 1900.1, 1900.2, 1900.3, 1900.25, 1900.26, 1900.3, 1900.37, 1900.38, 1900.40, and 1900.47 provide additional procedures in regard to the food services department and dietetic services, specifically outlining the responsibilities of those staff/departments.

Access to Medical Care

- Section 900.1 states that the facility provides 24 hour access to mental health and substance abuse treatment.
- Section 900.36 states the policy for accommodating appointments/consultations outside of the facility, including making/confirming appointments and transporting the patient.

- Section 1200.10 provides that patients with medical conditions that cannot be properly treated at this facility will be transferred to an appropriate medical facility and provides the procedures for making the transfer.

Administration of Medication

- Section 1000.42 lists the procedures for the administration of medication to patients. The policy states, in pertinent part, that only physicians, registered nurses and licensed nursing staff are allowed to administer medications and that all medications must be ordered by a physician. This section provides detailed policies and procedures for storing, administering and handling medications, as well as documenting medication administration.
- Section 1000.43 states that "a signed consent by the parent or legal guardian is required before administering any medication." However, telephone consent may be sufficient under certain circumstances.
- Section 1000.52 provides the policies and procedures for handling controlled substances in accordance with state and federal guidelines.
- Section 1000.85 provides special safety precautions for patients receiving psychotropic medications.
- Section 1000.135 outlines the policy and procedures in regard to "youth medication PRN (as needed) protocols." PRN medications are used after other interventions to "provide symptomatic relief and to reduce risk of self harm or harm to others." A doctor must order the PRN and specify the exact dose and route of the medication. The policy specifically states that "not all youth services patient require PRN medication. Specifically, the diagnosis of Major Depression or Depression NOS, does not justify the attached PRN protocols as standard treatment."
- Section 1000.135A describes the procedures for the "emergency use of medication", which does not include medications, including PRN medications, that are part of the patient's regular regiment. Emergency medications may only be administered at the direction of the physician.
- Section 1800.27 outlines the procedures for the administration of forced medication (involuntary medication administration) as determined by the District Court of Clark County, NV.

Communicable Diseases

- NO INFORMATION AVAILABLE

Safety

Physical Environment

- Section 1900.50 and 1900.80 outline the policies and procedures in regard to handling suspected contaminated foods as well as sanitary controls in food service in an effort to reduce food related illnesses.

Emergency Procedures

- Section 1000.13 provides the procedures in the event of cardiac or respiratory arrest of a patient (Code Blue), including the administration of CPR by a trained staff member. The facility does not honor Do Not Resuscitate requests.

- Section 1000.19 outlines the policies and procedures regarding physical health emergencies for patients, staff and visitors, which include transferring injured persons to an Emergency Room. Specific procedures are provided for: abrasions; contusions; lacerations; electrical shock; ingestion of foreign objects; suspected joint injuries/fractures; diabetic coma/insulin shock; anaphylaxis or anaphylactic shock; cardiac/respiratory arrest; overdose; seizures; burns; foreign body in eye; toxic substance ingestion; and suicide emergencies including strangulation and lacerations.
- Section 1000.30 outlines the procedures in the event that a patient elopes (or escapes) the facility.
- Section 1000.34 outlines the procedures to follow in the event that a patient alleges to be the victim of assault (rape/sexual molestation), which include notifying law enforcement and child protective services (as appropriate), as well as accompanying the victim to the Emergency Room for assessment/evaluation.
- Section 1000.62 outlines the procedures to follow in the event of a patient death/suicide.
- Section 1000.130 provides the procedures to be taken in the event of an emergency at the facility swimming pool.
- Section 1900.83 outlines the procedures of the food services department in the event of a fire.
- Sections 1900.84 and 1900.85 outline the procedures of the food services department in the event of a disaster or emergency (loss of water, gas, electricity) so that food services will remain intact.

Placement

- Section 1000.53 states, in pertinent part, that patients exhibiting assault potential should be assigned a room on a locked unit without a roommate if possible.
- Section 1000.132 covers unit and bed assignment procedures which indicate that bed assignment will be made by the charge nurse, the rooms are gender-based on that placement according to age will be nondiscriminatory in regard to religion, race, color, national origin, handicap, HIV/AIDS or sexual orientation.

Staffing

- Section 1300.1 provides that "it is the policy of this facility to maintain a staffing level which supports safe and effective care for each facility program."

Physical Restraint and Use of Force

- Section 1000.55 provides the policies and procedures for "therapeutic holding of assaultive/self harming children [sic]." This technique will only be used when less restrictive measures of controlling dangerous behavior is ineffective.
- Section 1000.60 defines the restraint policy at the facility. Restraints shall only be used after less restrictive measures have failed. Use of restraints requires a doctor's order and may have a maximum duration of 1 hour for children under 9 and 2 hours for children 9 to 17 years old.
- Section 1000.63 specifies the "special treatment procedures" that are allowed and prohibited at the facility. Allowable procedures include: time out, seclusion, restraint and ECT. Prohibited procedures include: psychosurgery, amytal [truth serum] interview, behavior modification using aversive conditioning and the use of unusual medications and experimental drugs.

Suicide Prevention

- Section 1000.10 (10) specifies procedures for providing immediate medical assistance for suicide attempts which involve strangulation or lacerations of the throat/wrists.
- Section 1000.24 provides, in pertinent part, that the physician will order precautions for suicide. The RN may increase a patient's observation level, but may not decrease the level without a physician's order.

Welfare

Education

- Section 1100.3 provides the policy on academic education for patients. A psychiatrist will determine the ability of the patient to participate in education activities. The facility's education staff coordinates education activities through the "Homebound" program who communicate with the child's school regarding activities and discharge concerns.
- Section 1100.6 provides that "every adolescent patient will have the opportunity to participate in structured, coordinated, learning activities daily" as provided by a mental health technician.
- Section 1200.6 outlines the procedures for grade reporting and providing transcripts upon discharge.

Staff & Youth Interactions

- Section 1000.2 provides the policy on staff and patient interactions and relationships. This section outlines the procedures which ensure that interactions are professional and therapeutic, and that boundaries are maintained.
- Section 1000.32 states that all staff are mandated reporters of abuse and/or neglect. This section defines the laws regarding abuse and neglect and provides the procedures for making such reports in compliance with state law.

Behavioral Control Systems

- Section 1000.53 outlines the procedures for handling patients with high assault potential, including procedures to prevent agitation as well as methods for engaging the agitated patient.
- Section 1000.55 provides the policies and procedures for "therapeutic holding of assaultive/self harming children [sic]." This technique will only be used when less restrictive measures of controlling dangerous behavior is ineffective.
- Section 1000.57 outlines the facilities policies and procedures on seclusion. Seclusion is only to be used if less restrictive measures are ineffective. A physician must order seclusion. The maximum duration of the seclusion is 1 hour for children under 9 and 2 hours for children ages 9 to 17. Extension of these times may be ordered by a physician.
- Section 1000.58 states the policy for calling a "Code Green" in the event that a patient becomes combative, is a threat to self or others, there is an immediate breakdown or all other interventions have failed and staff need assistance to control the patient.
- Section 1000.133 states the policy for calling a "Code 300" in the event that an emergent situation is developing which staff need assistance in preventing.

- Section 1300.21 provides that the "staff will use the 1-2-3 counting method to deal with problem behaviors of children patients." Staff must be trained using the "1-2-3 Magic" materials. Staff may also use "Thinking Time" and the "15/30 Program" as needed if the "1-2-3 Magic" technique is not effective.
- Section 1300.22 outlines the "adolescent unit behavior modification" policies, which include "Coolin' Off" guidelines as well as the "adolescent program points sheet" and level system.

Treatment

Treatment Plans

- Sections 1200.2 and 1200.3 outline the policies and responsibilities in regard to case management discharge planning and the aftercare/discharge plan.
- Section 1200.9 outlines the procedures for implementing a treatment plan that meets the individual needs of the patient and is in compliance with regulatory standards.

Behavioral Treatment

- Sections 1100.6 and 1100.7 outline various learning activities and programs that are offered daily at the facility by mental health technicians to assist children with behavioral, mental, and physical health.

Substance Abuse Treatment

- Section 1300.2 outlines the policies and procedures in regard to detoxification. It is the policy of the facility to "provide medical supervision in a safe, supportive, structured environment for the patient who is withdrawing from alcohol or drugs."

Mental Health Treatment

- Sections 1100.6 and 1100.7 outline various learning activities and programs that are offered daily at the facility by mental health technicians to assist children with behavioral, mental, and physical health.
- Sections 1300.8, 1300.8A, 1300.9, 1300.11, and 1300.13 cover the policies and procedures in regard to the referral, consent and administration of Electroconvulsive Therapy (ECT). In particular, the policy states that "the decision to administer ECT to an adolescent age 13 – 17 years requires concurrence of two active staff consultants experienced in treating psychiatric disorders of children...[and] should involve the parents or guardians of the child."

Civil and Other Rights

Grievances/Complaints

- Section 1200.1 provides, in pertinent part in subsection 4.7 that the "patient and/or parents have the right to file grievance per hospital Grievance Procedure without fear of punishment or reprisal."
- Section 1800.23 outlines the procedures for filing a complaint/grievance against the facility related to patient care and/or rights. Staff are to forward complaints to the Patient Rights Advocate or Supervisor. The Patient Advocate will respond to the patient as soon

as possible. Patient care issues will be responded to within 24 hours by the Clinical Services Director.

Awareness

- Section 1100.1 states that patient will be provided with an orientation to their unit which includes receiving a copy of the program schedule and a handbook of the unit program.
- Section 1800.2 outlines the "Patient Rights to Care and Treatment and Privacy". The policy provides, in part, that parents must be advised of their rights during admission, and that patient rights are posted and presented to patients upon admission.

Protection of Rights

- Section 900.41 provides that the facility does not discriminate against individuals based on race, color, national origin, age, gender, religion or disability (including AIDS or related conditions).
- Section 900.44 describes the facilities compliance with the Emergency Medical Treatment Act and Active Labor Act (EMTALA).
- Section 1800.2 outlines the "Patient Rights to Care and Treatment and Privacy". The policy provides, in part, that patients have a right to privacy, that parents must be advised of their rights during admission, that patient rights are posted and presented to patients upon admission and that patients and/or parents have a right to file a grievance without punishment or reprisal.
- Section 1800.4 details the procedures for "denial of rights" which provides, in part, that a "denial of rights require a physician's order."
- Section 1800.12 provides that patients will have access to pastoral care and that staff may assist the patient in contacting their clergy.
- Section 1800.16 provides that interpreters, language and sign, will be provided to patients as needed during therapy and/or programs.

FACILITY SUMMARY

Sage Wind Treatment Center
Reno, NV

[No Current Photo Available]

Sage Wind Treatment Center (Closed June 2006)

Mailing Address:
1725 McCarran Blvd
Reno, NV 89502

Physical Address:
1725 McCarran Blvd
Reno, NV 89502

Ph. (775) 954-1400

Facility Contact:
Kelly Rigby, Data Coordinator/Substance Abuse Counselor
Kelly@bristleconereno.com

General Facility Information

Type of Facility: Mental Health/Substance Abuse Treatment Center

Funding of Facility: Private – Bristlecone Family Resources

Facility Max Capacity: 17

Staff to Child Ratio: **Daytime:** 1 to 8 **Nighttime:** 1 to 8

No. of Staff Employed:20 **Full Time:** 20 **Part Time/On Call:** UK

Age Range Accepted: 12 to 19 years

Average Length of Stay: 4 months residential

Security Level: Staff Secure

Average Daily Population: UK

2005 Facility Demographics*

		Percent of Population by Race/Ethnicity		Percent of Population by Reason for Placement	
Total Number of Residents:	UK	**African American**	UK	UK	
Average Monthly Population:	UK	**Hispanic**	UK	UK	
Percent Male:	UK	**Asian/Pacific Islander**	UK	UK	
Percent Female:	UK	**American Indian/Alaska Native**	UK	UK	
Average Age:	UK	**White**	UK	UK	

* Data for this table is unknown – the facility closed before the request for information was sent out by NICRP and as a result the form was not returned.

SITE VISIT SUMMARY

Information in this section comes from the tour given at the facility and conversations with staff and youth in the facility.

NICRP Facility Visit

Date: April 19, 2006

Arrival Time: 9:30 AM **Departure Time:** 12:00 PM

Number of Interviews Conducted: 4 **Administrator:** 1
Staff: 2
Youth: 1

Population (Day of Visit): 7 **Males:** 6 **Females:** 1

Under 12: 0

Sage Wind Treatment Center is part of Bristlecone Family Resources as the adolescent campus. At the time of the visit the center was attempting to decrease the number of children in the facility because the center was going to close in June of 2006 due to funding issues.

Upon arrival at the facility NICRP staff was given a guided tour of the facility. The facility seemed to have a very relaxed atmosphere and homelike environment. There were many games and activities available to the youth in the facility, including; playing cards, ping-pong, horseshoe pit, and a ropes course. NICRP staff also observed a large patio and barbeque grill. While the facility did have a large yard available to the youth, the gym was out of operation due to a flood. In the facility NICRP staff observed four bedrooms, two holding four beds and two holding two beds. Each room had a sink and windows. They appeared to be fairly clean, but worn. Counselors' offices are located in the residential halls and the girls' hall is identical to the boys' hall, just located on the upper floor of the building. The other offices and employee lounge was located upstairs from the residential halls.

Chemicals within the facility are stored in a locked filing cabinet. Youth do their laundry. Youth are required to eat three meals a day, but are allowed to snack during the day.

NICRP staff observed the facility to be cluttered, and mismatched. In the kitchen NICRP staff observed lots of food in the freezer and on the floor in crates. NICRP staff are concerned about some of the health and safety measures taken in this facility. First, staff were not wearing badges, uniforms or anything to identify them as staff who worked at the facility. NICRP also observed chickens defrosting on the countertops in the kitchen, where it seems that donated food was kept. Much of the donated food was observed to be expired, and NICRP staff were concerned about the expiration dates for the meat located in the freezer.

Staff shared with NICRP that the youth in this facility would be transferred to more structured facilities or would no longer receive services when the facility closed in June.

Facility closed in June 2006.

COMPLAINTS

Description of the Process

At Sagewind, if a resident wishes to make a complaint, this can either be done verbally or in writing. The youth has the option also to simply bring the issue to the person they have the grievance with and try to work it out between the two of them. If that does not get resolved, the complaint moves up the chain of command until it has been addressed. If a person wishes to make a verbal grievance, then this is also documented. On staff Sagewind has a person that they call the compliance officer. It is this person's responsibility to collect all grievances and follow up on them. The policy for following up on grievances is within five to ten working days, but most get resolved within 24 to 48 hours, at which point the complainant is informed of the resolution or response to the complaint.

Number of Complaints

	Count	Percent
Total Number of Complaints Received:	1	100%
Past Complaints January 1, 2000 – December 31, 2005	0	0.0%
Forwarded Complaints Jan 1, 2006 – September 30, 2006	1	100.0%
Complaints Received by NICRP Jan 1, 2006 – September 30, 2006	0	0.0%

Average Response Times for Complaints (in Days)

	Average # Days	Range (Min-Max)
Average Response Time – Overall	Unknown	Unknown
Average Response Time - Past Complaints January 1, 2000 – December 31, 2005	N/A	N/A
Average Response Time - Forwarded Complaints Jan 1, 2006 – September 30, 2006	Unknown	Unknown
Average Response Time – Received by NICRP Jan 1, 2006 – September 30, 2006	N/A	N/A

Type of Complaint

Complaints were placed into broad categories based on the topics determined by the Subcommittee's original request.

	Count	Percent
Health Anything having to do with a child's physical or mental health. These include nutrition and exercise, medical care, medication administration and attention pertaining to illness or injury.	0	0.0%
Safety Anything having to do with the physical safety of the children. These include physical security and staffing issues, physical restraint, appropriate placement within the facility, and physical environment, including cleanliness as well appropriate and working facilities and equipment.	0	0.0%
Welfare Anything having to do with the general well being of the child. These include emotional issues and may include such things as the way that staff interacts with children on a daily basis, punishments, education, and wellness activities.	1	100.0%
Treatment This term is defined in terms of a treatment program not necessarily how a child is "treated" on a daily basis. These include issues of access to counseling (mental health and substance abuse) resources, issues relating to a resident's actual treatment plan and how youth are able to progress through a facility's program.	0	0.0%
Civil and Other Rights This includes things pertaining to not only a child's civil rights, but also their rights as human beings. This would also include any rights within a particular facility that the youth are granted as explained to them in orientation.	0	0.0%
Privileges This category was added for complaint analysis because there are complaints received about not getting things that are deemed privileges and are earned and are not a right, or do not affect their health, safety, welfare, or treatment.	0	0.0%
Other This category includes all issues not easily placed into the above six groups.	0	0.0%
Unknown Unknown complaints occurred in situations where there was a resolution and no grievance attached, or the grievance was illegible.	0	0.0%

Sub-Categories of Complaints

All complaints were further analyzed independent from their resolutions and coded into 11 categories to help researchers understand the nature of the complaint in greater depth. Complaints may fall into more than one category, and so percents will not add up to 100%. Answers were Yes-No-Unknown for each question, and only Yes answers are reported here. Unknown was only selected in situations where the grievance was not attached or was illegible. The percent demonstrates the percent in each sub-category out of the total number of complaints received.

	Count	Percent
Physical Harm	0	0.0%
Lack of Supervision	0	0.0%
Inappropriate verbal contact by staff	1	100.0%
Inappropriate verbal contact by another youth	0	0.0%
Inappropriate physical contact by staff	0	0.0%
Inappropriate physical contact by another youth	0	0.0%
Sexual in nature	0	0.0%
Disagreement with staff/administrative decision	0	0.0%
Medical in nature (medication, doctors visits, etc)	0	0.0%
Differential treatment by staff	0	0.0%
Unsatisfactory physical environment	0	0.0%

Categories of Response

Responses were also coded separately from the complaint in order to further understand the level of response from administration.

	Count	Percent
Action-Oriented A response that indicates that the facility did something in response to this complaint such as counseling, policy change, termination, or new placement.	1	100.0%
Explanatory A response where the facility only provides an explanation for the complaint, or the circumstances of the complaint and no action is indicated.	0	0.0%
Unknown If the facility did not attach a response to a grievance or the response was illegible, the response was coded as unknown.	0	0.0%

POLICIES AND PROCEDURES

Sage Wind (Bristlecone Family Resources) provided NICRP with six documents. Those documents include: Client Rights and Grievance Procedure; Notice of Privacy Practices; and four individual policies (Incident Response and Reporting; Notice of Privacy Practices; Federal Confidentiality Regulations; and Minimum Necessary, Incidental Use or Disclosure, and Safeguards).

Last date of revision: ***Client Rights and Grievance Procedure – 10/28/04***
Notice of Privacy Practices – Effective 4/14/03
Policies - 2003

Health

Assessments

- NO INFORMATION AVAILABLE

Nutrition & Exercise

- NO INFORMATION AVAILABLE

Access to Medical Care

- NO INFORMATION AVAILABLE

Administration of Medication

- NO INFORMATION AVAILABLE

Communicable Diseases

- NO INFORMATION AVAILABLE

Safety

Physical Environment

- NO INFORMATION AVAILABLE

Emergency Procedures

- Policy number 01-028, "Incident Response and Reporting," states that "an incident report must be completed anytime there is an injury (regardless of severity) to clients, employees or visitors." Incident reports involving a client must be provided to the Director of Performance Improvement and Compliance within 24 hours of the incident.

Placement

- NO INFORMATION AVAILABLE

Staffing

- NO INFORMATION AVAILABLE

Physical Restraint and Use of Force

- NO INFORMATION AVAILABLE

Suicide Prevention

- NO INFORMATION AVAILABLE

Welfare

Education

- NO INFORMATION AVAILABLE

Staff & Youth Interactions

- NO INFORMATION AVAILABLE

Behavioral Control Systems

- NO INFORMATION AVAILABLE

Treatment

Treatment Plans

- NO INFORMATION AVAILABLE

Behavioral Treatment

- NO INFORMATION AVAILABLE

Substance Abuse Treatment

- NO INFORMATION AVAILABLE

Mental Health Treatment

- NO INFORMATION AVAILABLE

Civil and Other Rights

Grievances/Complaints

- The "Client Rights and Grievance Procedure" provides that clients have the right to grieve actions or decisions which they feel violate their rights. Patients may also file grievances with the State of Nevada, Bureau of Alcohol and Drug Abuse. This document also provides the procedure for filing a grievance.

Awareness

- Policy 06-010, "Notice of Privacy Practices" details the contents and procedures for distribution/notice of the facilities privacy practices. The policy states that "all clients will be given a copy of the notice during their first contact" with the facility and that "the notice will be posted and made available in the reception area."

Protection of Rights

- A "Notice of Privacy Practices" is provided to all clients which includes information regarding: how the facility uses the health information, confidentiality of alcohol and drug abuse client records, health information rights, the facilities responsibilities, how to report a problem, and examples of allowable disclosures and uses of health information.
- The "Client Rights and Grievance Procedure" document enumerates 22 rights that are afforded to patients. Those include, but are not limited to, the right to: be involved and informed regarding treatment; be treated with respect and consideration; safe, healthful and comfortable accommodations; confidential treatment; freedom from emotional, physical, intellectual, or sexual harassment or abuse; freedom of religious activities; and

grieve actions/decisions which violate patients rights without fear of adverse consequences or retribution.

- The facility additionally has a policy on "Federal Confidentiality Regulations" which summarize the federal confidentiality requirements.
- The "Minimum Necessary, Incidental Use or Disclosure, and Safeguards" policy establishes "guidelines for the appropriate use and disclosure of protected health information (PHI) under the HIPAA minimum necessary standard."

FACILITY SUMMARY

Spring Mountain Treatment Center
Las Vegas, NV

Spring Mountain Treatment Center

Mailing Address:
7000 Spring Mountain Road
Las Vegas, NV 89117

Physical Address:
7000 Spring Mountain Road
Las Vegas, NV 89117

Ph: 702-873-2400

Facility Contact:
Norma Ferris, Director of Clinical Services
Email: norma.ferris@uhsinc.com

General Facility Information

Type of Facility: Mental Health - Hospital

Funding of Facility: Private (Universal Health Services, Inc)

Facility Max Capacity: 70

Staff to Child Ratio: UK **Daytime:** UK **Nighttime:** UK

No. of Staff Employed: 120-150 **Full Time:** UK **Part Time/On Call:** UK

Age Range Accepted: 12-17

Average Length of Stay: varies by unit

Security Level: Locked

Average Daily Population: 47-52

2005 Facility Demographics*

		Percent of Population by Race/Ethnicity		Percent of Population by Types of Offense	
Total Number of Residents:	UK	**African American**	UK	**AXIS I Diagnoses**	100%
Average Monthly Population:	UK	**Hispanic**	UK		
Percent Male:	UK	**Asian/Pacific Islander**	UK		
Percent Female:	UK	**American Indian/Alaska Native**	UK		
Average Age:	UK	**White**	UK		

* Data for this table is unavailable – the Facility Demographic form was returned to NICRP stating that the facility does not keep these statistics.

SITE VISIT SUMMARY

Information in this section comes from the tour given at the facility and conversations with staff and youth in the facility.

NICRP Facility Visit

Date: March 22, 2006

Arrival Time: 9:00 AM **Departure Time:** 1:30 PM

Number of Interviews Conducted: 12
Administrator: 1
Staff: 5
Youth: 6

Population (Day of Visit): 59 **Males:** 42 **Females:** 18

Under 12: 1

NICRP Follow Up Facility Visit

Date: September 26, 2006

Arrival Time: 10:30 AM **Departure Time:** 12:00 PM

Number of Interviews Conducted: 8
Administrator: 0
Staff: 1
Youth: 7

Spring Mountain Treatment Center is a 70-bed private mental health hospital in Las Vegas. The facility provides both acute and residential care for youth, and has a unit exclusively for juvenile sex offenders. The facility accepts youth from other states, primarily Alaska and Arizona.

The tour was conducted by the facility's Program Director. The adolescent acute unit is the only co-ed unit in the facility, and that unit provides a special focus on medication, therapy and stabilization of the youth placed there. The facility has both a girls' residential unit and a boys' residential unit, as well as the juvenile sex offender unit. There is a large open yard outdoors and several small secured patio areas, plus a new ropes course designed for team-building exercises.

All medication is administered to youth by nursing staff. The nursing area is central to the units and has a locked medication room behind it. There is a pharmacy on site on the administrative hallway that is accessible only to the pharmacist.

There is a carpeted gym and cafeteria, and a small pool. Youth are cycled through the cafeteria for meals, and the facility conducts quarterly surveys to see how the patients feel about the food and then from the youth's wish list staff develops the menu once a week based on these surveys.

This day is called "Wild Wednesday" and the menu for that day is determined by patient survey. All other meals are developed by a registered dietician, to create good nutritional diets for youth. At this facility, youth do not assist with food preparation.

There are two classrooms, an art room which is staffed by an art therapist, and a patient library. There are private rooms for counseling right off the units, plus a large dayroom and two seclusion rooms. Each bedroom has a bathroom in the room, and there are motion sensors in each room which are activated at night.

At the time of the tour, NICRP was concerned that during the tour, keys seemed to stick in the locks and doors were propped while the areas were viewed. The facility is not dirty, but appears to be run down in places and in need of further renovation. Other physical issues reported include a broken washing machine causing long-term damage to the carpet which requires air freshener, problems with the sewer system getting backed up, unpleasant smells in the facility, and a dirty cafeteria.

There was some concern reported about medication errors for residents, improper medications being administered, or improper dosages prescribed. Overall, youth report being satisfied with the grievance process, but some witnessed grievances being torn up and are frustrated that they do not always hear back from the patient advocates. Youth felt that the treatment program was not enough. Youth requested a more in-depth chemical dependency class, as well as classes on gang interventions and other relevant topics. They also suggested that the facility run regular groups which are more steady and stable with a long term planned purpose. They would also like more challenging work in school.

Youth report that there used to be a lot of hurtful teasing that happened between youth and staff in the past, but that most of those staff have left SMTC, so it happens less often. Staff also report that the facility has a practice in place where staff can "tag out" or take a break from a unit if the staff are struggling with youth. Staff report that this practice promotes positive interactions with youth and helps to avoid frustration and hurtful teasing. Some youth report that staff treat all kids the same, because those youth who feel they are being treated differently are not doing their program properly, but other youth report that staff have favorites who receive more privileges and less discipline than others. However, youth report that the staff make them feel safe at SMTC, because they know staff are trained to handle problems.

COMPLAINTS

Description of the Process

Complaints at SMTC are handled by the designated Patient Advocates. Patient Advocates are facility staff selected to serve in this position in addition to their regular duties for a set period of time. There are always two Patient Advocates at one time, and their pictures are posted on the walls by grievance boxes. The facility has developed a form for grievances, which the youth are able to fill out and place in the box. Grievances are collected, reviewed, investigated and resolved by the Patient Advocates, unless there is a situation out of their scope, where they are able to go to the Director of Clinical Services or the Program Director for assistance in the resolution process. The policy states that grievances should be followed up on within 72 hours. Data is collected by the company (UHS, Inc) about complaints and resolutions.

This facility also reviews and revises policy and procedures based on complaints received at the facility. The administrative team will review the policy and assess how well they are working in practice, and changes will be made if necessary.

Number of Complaints

	Count	Percent
Total Number of Complaints Received:	1002	100%
Past Complaints January 1, 2000 – December 31, 2005	872	87.0%
Forwarded Complaints Jan 1, 2006 – September 30, 2006	124	12.4%
Complaints Received by NICRP Jan 1, 2006 – September 30, 2006	6	0.6%

Average Response Times for Complaints (in Days)

	Average # Days	Range (Min-Max)
Average Response Time – Overall	6.61	0-167
Average Response Time - Past Complaints January 1, 2000 – December 31, 2005	6.5	0-56
Average Response Time - Forwarded Complaints Jan 1, 2006 – September 30, 2006	3.3	0-18
Average Response Time – Received by NICRP Jan 1, 2006 – September 30, 2006	57.5	2-167

Type of Complaint

Complaints were placed into broad categories based on the topics determined by the Subcommittee's original request.

	Count	Percent
Health Anything having to do with a child's physical or mental health. These include nutrition and exercise, medical care, medication administration and attention pertaining to illness or injury.	106	10.6%
Safety Anything having to do with the physical safety of the children. These include physical security and staffing issues, physical restraint, appropriate placement within the facility, and physical environment, including cleanliness as well appropriate and working facilities and equipment.	106	10.6%
Welfare Anything having to do with the general well being of the child. These include emotional issues and may include such things as the way that staff interacts with children on a daily basis, punishments, education, and wellness activities.	533	53.2%
Treatment This term is defined in terms of a treatment program not necessarily how a child is "treated" on a daily basis. These include issues of access to counseling (mental health and substance abuse) resources, issues relating to a resident's actual treatment plan and how youth are able to progress through a facility's program.	42	4.2%
Civil and Other Rights This includes things pertaining to not only a child's civil rights, but also their rights as human beings. This would also include any rights within a particular facility that the youth are granted as explained to them in orientation.	44	4.4%
Privileges This category was added for complaint analysis because there are complaints received about not getting things that are deemed privileges and are earned and are not a right, or do not affect their health, safety, welfare, or treatment.	58	5.8%
Other This category includes all issues not easily placed into the above six groups.	111	11.1%
Unknown Unknown complaints occurred in situations where there was a resolution and no grievance attached, or the grievance was illegible.	2	0.2%

Sub-Categories of Complaints

All complaints were further analyzed independent from their resolutions and coded into 11 categories to help researchers understand the nature of the complaint in greater depth. Complaints may fall into more than one category, so percents often may not add up to 100%. Answers were Yes-No-Unknown for each question, and only Yes answers are reported here. Unknown was only selected in situations where the grievance was not attached or was illegible. The percent demonstrates the percent in each sub-category out of the total number of complaints received.

	Count	Percent
Physical Harm	21	2.1%
Lack of Supervision	17	1.7%
Inappropriate verbal contact by staff	185	18.5%
Inappropriate verbal contact by another youth	119	11.9%
Inappropriate physical contact by staff	33	3.3%
Inappropriate physical contact by another youth	62	6.2%
Sexual in nature	24	2.4%
Disagreement with staff/administrative decision	509	50.8%
Medical in nature (medication, doctors visits, etc)	46	4.6%
Differential treatment by staff	100	10.0%
Unsatisfactory physical environment	78	7.8%

Categories of Response

Responses were also coded separately from the complaint in order to further understand the level of response from administration.

	Count	Percent
Action-Oriented A response that indicates that the facility did something in response to this complaint such as counseling, policy change, termination, or new placement.	231	23.1%
Explanatory A response where the facility only provides an explanation for the complaint, or the circumstances of the complaint and no action is indicated.	415	41.4%
Unknown If the facility did not attach a response to a grievance or the response was illegible, the response was coded as unknown.	356	35.5%

POLICIES AND PROCEDURES

Spring Mountain Treatment Center provided NICRP with 7 sections of their policies and procedures manual, which included: Patients' Rights and Responsibilities; Restriction of Patients Rights; Reporting Alleged Child Abuse or Neglect; Denial of Rights; Patient Rights and Responsibilities and Advocacy of Patients; Patient Abuse and/or Neglect by Employees; and Reporting Patient Abuse and Neglect. The facility also provided NICRP with three notices: Civil Rights Non-Discrimination Notice; Civil Rights Grievance Procedure Notice; and Americans with Disabilities Act (ADA) Notice.
Last date of revision: Policies – various months in 2005.

Health

Assessments

- NO INFORMATION AVAILABLE

Nutrition & Exercise

- NO INFORMATION AVAILABLE

Access to Medical Care

- NO INFORMATION AVAILABLE

Administration of Medication

- The "Patients' Rights and Responsibility" states, in pertinent part, that "PRN medications can only be used to protect you from yourself or to protect others from you. Your doctor must order the medication."

Communicable Diseases

- NO INFORMATION AVAILABLE

Safety

Physical Environment

- NO INFORMATION AVAILABLE

Emergency Procedures

- NO INFORMATION AVAILABLE

Placement

- NO INFORMATION AVAILABLE

Staffing

- NO INFORMATION AVAILABLE

Physical Restraint and Use of Force

- The "Patient Rights and Responsibilities and Advocacy of Patients" policy states that "it is the policy of SMTC to limit the use of seclusion or physical restraint to emergencies in which there is an imminent risk of" physical harm. Staff are to monitor these patients closely and discontinue the physical restraint as quickly as possible and review prevention within 24 hours of the episode.

Suicide Prevention

- NO INFORMATION AVAILABLE

Welfare

Education

- NO INFORMATION AVAILABLE

Staff & Youth Interactions

- The "Patient Abuse and/or Neglect by Employees" policy provides guidelines for what constitutes abuse (including sexual abuse, sexual exploitation, neglect, exploitation and maltreatment).
- The "Reporting Alleged Child Abuse or Neglect" policy explains procedures for filing a report of abuse or neglect, which includes notifying the appropriate outside agency (CPS, Licensure & Certification or LVMPD) within 24 hours of the incident. This document also states the protocol for allegations of sexual inappropriateness. Staff alleged to have been involved in incidents of sexual inappropriateness will be suspended pending the outcome of an investigation by the facility and/or LVMPD.
- The "Reporting Patient Abuse and Policy" document provides additional and more detailed information regarding the procedures for reporting abuse and neglect.

Behavioral Control Systems

- The "Patients' Rights and Responsibility" states, in pertinent part, that "MANDT holds and PRN medications can only be used to protect you from yourself or to protect others from you. Your doctor must order the medication."

Treatment

Treatment Plans

- The "Patient's Rights and Responsibilities" provides that patients and families are to be involved in the treatment plans and have the right to be informed participants in the process. Patients/families are to be notified of changes in the treatment plan.

Behavioral Treatment

- NO INFORMATION AVAILABLE

Substance Abuse Treatment

- NO INFORMATION AVAILABLE

Mental Health Treatment

- NO INFORMATION AVAILABLE

Civil and Other Rights

Grievances/Complaints

- The "Patients' Rights and Responsibility" states, in pertinent part, that patients have the "right to tell others you do not like your treatment. People you can talk to are members of your Treatment Team."
- The "Denial of Rights" policy describes the procedure for ensuring review of all denial of rights. "The facility will forward the Denial of Rights Forms to the Mental Health and Developmental Services Commission for review."

- The "Patient Rights and Responsibilities and Advocacy of Patients" policy states that patients and families can initiate complaints or grievances through the Patient Advocate or the hospital Administrator and that all patients/families are eligible for services from the Department of Public Advocacy.
- The "Civil Rights Grievance Procedure Notice" provides details on how to file a grievance regarding discrimination internally or through the federal Office for Civil Rights.

Awareness

- The "Patients' Rights and Responsibility" provides that all patients are to receive a copy of the Patient's Bill of Rights form prior to admission and will be given a verbal explanation of their rights in language that they understand. A copy of this document is to be "displayed prominently at all times."

Protection of Rights

- The "Restriction of Patients Rights" policy provides that restrictions on rights "may only be limited by the treating physician and only to the extent that the restriction is necessary to maintain the patient's physical and emotional well being or to protect others." If any restrictions are made, the patient and the parent/guardian must be provided with an explanation. "The right to communicate with legal counsel, licensing agencies, the courts, or the state attorney general may not be restricted."
- The "Patient's Rights and Responsibilities" lists 31 rights/responsibilities that are afforded to patients. A partial list of those include the right to:
    - treatment regardless of gender, race, age, religion, or handicap (unless handicap prevents them from participation)
    - be an informed participant in treatment.
    - file complaints with the Patient Advocate
    - be safe from abuse
    - communicate with others through visits, phone calls and mail
    - privacy
    - request room changes
- The "Patient Rights and Responsibilities and Advocacy of Patients" policy states that "access to treatment is guaranteed without discrimination by race, religion, sex, ethnicity, or handicap *to include physical concerns and/or health condition to include HIV status*."
- The "Civil Rights Non-Discrimination Notice" states that the facility "does not discriminate in admissions, provision of services, hiring and employment on the basis of race, color, national origin, sex, religion, age or disability (including AIDS and related conditions)." It also provides contact information for filing complaints to facility administration and/or the Office for Civil Rights under the U.S. Dept. of Health and Human Services.
- The "Americans with Disabilities Act (ADA) Notice" states that the facility must comply with the ADA of 1990. The notice provides contact information for persons who want more information on the ADA.

FACILITY SUMMARY

West Hills Hospital
Reno, NV

West Hills Hospital

Mailing Address:
1240 E 9th St
Reno, NV 89512

Physical Address:
1240 E 9th St
Reno, NV 89512

Ph: (775) 323-0478

Facility Contact:
Ken Wells, Director of Nursing
Email: ken.wells@psysolutions.com

General Facility Information

Type of Facility: Mental Health

Funding of Facility: Private – Psychiatric Solutions Inc.

Facility Max Capacity: 30

Staff to Child Ratio: **Daytime:** 3:13 **Nighttime:** 2:13

No. of Staff Employed: 12-14 **Full Time:** UK **Part Time/On Call:** UK

Age Range Accepted: 4 - 17

Average Length of Stay: 7 days

Security Level: Locked

Average Daily Population: 12-13

2005 Facility Demographics

		Percent of Population by Race/Ethnicity		Percent of Population by Reason for Placement	
Total Number of Residents:	573	**African American**	5%	**Danger to Self**	80%
Average Monthly Population:	11	**Hispanic**	8%	**Danger to Others**	5%
Percent Male:	49%	**Asian/Pacific Islander**	2%	**Medication Stabilization**	5%
Percent Female:	51%	**American Indian/Alaska Native**	3%	**Evaluation**	10%
Average Age:	15	**White**	82%		

SITE VISIT SUMMARY

Information in this section comes from the tour given at the facility and conversations with staff and youth in the facility.

NICRP Facility Visit

Date: May 9, 2006

Arrival Time: 9:15 AM **Departure Time:** 12:00 PM

Number of Interviews Conducted: 3

Administrator: 1
Staff: 1
Youth: 1

Population (Day of Visit): 11

Males:	**Females:**
3 Adolescent	6 Adolescent
1 Child	1 Child

Under 12: 2

West Hills Hospital is an acute care psychiatric hospital for children, adolescents, and adults, which means patients stay in the hospital for short periods of time. No residential services are offered. The facility provides a wide range of services including inpatient hospitalization, chemical detox and rehabilitation, and intensive outpatient psychiatric and chemical dependency treatment.

On the morning of the visit, the facility had difficulty locating the appropriate person to speak with us when we arrived. Eventually NICRP was put in touch with the Director of Nursing because he oversees all direct care of the children in the hospital. NICRP observed the facility to be doing a lot of remodeling; on the day of the visit, staff informed NICRP that they would be installing new carpet and tile. The baseboards were all removed in preparation for this.

All the rooms in the facility hold two children and a bathroom is shared by two rooms. Rooms are kept locked when vacant. The facility has a laundry room and a clothing storage room located next to the laundry room. There is a large group room with tables and chairs, used for group therapy. The child and adolescent rooms are located in the same area, but those groups receive very different programming. The nurses' station is located on the unit and the medication room is located behind the nurses' desk. The medications are kept locked up and the nurses are the only ones with access to the room. Also at the nurses' desk are the youth's program packets and medication records. Children and adolescents have access to a play area, as well as a large art therapy room, and an area to play volleyball and basketball. The kitchen is shared by the entire facility but the children and the adults are never there at the same time.

Food menus are posted, and meals are prepared on site. Children and adolescents have meals together but are not allowed to sit at the same tables. Food menus are developed by a dietician and if a child has special dietary needs then those are accommodated.

Patient rights are posted in the facility along with contact information for the Nevada Advocacy and Law Center. NICRP was told by staff that all patients receive a patient satisfaction survey and that information is used for continued improvement. Staff stated that at the hospital they are not trying to control patient behavior, but rather manage this behavior. Additionally NICRP was told that patients are offered medication to relax. NICRP also witnessed an interaction between staff and a child who was very upset and while staff was talking to the child trying to calm him down, NICRP staff heard the staff offer the child some medication to calm down.

The facility is under new management, as it was recently purchased by Psychiatric Solutions Inc. and the Director of Nursing seemed to be very concerned with socializing the children and adolescents in their care and creating a positive environment for them, more than making things easier for staff.

Overall the facility seemed to be going through some significant changes since the change in management, but have the children's best interests at heart. Some of the staff felt that the administration needed to do a better job of communicating policy changes as well as investing more time and money into activities and supplies for the children and adolescents. Staff recognized the major changes occurring in terms of programming and policy and reported that while some staff are seeing this as a positive change for the future, others are set in their ways and do not want to change. This has resulted in some large staff turnover as the shift occurs.

COMPLAINTS

Description of the Process

The facility has a process for filing grievances that involves the patient advocate. There is a locked box on the units that patients can deposit their grievances into. The patient advocate empties those boxes daily and they are then turned over to the Director of Nursing. He then looks into the complaint by talking to the parent, patient or any staff involved. Then the Director of Nursing attempts to resolve the situation and the whole process is documented and stored.

Number of Complaints

	Count	Percent
Total Number of Complaints Received:	14	100%
Past Complaints January 1, 2000 – December 31, 2005	13	92.9%
Forwarded Complaints Jan 1, 2006 – September 30, 2006	1	7.1%
Complaints Received by NICRP Jan 1, 2006 – September 30, 2006	0	0.0%

Average Response Times for Complaints (in Days)

	Average # Days	Range (Min-Max)
Average Response Time – Overall	2.6	0-8
Average Response Time - Past Complaints January 1, 2000 – December 31, 2005	2.8	0-8
Average Response Time - Forwarded Complaints Jan 1, 2006 – September 30, 2006	0	0-0
0 **Average Response Time – Received by NICRP** Jan 1, 2006 – September 30, 2006	N/A	N/A

Type of Complaint

Complaints were placed into broad categories based on the topics determined by the Subcommittee's original request.

	Count	Percent
Health Anything having to do with a child's physical or mental health. These include nutrition and exercise, medical care, medication administration and attention pertaining to illness or injury.	3	21.4%
Safety Anything having to do with the physical safety of the children. These include physical security and staffing issues, physical restraint, appropriate placement within the facility, and physical environment, including cleanliness as well appropriate and working facilities and equipment.	0	0.0%
Welfare Anything having to do with the general well being of the child. These include emotional issues and may include such things as the way that staff interacts with children on a daily basis, punishments, education, and wellness activities.	6	42.9%
Treatment This term is defined in terms of a treatment program not necessarily how a child is "treated" on a daily basis. These include issues of access to counseling (mental health and substance abuse) resources, issues relating to a resident's actual treatment plan and how youth are able to progress through a facility's program.	0	0.0%
Civil and Other Rights This includes things pertaining to not only a child's civil rights, but also their rights as human beings. This would also include any rights within a particular facility that the youth are granted as explained to them in orientation.	1	7.1%
Privileges This category was added for complaint analysis because there are complaints received about not getting things that are deemed privileges and are earned and are not a right, or do not affect their health, safety, welfare, or treatment.	1	7.1%
Other This category includes all issues not easily placed into the above six groups.	3	21.4%
Unknown Unknown complaints occurred in situations where there was a resolution and no grievance attached, or the grievance was illegible.	0	0.0%

Sub-Categories of Complaints

All complaints were further analyzed independent from their resolutions and coded into 11 categories to help researchers understand the nature of the complaint in greater depth. Complaints may fall into more than one category, and so percents will not add up to 100%. Answers were Yes-No-Unknown for each question, and only Yes answers are reported here. Unknown was only selected in situations where the grievance was not attached or was illegible. The percent demonstrates the percent in each sub-category out of the total number of complaints received.

	Count	Percent
Physical Harm	0	0.0%
Lack of Supervision	1	7.1%
Inappropriate verbal contact by staff	3	21.4%
Inappropriate verbal contact by another youth	0	0.0%
Inappropriate physical contact by staff	0	0.0%
Inappropriate physical contact by another youth	0	0.0%
Sexual in nature	0	0.0%
Disagreement with staff/administrative decision	13	92.9%
Medical in nature (medication, doctors visits, etc)	4	28.6%
Differential treatment by staff	2	14.3%
Unsatisfactory physical environment	2	14.3%

Categories of Response

Responses were also coded separately from the complaint in order to further understand the level of response from administration.

	Count	Percent
Action-Oriented A response that indicates that the facility did something in response to this complaint such as counseling, policy change, termination, or new placement.	12	85.7%
Explanatory A response where the facility only provides an explanation for the complaint, or the circumstances of the complaint and no action is indicated.	2	14.3%
Unknown If the facility did not attach a response to a grievance or the response was illegible, the response was coded as unknown.	0	0.0%

POLICIES AND PROCEDURES

West Hills Hospital/Willow Springs Center provided NICRP with provided NICRP with various sections of their policies and procedures manuals as requested by NICRP after reviewing their Table of Contents. The policies included are from the following Manuals: Governance (100s); Leadership (200s); Staff Development (500s); Risk Management (600); Performance Improvement (700s); Assessment of Patients (900s); Care of Patient (1000s); Patient/Family Education (1100s); Continuum of Care (1200s); Nursing Specific Policies (1300s); Health Information Management (1400s); Utilization Management (1500); Infection Control (1600s); Pharmacy (1700s); Dietary/Food Service (1900s); Acute Inpatient Service Delivery Plan (2000); and Residential Service Center (2200). The facility also provided NICRP with their "Performance Improvement Plan 2006".

Last date of revision: Various

Health

Assessments

- Section 900.1A states that the facility requests assessments of the patients that have been conducted in the past year for admission consideration.
- Section 900.3 provides that the facility conducts "complete assessments of each patient upon admission using an Integrated Assessment System." Medical screening is conducted prior to admission. The following sections, 900.4 through 900.38, provide details on the provision of assessments, which include regular updates of assessments to ensure proper treatment and planning.

Nutrition & Exercise

- Section 900.16 states that the facility will conduct screening for dietary problems and food allergies, as well as the need for nutritional education. The facility has a dietician to oversee nutritional needs of the patients.
- Section 1000.35, 1000.36, and 1000.38 provide policies and procedures in regard to nutrition guidelines for patients including: nutritional adequacy using the Food Guide Pyramid and Recommended Daily Allowances; therapeutic diets; and provision of snacks.
- Section 1000.68 provides that the "playground and playground equipment will be made available to children and adolescents at regularly scheduled times."
- Section 1000.68A provides the procedures for use of the gym.
- Section 1000.68B provides the procedures for use of the pool.
- Sections 1900.26 through 1900.47, as provided, outline the nutritional guidelines at the facility, special diets and responsibilities of food service staff.

Access to Medical Care

- Section 1000.9 provides that the facility will provide appropriate medical treatment or referral to patients, including transferring patients to another facility if the treatment needed is beyond the capabilities of this facility.
- Section 1000.9A allows the Registered Nurse to administer first aid as needed.

- Section 1000.9C provides that the facility provides "Level 4 emergency service which offers reasonable care in determining whether an emergency exists, renders lifesaving first aid, and makes appropriate referral to the nearest facilities that are capable of providing needed services."

Administration of Medication

- Sections 1000.42 through 1000.52, as provided, outline the policies and procedures for the administration of medication at the facility. Physicians, Registered Nurses and Licensed Nursing Staff are the only persons allowed to administer medications. The sections outline the procedures for identifying the patient, storing and handling the medication and safety precautions to ensure that the right patient is receiving the right medication in the prescribed dose. All dispersed medications and medication variances must be logged. Patients may self-administer certain medications, including: nitroglycerine, insulin, inhalers, topical ointments or suppositories as ordered by a physician.
- Section 1700.6 provides guidance on "age specific dosing".
- Section 1700.13 and 1700.17 provide policies and procedures to ensure safety and proper reporting involving the pharmacy.
- Section 1700.58 covers the proper storage of medications at the facility.
- Section 1700.59 provides that "all medications dispensed to Nursing Units will conform to all State and Federal laws, JCAHO Standards, and standards of good patient care."
- Section 1700.87 outlines the procedures in the event of a medication variance which includes: medication given that was not ordered; wrong dose, extra dose or smaller dose than order; omission of dose; given in wrong form or route; given at wrong time; or any other related event.
- Section 1700.110 provides that a "parent/guardian of minor patients must give consent for the patient to be started on psychotropic medications."

Communicable Diseases

- Section 1600.13 provides that infection control policies and procedures are to be reviewed annually by the Infection Control RN in consultation with the Program/Services Director and the Risk/Safety Committee.
- Section 1600.14 provides that staff receive initial and annual training regarding infection control.
- Section 1600.18 provides that staff must be free from contagious infections and communicable disease while working.
- Section 1600.38 provides that patients with infectious conditions will be referred to or transferred to an appropriate facility.
- Section 1600.61 outlines the procedures for caring for patients with positive HIV status.

Safety

Physical Environment

- NO INFORMATION PROVIDED

Emergency Procedures

- Section 500.1 outlines the orientation process for employees, which includes an overview of hazardous material handling, emergency preparedness/disaster plans, and life/fire safety. Section 500.2 further provides that employees must receive "annual in-service updates" on fire, safety, disaster and hazardous materials.
- Section 900.22 provides that facility will transfer patients to an appropriate medical facility in the event of a medical emergency beyond the scope of the facility.
- Section 1000.9D sets out the procedures for a "Code Blue" in the event of cardiac or respiratory arrest at the facility. Section 1000.9E provides the procedures for CPR initiation if needed. Section 1000.9F provides the procedures for the use of Compressed Oxygen if needed.
- Section 1000.19 outlines the procedures to be used in the event of a medical emergency, including: abrasions, lacerations, electrical shock, contusions, ingestion of foreign object, suspected joint injuries/fractures, diabetic coma/insulin shock, anaphylaxis/anaphylactic shock, cardiac arrest, overdose, seizures, burns, foreign bodies in the eye, toxic substance ingestion, nosebleeds, sprains, fainting, heat exhaustion/stroke, asthma, and bites.
- Sections 1000.30 and 1000.31 provide the guidelines in the event of elopement from the facility.
- Section 1900.83 provides fire safety procedures for the food services staff.
- Sections 1900.84 and 1900.85 provide the guidelines for a disaster menu in the event of loss of water, gas, and/or power.

Placement

- Section 1300.1B provides that the Unit Program Coordinator or the Unit Charge Nurse or the Admissions Committee make determinations regarding unit placement and the Charge Nurse makes decisions regarding bed assignments. Patients are assigned to rooms without regard to race, color, national origin, or handicap.

Staffing

- NO INFORMATION PROVIDED

Physical Restraint and Use of Force

- Section 1000.55 provides the policy and procedures for "therapeutic holding of children/adolescents. Staff may utilize this technique when other, less restrictive measures have failed. Staff should seek assistance when this technique is used and the intervention should not last longer than 15 minutes.

Suicide Prevention

- Section 1000.5 provides, in pertinent part, that patients on suicide precautions will be checked by staff every 15 minutes, unless closer monitoring is ordered by the physician.
- Section 1000.24 provides an overview of the levels of observation, including suicidal precautions.
- Section 1000.27 states the policy and procedures for suicide precautions. The physician may order suicide precaution for a patient and that the Unit Nurse may initiate the suicide precaution based on clinical judgment and then contact the physician. Staff are to remove any items from the patients room and/or clothing which could potentially be used for self-harm.
- Section 1000.28 outlines the procedures for suicide emergency care including how to respond to strangulation, slashed throat or wrists, poison, and generally.

- Pursuant to section 1000.61, all suicides and deaths will be investigated and presented to the Risk/Safety Committee, Medical Executive Committee and Governing Board.
- Section 1000.62 provides the protocols in the event of a suicide/death at the facility.

Welfare

Education

- Section 1100.5 provides that educational services will be provided through the Truckee Meadows School program.
- Section 200.8A sets out the standards and minimum criteria for the operation of the Willow Springs Center Educational Program, which includes course standards, objectives, ratios, space, instructor qualifications, record maintenance, admissions and finances.
- Sections 900.15, 900.15A and 900.15B outline the policies and procedures in regard to educational screening and assessments. All patients in the education program receive the Kaufman Test of Educational Achievement.
- Section 1100.5A provides, in part, that efforts are made to maintain a teacher to student ratio of 1:14.

Staff & Youth Interactions

- Section 500.1 outlines the orientation process for employees, which includes an overview of therapeutic boundaries.
- Section 1000.2 outlines the policies and procedures on staff/patient interactions and relationships, which provide that interactions must be professional and that fraternization is not acceptable or permitted.
- Section 1000.32 outlines the procedures for reporting any cases of actual or suspected abuse and/or neglect. Section 1000.34 outlines the procedures for handling allegations of rape/sexual assault/molestation.

Behavioral Control Systems

- Section 1000.54 provides the policy and procedures regarding techniques used for responding to inappropriate or unsafe behaviors, which include time-out, redirection and self time-out. Staff will use the least restrictive measure to control the behavior.

Treatment

Treatment Plans

- Section 1400.8 outlines the treatment plan protocol designed to meet the needs of individual patients and be in compliance with all regulatory standards. The R.N. initiates the Master Treatment Plan.
- Section 1400.8A provides that educational staff are involved in the treatment plan to ensure that education is an integral part of the therapeutic effort.

Behavioral Treatment

- Sections 1000.66 and 1000.66A provide an overview of the therapeutic and treatment programs that are offered at the facility.
- Section 1000.74 states that one-to-one therapy will be provided as needed.

Substance Abuse Treatment

- Section 900.17 provides that patients identified with chemical dependency problems will be assessed to provide addiction treatment as needed.
- Section 1300.2 provides that the facility will provide detoxification services as needed pursuant to a doctor's order.

Mental Health Treatment

- Sections 1000.66 and 1000.66A provide an overview of the therapeutic and treatment programs that are offered at the facility.
- Section 1000.74 states that one-to-one therapy will be provided as needed.
- Section 1000.84 outlines the provision of family therapy as ordered by a physician.

Civil and Other Rights

Grievances/Complaints

- Section 100.4(14) provides the procedure on filing grievances in relation to actions prohibited by the federal Rehabilitation Act of 1973, which states, in part, that "no otherwise qualified disabled individual shall solely by reason of his/her disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program of activity receiving Federal financial assistance."
- Section 1700.18 provides that pharmacy staff will acknowledge patient complaints by contacting the charge nurse or patient advocate.
- Section 1800.23 outlines the procedures for filing a grievance/complaint. Staff are to notify the patient advocate who must respond to the patient within 24 hours. The grievance will then be forwarded to the Director(s) of the department(s) for a written response.

Awareness

- Section 1100.1 provides that patients and families will be given a copy of the handbook, unit policies and general responsibilities during orientation.

Protection of Rights

- Section 500.2 provides that employees must receive "annual in-service updates" on patient rights, grievance and investigation of abuse/neglect.
- Section 1800.1, Exhibit "A", lists the patient's rights. These include: impartial access to treatment regardless of race, religion, sex, ethnicity, age or handicap; adequate and considerate care and treatment; respect; information regarding treatment; confidentiality; contact with family; outdoor activity; and religious worship.
- Section 1800.2 outlines the patient rights to care and treatment.
- Section 1800.4 provides the procedures for the denial of rights, which requires a physician's order.
- Section 1800.5 states, in summary, that patients should be involved in their own health care and treatment. Similarly, section 1800.6 provides that families/guardians should participate in treatment.
- Section 1800.9 outlines the procedures in regard to informed consent regarding treatment.

FACILITY SUMMARY

Western Nevada Regional Youth Center
Silver Springs, NV

[No Current Photo Available]

Western Nevada Regional Youth Center

Mailing Address:
3550 Graham Ave, Box 330
Silver Springs, NV 89429

Physical Address:
3550 Graham Ave, Box 330
Silver Springs, NV 89429

Ph: 775-577-4200

Facility Contact:
Lon Cook, Executive Director
Email: LonC@WNRYC.ORG

General Facility Information

Type of Facility: Substance Abuse Treatment (Multi- Service)

Funding of Facility: Government - County – Five County Co-op

Facility Max Capacity: 30

Staff to Child Ratio: **Daytime:** 4:15 **Nighttime:** 1:15

No. of Staff Employed: 18 **Full Time:** 18 **Part Time/On Call:** 8-12

Age Range Accepted: 13-18

Average Length of Stay: 66 days*
Secure Section: 2-3 days, 5 day max.
Child Prot./CHINS/Status Offender:1-2 days, 5 day max.
Average Daily Population: 16-26
Child Protection: 1
Secure Section: 2-3

Security Level:
Staff Secure
(Detention – Locked)

*Targeted length of stay for residential is 90-120 days. This number includes early graduates and program failures. Program failures are allowed to re-apply if significant change in case management situation occurs.

2005 Facility Demographics

		Percent of Population by Race/Ethnicity		Percent of Population by Reason for Residence	
Total Number of Residents:	95	**African American**	3%	**BADA Certified Drug & Alcohol Treatment**	90%
Average Monthly Population:	19	**Hispanic**	28%	**Outpatient Weekly Parent/Child Groups**	5%
Percent Male:	73%	**Asian/Pacific Islander**	N/A	**Short Term/Walk-in AOD Evaluation**	2.5%
Percent Female:	27%	**American Indian/Alaska Native**	3%	**1-3 Day Secure Detention**	2.5%
Average Age:	16	**White**	66%		

SITE VISIT SUMMARY

Information in this section comes from the tour given at the facility and conversations with staff and youth in the facility.

NICRP Facility Visit

Date: March 27, 2006

Arrival Time: 9:00 AM **Departure Time:** 12:00 PM

Number of Interviews Conducted: 5 **Administrator:** 1
Staff: 2
Youth: 2

Population (Day of Visit): 18 **Males:** 14 **Females:** 4

Under 12: 0

The Western Nevada Regional Youth Center is a multi-county, multi-agency collaborative project involving a partnership between the counties and the 1st, 3rd, 9th Judicial Court District Judges. The WNRYC project is comprised of the following program and facility elements:

1. Residential Treatment: Non-secure co-ed, 26 max capacity, 90-100 day Nevada State Certified substance abuse treatment program. This includes pregnant substance abusing girls, and dual diagnosis clients with co-existing Mental Health disorders. Therapeutic Milieu, Group/Individual Counseling, Formal Treatment Plan, Weekly Family Groups, School Credit, PE, Skills Development, Ropes Course, extensive written formal Transition Plan.

2. Weekly Aftercare/Continuing Care program at four separate sites available for one year for all residential treatment program clients after graduation.

3. Weekly outpatient parent/child program 8 weeks duration. Ages 10-18. (Temporarily suspended due to budget cuts, but will be added back asap.)

4. Two bed non-secure child protection/CHINS/status offender section, 1-5 day goal focused placement with approval of Court Officer and/or Caseworker.

5. Secure section, 4 bed high secure with 2 bed medium secure emergency overflow. Co-ed. Limited to 5 day stay. Placement must be authorized by court officer, with court reviews.

6. Community service and assistance program where treatment clients voluntarily assist senior centers, food banks, etc.

The five counties that support WNRYC include Churchill, Lyon, Carson City, Storey and Douglas. WNRYC also receives some BADA funding for its program as well. Youth can be enrolled into the program by their parents or sent by a judge. The two child protection beds are not locked, and are used to assist rural counties in briefly housing youth for emergency safety as the state workers seek an appropriate placement for the child.

The tour was conducted by the Executive Director, and was very thorough and open. There is a secured entrance for intake where the secure detention area is. The kitchen is along this hallway, as are two offices, the property storage area, secured storage closets for chemicals and the facility's laundry. The kitchen is used for vocational training for the youth. There is an area for the MAYSI-2 to be administered on paper or by computer at intake. Additional standardized tests are administered as well, which include the Beck Depression Scale, Jesness Behavior Checklist, a family questionnaire, Initial Referral Questionnaire, SASSI, ASAM formal evals, academic grade equivalent testing, and delinquency assessment.

Youth rights and facility policies are posted all over the facility. In the center of the facility, there is a large dayroom where activities, programs and groups are held, a secure dayroom for youth in detention, and a time-out room. Youth in detention are not mixed with the youth in the treatment program. The dayroom has plenty of games, books, movies, and treatment videos. There are two wings of bedrooms (one hall for girls and one for boys) with a window in each room.

There is a large, well stocked classroom with windows overlooking the dayroom and several computers. Classes are conducted by a Lyon County School District teacher. The facility also utilizes NovaNet, a computerized learning program. *(FACILITY RESPONSE: Facility uses the new Academic integration "PLATO" system, a computerized High School learning program.)* Youth in the facility are expected to take responsibility, and problem solving is done in large groups. Youth also do their own laundry and clean the facility under staff supervision.

The facility is bright and clean, and very well maintained. NICRP noted that there is almost no destruction of property anywhere in the facility, even less than you would expect in a normal high school. The facility philosophy is about learning skills and empowering youth, which focuses on the social environment and youth responsibility. It feels like a very positive environment where youth can develop and grow. The staff feel very comfortable interacting and expressing their ideas about program development to the Executive Director, which speaks to a very positive working environment. *(FACILITY RESPONSE: The Director reports that in the entire 7 year history of the WNRYC project, the staff have never had to physically restrain a treatment program youth, never had a fight between clients, and averages less than one runaway per year.)* There is a screening process for each youth before he or she is accepted into the program in order for facility staff to determine how well the youth will function in the program. This process may well contribute to the environment, as it reduces the number of inappropriate placements that may cause difficulties for staff in managing youth.

COMPLAINTS

Description of the Process

The formal grievance process (where written grievances are submitted to the Executive Director for resolution) is rarely used at WNRYC, because the program focuses on how well youth actively confront and solve problems with other youth and with staff on a daily basis. This process usually proactively solves problems before they get to the formal grievance stage. Grievances not filed formally are not documented. *(FACILITY RESPONSE: Quite often, a youth will withdraw a written grievance form, stating that they were wrong, only angry, doing a get-back in anger, etc. The Director does not permit the withdrawal of any grievance paper and formally processes all grievances even if the youth objects or apologizes for their using the form as a retaliatory action.)*

Number of Complaints

	Count	Percent
Total Number of Complaints Received:	23	100%
Past Complaints January 1, 2000 – December 31, 2005	23	100%
Forwarded Complaints Jan 1, 2006 – September 30, 2006	0	0.0%
Complaints Received by NICRP Jan 1, 2006 – September 30, 2006	0	0.0%

Average Response Times for Complaints (in Days)

	Average # Days	Range (Min-Max)
Average Response Time – Overall*	1	1-1
Average Response Time - Past Complaints* January 1, 2000 – December 31, 2005	1	1-1
Average Response Time - Forwarded Complaints Jan 1, 2006 – September 30, 2006	N/A	N/A
Average Response Time – Received by NICRP Jan 1, 2006 – September 30, 2006	N/A	N/A

* In analyzing complaints received from this facility only one of the 22 complaints provided both the date of the complaint and the date of the response, therefore these ranges and averages are presented for only one complaint, for the rest of the complaints response times could not be determined. *(FACILITY RESPONSE: Grievance complaints are addressed in one or two days, and sometimes the same day except for holidays.)*

Type of Complaint

Complaints were placed into broad categories based on the topics determined by the Subcommittee's original request.

	Count	Percent
Health Anything having to do with a child's physical or mental health. These include nutrition and exercise, medical care, medication administration and attention pertaining to illness or injury.	0	0.0%
Safety Anything having to do with the physical safety of the children. These include physical security and staffing issues, physical restraint, appropriate placement within the facility, and physical environment, including cleanliness as well appropriate and working facilities and equipment.	1	4.3%
Welfare Anything having to do with the general well being of the child. These include emotional issues and may include such things as the way that staff interacts with children on a daily basis, punishments, education, and wellness activities.	20	87.0%
Treatment This term is defined in terms of a treatment program not necessarily how a child is "treated" on a daily basis. These include issues of access to counseling (mental health and substance abuse) resources, issues relating to a resident's actual treatment plan and how youth are able to progress through a facility's program.	0	0.0%
Civil and Other Rights This includes things pertaining to not only a child's civil rights, but also their rights as human beings. This would also include any rights within a particular facility that the youth are granted as explained to them in orientation.	1	4.3%
Privileges This category was added for complaint analysis because there are complaints received about not getting things that are deemed privileges and are earned and are not a right, or do not affect their health, safety, welfare, or treatment.	1	4.3%
Other This category includes all issues not easily placed into the above six groups.	0	0.0%
Unknown Unknown complaints occurred in situations where there was a resolution and no grievance attached, or the grievance was illegible.	0	0.0%

Sub-Categories of Complaints

All complaints were further analyzed independent from their resolutions and coded into 11 categories to help researchers understand the nature of the complaint in greater depth. Complaints may fall into more than one category, so percents often will not add up to 100%. Answers were Yes-No-Unknown for each question, and only Yes answers are reported here. Unknown was only selected in situations where the grievance was not attached or was illegible. The percent demonstrates the percent in each sub-category out of the total number of complaints received.

	Count	Percent
Physical Harm	1	4.3%
Lack of Supervision	2	8.7%
Inappropriate verbal contact by staff	8	34.8%
Inappropriate verbal contact by another youth	6	26.1%
Inappropriate physical contact by staff	1	4.3%
Inappropriate physical contact by another youth	0	0.0%
Sexual in nature	4	17.4%
Disagreement with staff/administrative decision	18	78.3%
Medical in nature (medication, doctors visits, etc)	1	4.3%
Differential treatment by staff	6	26.1%
Unsatisfactory physical environment	1	4.3%

Categories of Response

Responses were also coded separately from the complaint in order to further understand the level of response from administration.

	Count	Percent
Action-Oriented A response that indicates that the facility did something in response to this complaint such as counseling, policy change, termination, or new placement.	17	73.9%
Explanatory A response where the facility only provides an explanation for the complaint, or the circumstances of the complaint and no action is indicated.	4	17.4%
Unknown If the facility did not attach a response to a grievance or the response was illegible, the response was coded as unknown.	2	8.7%

POLICIES AND PROCEDURES

Western Nevada Regional Youth Center provided NICRP with a programs policy and procedure manual with 28 sections. These sections are titled: General Philosophy Statements; Organizational Structure, HIPAA information; Sexual Harassment Policy and Information; Staff General Policy Section; Reporting Suspected Abuse and Neglect; Confidentiality; Medical and Medication Management; Rules: General Youth; Youth Crisis Intervention; Safety and Security: General; Visiting and Phone; Mail Policy; Youth Property and Storage; Library: Audio, Video, Written; Community Service and Work Details; Reports/Logs/Forms; General Disciplinary Practice and Philosophy; Testing: Drug/Alcohol/Nicotine; Releases, Transports, and Passes; Child Protection/Chins Program Beds; Outpatient Treatment/Evaluation Programs; Residential Treatment Programs; School Services; Food Services; and Maintenance: Facility and Grounds. A separate Quick Reference Protocols Manual was also provided.
Last date of revision: January 2006

Health

Assessments

- Document 2 in the Quick Reference Protocols and Guidelines lists 14 assessments tools that may be utilized to assess youth.

Nutrition & Exercise

- Youth will receive daily recreation time per Policy 26.01.
- Policy 26.02P states "food serving staff must be accompanied by a C-II or C-III staff during meal serving [in secure rooms]. No hard objects or food items are permitted." "Extra food is NOT permitted in secure [rooms] for reasons of safety, food borne illness, odor, and vandalism."

Access to Medical Care

- Section 8.03 states that medical transportation (non-emergency) to Silver Springs Clinic when medical attention is necessary.
- Section 8.04 states that juveniles may not be transported by staff for emergency medical care because staff transportation "may result in dangerous or fatal failure to monitor or respond to emergency medical needs en-route to the hospital."

Administration of Medication

- Section 1.08 states "WNRYC responsibly dispenses and monitors OTC and prescription medications, but does not advocate for any specific medication, or the overuse of medications where addicted youth are concerned."
- Section 8.07 provides information on medication administration. All prescriptions will be verified and is stored in "appropriate locations, depending on the type of mediation and the location of the child. Detention meds will be stored behind two locked doors in detention." Over the counter meds will be locked behind staff desk. Medication administration will be logged.

Communicable Diseases

- Section 11.01D states that "all staff will receive a yearly training and NRS testing." The mindset behind bodily fluids and waste incidents is "all fluids are maximum

concentration" and therefore "appropriate cleaning agents will be used to clean up and sanitize."

Safety

Physical Environment

- Per policy 11.02A, unsafe chemicals and power tools are not to be used by youth. Youth are not to be put in any unsafe situation or activity.

Emergency Procedures

- Emergency procedures are covered in Chapter 10 titled "Youth Crisis Intervention." This section discusses medication/drug overdose and suicide risks.
- Section 11.01H details the evacuation procedures to be used. Fire drills will happen once a month.
- Section 11.02B states that an emergency generator is available for power outages.
- Quick Reference Protocol manual, page YP-33 states that "extreme high risk youth are not to be admitted to any part of the WNRYC facility "and should be placed in a close by facility. This regards runaways/escapes. If a youth is suspected to have escaped "do not attempt to perform police duties or interfere with any officer in their efforts to perform their duties."

Placement

- Section 1.03 states that WNRYC has services for 26 residential beds, 4 high secure beds, 2 child beds, and 2 suicide/medical observation beds.
- Chapter 24 provides that youth will go through orientation day and be assigned a primary counselor. The counselor places the child in the appropriate treatment.

Staffing

- Section 5.01H states that the facility "seeks to develop and maintain a staffing resource and systems that fulfills the mission of the facility and programs while providing professional development opportunities for staff."
- Per section 5.01Q weapons are not permitted on grounds.
- Per section 5.04A "staff will follow all federal, state, and county laws. This includes BADA program certification rules and guidelines."

Physical Restraint and Use of Force

- Physical and mechanical restraints are covered in section 18.05, which states that such devices "may be used only after all other intervention techniques have failed." Restraints must be used only to "protect the safety of staff, community or resident(s)." Exception to this rule is when the youth is being transported, restraints will be used. Also "full body soft restraint system or bed is …used to protect actively psychotic youth from hurting themselves or others."
- Section 5.04J provides that staff may defend themselves using minimal force necessary and may use "defensive tactics" to restrain a violent resident.

Suicide Prevention

- In the Quick Reference Protocols, page YP-32 outlines management of suicide risk youth. Youth must sign a "self-care" contract upon entering the facility and will be assessed for suicide risk upon entry.

- Section 10.05, under Youth Crisis Interventions, references the "quick reference protocols manual, and suicide risk management and response protocols posted in hallways and in secure intake."

Welfare

Education

- Chapter 25 details the school services available at the facility. Youth are earning graduation credits in middle and high school while at the facility. Instruction and testing for the GED is available.
- Per the Quick Reference Protocols manual, page S-16 staff will assist teachers in the classroom and in recreation.

Staff & Youth Interactions

- Section 5.04G states that employees are "expected to address and relate with all youth visiting or placed at WNRYC in a firm, fair, respectful, and friendly manner." Corporal punishment and derogatory terminology is not permitted. Respect for residents is expected.
- Per section 5.04I, staff are not permitted to use juveniles to perform work for the staffs' benefit.
- Chapter 6 provides the policies and procedures related to reporting suspected cases of abuse or neglect.

Behavioral Control Systems

- Section 1.09 provides that the facility will use "cognitive, peer coaching, structured activities, and positive/negative feedback" as the discipline philosophy.
- Section 5.01C states that problem solving and staff coaching is the primary approach in solving problems, disagreements, conflicts, etc.
- Section 5.04J prohibits the use of corporal, cruel, retaliatory and/or unusual punishement.
- Chapter 9 is detailed rules for the general youth and identifies contraband.
- Section 18.02 details the point system. Points are given for positive behavior. Positive behavior is seen as youth growth and improvement.
- Acceptable discipline techniques are listed in section 18.06.
- Section 18.07 discusses unacceptable discipline techniques.
- In the Quick Protocols manual, under "Shirt Color Treatment Level System" describes the level system used to control behavior.

Treatment

Treatment Plans

- Per chapter 16, youth may be involved in "structured staff supervised community projects."
- Chapter 24 details residential treatment programs. Youth will go through orientation day and be assigned a primary counselor. The counselor places the child in the appropriate treatment.

- Chapter 26 states the detention programs for juveniles are available and youth will be supervised at all times.

Behavioral Treatment

- Section 18.02 provides the policies and procedures regarding the point system which is used for participation and behavior management.

Substance Abuse Treatment

- Chapter 24 outlines the Residential Treatment Programs. Section 24.02H provides that the facility is a BADA certified program and is in compliance with all program activities and clinical practices.

Mental Health Treatment

- Chapter 24 outlines the Residential Treatment Programs. Section 24.02I provides that the facility screens and refers youth for mental health services, as well as addressing basic mental health issues in program content.

Civil and Other Rights

Grievances/Complaints

- Section 5.04G states that youth may grieve any violation to this policy which expects staff to treat youth fairly and with respect.
- Per policy 18.04, youth may grieve without delay. The policy outlines the procedures to be taken for the juveniles to submit a grievance.
- In the Quick Reference Protocols, Page YP-15, grievance procedures are given in detail and allow staff to know their role in the grievance process.

Awareness

- In the Quick Reference Protocols, page YP-7 outlines client rights that are given to the clients upon entry.
- In the Quick Reference Protocols, page YP-8 outlines client rules that are given to the clients upon entry.

Protection of Rights

- Chapter 3 outlines confidentiality in detail. Section 3.04 details health information disclosure.
- Chapter 4 details the sexual harassment policy. Sexual harassment is a "form of sex discrimination, which is unlawful under state and federal law. Sexual harassment will not be permitted in the work place and supervisors and managers should take all necessary steps to prevent such occurrences."
- According to section 6.01, suspected abuse/neglect must be reported pursuant to NRS 432B.
- Chapter 7 is entitled "Confidentiality" and details the confidentiality that staff must keep.
- Chapter 12 outlines the policies regarding visiting and phone usage.
- Chapter 13 provides the policies regarding mail.

FACILITY SUMMARY

Willow Springs Treatment Center
Reno, NV

Willow Springs Treatment Center

Mailing Address:
690 Edison Way
Reno, NV 89502

Physical Address:
690 Edison Way
Reno, NV 89502

Ph: (775) 858-3303

Facility Contact:
Toril Strand, Director of Nursing
Email: toril.strand@psysolutions.com

General Facility Information

Type of Facility: Mental Health

Funding of Facility: Private – Psychiatric Solutions Inc.

Facility Max Capacity: 76

Staff to Child Ratio: **Daytime:** Child 3:14, Adolescent 1:12 **Nighttime:** UK

No. of Staff Employed: 38 **Full Time:** UK **Part Time:** UK

Age Range Accepted: Child 5-12, Adolescent 12-17

Average Length of Stay: 3 months **Security Level:** Locked

Average Daily Population: 64

2005 Facility Demographics

		Percent of Population by Race/Ethnicity		Percent of Population by Reason for Placement	
Total Number of Residents:	258	**African American**	2%	**Not Safe at Lower Level**	50%
Average Monthly Population:	65	**Hispanic**	5%	**Unsafe Behaviors**	15%
Percent Male:	42%	**Asian/Pacific Islander**	2%	**Family Conflict**	10%
Percent Female:	58%	**American Indian/Alaska Native**	4%	**Emotional Problems**	25%
Average Age:	15	**White**	87%		

SITE VISIT SUMMARY

Information in this section comes from the tour given at the facility and conversations with staff and youth in the facility.

NICRP Facility Visit

Date: May 9, 2006

Arrival Time: 1:15 PM **Departure Time:** 4:00 PM

Number of Interviews Conducted: 10

Administrator: 1
Staff: 3
Youth: 6*

Population (Day of Visit): 72 **Males:** 21 **Females:** 38

Under 12: 12 (all boys)

* Youth were interviewed on June 9, 2006 to allow time for the facility to obtain parental consent.

Willow Springs Treatment Center is a 76 bed residential treatment facility helping children and adolescents ages 5 through 17 recover from emotional, psychiatric, behavioral and chemical dependency problems. The Center was founded in 1988 and is dedicated to assessing children, teens and families, identifying problems and developing treatment plans with solutions. (Psychiatric Solutions Website, www.psysolutions.com/facilities/willowsprings.index.html, Retrieved 5/8/06). This facility is the residential complement to West Hills Hospital, as they are owned by the same company and work very closely together providing complementary care to youth with mental health problems.

NICRP staff specifically asked to meet with the Director of Nursing as she oversees direct care within the facility and since her counterpart at West Hills was interviewed as the administrator at that facility. Youth interviews were scheduled for a later date so that the facility could obtain parental consent forms.

The facility consists of six therapists offices, used for family and individual therapy. There are separate employee bathrooms, a break room and staff lockers. The facility also has a data processing room in this first part of the building. Laundry is done on site in the laundry room; there are separate rooms for dirty linens and clean linens. Cleaning is done by a maintenance crew and all cleaning supplies are kept in the maintenance office which is kept locked. NICRP also observed a therapy room which had supplies for arts and crafts. Staff explained that when the room is used all supplies are counted out and counted back in to maintain the safety of the children and adolescents.

The facility has its own medical exam room which is used for physical exams an obtaining each child's medical history. The facility has a nurse practitioner on staff. Medications for patients

are provided by the facility's own pharmacy and administered by the nurses. Patients are allowed to bring in their own medication, but it then goes through the pharmacy and is then administered by nurses. Medications are stored in a medication room which is locked and only the nurses have access to the room.

The adolescent unit has two hallways, one for boys and one for girls. The hallways are separated by a large shared dayroom that is constantly monitored by staff. There is also an activity room that is used only by either the boys or the girls – it is not co-ed. Patient rooms are occupied by two people and have large windows. The bathroom is located inside the bedroom. The unit also has two "quiet" rooms used for youth who need to calm down. One room has a restraint bed in it and the other is empty. Adolescents do their own laundry, with the exception of linens which are done by the facility. Bed linens are washed weekly, towels are washed daily.

The children's unit sleeps three children to a room, and has two central bathrooms. Their unit also has a nurse's station, locked medication room, one "quiet" room, and an activity room.

Both children and adolescents have access to a large gymnasium and an outdoor recreation area. The one located near the adolescent unit was being renovated at the time of our visit.

The center also has separate schools for the adolescents and for the children. The school is appropriately decorated and seems well equipped to provide educational services. All the doors to the school are locked to prevent access, and the school also has its own quiet room and front office. The youth move between classes just as they would in a normal middle or high school.

The center prepares meals on site in their kitchen. The center has a dietician who works with the food preparation manger to develop menus. If children or youth have special dietary needs then those will be accommodated in the child's meals. Also if a child has special dietary goals such as gaining or losing weight, the dietician will work with them to create special meal plans. Also adolescent boys and girls eat their meals at separate times.

Overall the staff and youth interviewed seem satisfied with the facility and its quality of care. The main issues identified in this facility were some problems with the food and the variety of things served, but people acknowledged that the quality was getting better. Other staff expressed concern over staffing ratios here. Some felt that the children and youth would receive better care if there were more staff so that they could provide more direct care. Additionally, while youth reported the grievance process to be fair, they also reported that rarely is the response or resolution to the grievance relayed back to them.

COMPLAINTS

Description of the Process

In this facility the patient advocate handles all internal complaints. Patients, or parents can call and make a verbal complaint which then is written down and given to the patient advocate for follow up. She then directs the complaint to the appropriate department for investigation. The patient advocate keeps a log of complaints and their responses. Responses are usually generated within 24 hours but sometimes that needs to be extended if staff involved is not working that day. Once resolved the complainant is notified of the response.

Number of Complaints

	Count	Percent
Total Number of Complaints Received:	6	100%
Past Complaints January 1, 2000 – December 31, 2005	0	0.0%
Forwarded Complaints Jan 1, 2006 – September 30, 2006	0	0.0%
Complaints Received by NICRP Jan 1, 2006 – September 30, 2006	6	100.0%

Average Response Times for Complaints (in Days)

	Average # Days	Range (Min-Max)
Average Response Time – Overall	21.3	6-36
Average Response Time - Past Complaints January 1, 2000 – December 31, 2005	N/A	N/A
Average Response Time - Forwarded Complaints Jan 1, 2006 – September 30, 2006	N/A	N/A
Average Response Time – Received by NICRP Jan 1, 2006 – September 30, 2006	21.3	6-36

Type of Complaint

Complaints were placed into broad categories based on the topics determined by the Subcommittee's original request.

	Count	Percent
Health Anything having to do with a child's physical or mental health. These include nutrition and exercise, medical care, medication administration and attention pertaining to illness or injury.	0	0.0%
Safety Anything having to do with the physical safety of the children. These include physical security and staffing issues, physical restraint, appropriate placement within the facility, and physical environment, including cleanliness as well appropriate and working facilities and equipment.	0	0.0%
Welfare Anything having to do with the general well being of the child. These include emotional issues and may include such things as the way that staff interacts with children on a daily basis, punishments, education, and wellness activities.	2	33.3%
Treatment This term is defined in terms of a treatment program not necessarily how a child is "treated" on a daily basis. These include issues of access to counseling (mental health and substance abuse) resources, issues relating to a resident's actual treatment plan and how youth are able to progress through a facility's program.	0	0.0%
Civil and Other Rights This includes things pertaining to not only a child's civil rights, but also their rights as human beings. This would also include any rights within a particular facility that the youth are granted as explained to them in orientation.	2	33.3%
Privileges This category was added for complaint analysis because there are complaints received about not getting things that are deemed privileges and are earned and are not a right, or do not affect their health, safety, welfare, or treatment.	0	0.0%
Other This category includes all issues not easily placed into the above six groups.	2	33.3%
Unknown Unknown complaints occurred in situations where there was a resolution and no grievance attached, or the grievance was illegible.	0	0.0%

Sub-Categories of Complaints

All complaints were further analyzed independent from their resolutions and coded into 11 categories to help researchers understand the nature of the complaint in greater depth. Complaints may fall into more than one category, and so percents will not add up to 100%. Answers were Yes-No-Unknown for each question, and only Yes answers are reported here. Unknown was only selected in situations where the grievance was not attached or was illegible. The percent demonstrates the percent in each sub-category out of the total number of complaints received.

	Count	Percent
Physical Harm	0	0.0%
Lack of Supervision	0	0.0%
Inappropriate verbal contact by staff	2	33.3%
Inappropriate verbal contact by another youth	0	0.0%
Inappropriate physical contact by staff	0	0.0%
Inappropriate physical contact by another youth	0	0.0%
Sexual in nature	0	0.0%
Disagreement with staff/administrative decision	5	83.3%
Medical in nature (medication, doctors visits, etc)	0	0.0%
Differential treatment by staff	2	33.3%
Unsatisfactory physical environment	0	0.0%

Categories of Response

Responses were also coded separately from the complaint in order to further understand the level of response from administration.

	Count	Percent
Action-Oriented A response that indicates that the facility did something in response to this complaint such as counseling, policy change, termination, or new placement.	1	16.7%
Explanatory A response where the facility only provides an explanation for the complaint, or the circumstances of the complaint and no action is indicated.	5	83.3%
Unknown If the facility did not attach a response to a grievance or the response was illegible, the response was coded as unknown.	0	0.0%

POLICIES AND PROCEDURES

West Hills Hospital/Willow Springs Center provided NICRP with provided NICRP with various sections of their policies and procedures manuals as requested by NICRP after reviewing their Table of Contents. The policies included are from the following Manuals: Governance (100s); Leadership (200s); Staff Development (500s); Risk Management (600); Performance Improvement (700s); Assessment of Patients (900s); Care of Patient (1000s); Patient/Family Education (1100s); Continuum of Care (1200s); Nursing Specific Policies (1300s); Health Information Management (1400s); Utilization Management (1500); Infection Control (1600s); Pharmacy (1700s); Dietary/Food Service (1900s); Acute Inpatient Service Delivery Plan (2000); and Residential Service Center (2200). The facility also provided NICRP with their "Performance Improvement Plan 2006".

Last date of revision: Various

Health

Assessments

- Section 900.1A states that the facility requests assessments of the patients that have been conducted in the past year for admission consideration.
- Section 900.3 provides that the facility conducts "complete assessments of each patient upon admission using an Integrated Assessment System." Medical screening is conducted prior to admission. The following sections, 900.4 through 900.38, provide details on the provision of assessments, which include regular updates of assessments to ensure proper treatment and planning.

Nutrition & Exercise

- Section 900.16 states that the facility will conduct screening for dietary problems and food allergies, as well as the need for nutritional education. The facility has a dietician to oversee nutritional needs of the patients.
- Section 1000.35, 1000.36, and 1000.38 provide policies and procedures in regard to nutrition guidelines for patients including: nutritional adequacy using the Food Guide Pyramid and Recommended Daily Allowances; therapeutic diets; and provision of snacks.
- Section 1000.68 provides that the "playground and playground equipment will be made available to children and adolescents at regularly scheduled times."
- Section 1000.68A provides the procedures for use of the gym.
- Section 1000.68B provides the procedures for use of the pool.
- Sections 1900.26 through 1900.47, as provided, outline the nutritional guidelines at the facility, special diets and responsibilities of food service staff.

Access to Medical Care

- Section 1000.9 provides that the facility will provide appropriate medical treatment or referral to patients, including transferring patients to another facility if the treatment needed is beyond the capabilities of this facility.
- Section 1000.9A allows the Registered Nurse to administer first aid as needed.

- Section 1000.9C provides that the facility provides "Level 4 emergency service which offers reasonable care in determining whether an emergency exists, renders lifesaving first aid, and makes appropriate referral to the nearest facilities that are capable of providing needed services."

Administration of Medication

- Sections 1000.42 through 1000.52, as provided, outline the policies and procedures for the administration of medication at the facility. Physicians, Registered Nurses and Licensed Nursing Staff are the only persons allowed to administer medications. The sections outline the procedures for identifying the patient, storing and handling the medication and safety precautions to ensure that the right patient is receiving the right medication in the prescribed dose. All dispersed medications and medication variances must be logged. Patients may self-administer certain medications, including: nitroglycerine, insulin, inhalers, topical ointments or suppositories as ordered by a physician.
- Section 1700.6 provides guidance on "age specific dosing".
- Section 1700.13 and 1700.17 provide policies and procedures to ensure safety and proper reporting involving the pharmacy.
- Section 1700.58 covers the proper storage of medications at the facility.
- Section 1700.59 provides that "all medications dispensed to Nursing Units will conform to all State and Federal laws, JCAHO Standards, and standards of good patient care."
- Section 1700.87 outlines the procedures in the event of a medication variance which includes: medication given that was not ordered; wrong dose, extra dose or smaller dose than order; omission of dose; given in wrong form or route; given at wrong time; or any other related event.
- Section 1700.110 provides that a "parent/guardian of minor patients must give consent for the patient to be started on psychotropic medications."

Communicable Diseases

- Section 1600.13 provides that infection control policies and procedures are to be reviewed annually by the Infection Control RN in consultation with the Program/Services Director and the Risk/Safety Committee.
- Section 1600.14 provides that staff receive initial and annual training regarding infection control.
- Section 1600.18 provides that staff must be free from contagious infections and communicable disease while working.
- Section 1600.38 provides that patients with infectious conditions will be referred to or transferred to an appropriate facility.
- Section 1600.61 outlines the procedures for caring for patients with positive HIV status.

Safety

Physical Environment

- NO INFORMATION PROVIDED

Emergency Procedures

- Section 500.1 outlines the orientation process for employees, which includes an overview of hazardous material handling, emergency preparedness/disaster plans, and life/fire safety. Section 500.2 further provides that employees must receive "annual in-service updates" on fire, safety, disaster and hazardous materials.
- Section 900.22 provides that facility will transfer patients to an appropriate medical facility in the event of a medical emergency beyond the scope of the facility.
- Section 1000.9D sets out the procedures for a "Code Blue" in the event of cardiac or respiratory arrest at the facility. Section 1000.9E provides the procedures for CPR initiation if needed. Section 1000.9F provides the procedures for the use of Compressed Oxygen if needed.
- Section 1000.19 outlines the procedures to be used in the event of a medical emergency, including: abrasions, lacerations, electrical shock, contusions, ingestion of foreign object, suspected joint injuries/fractures, diabetic coma/insulin shock, anaphylaxis/anaphylactic shock, cardiac arrest, overdose, seizures, burns, foreign bodies in the eye, toxic substance ingestion, nosebleeds, sprains, fainting, heat exhaustion/stroke, asthma, and bites.
- Sections 1000.30 and 1000.31 provide the guidelines in the event of elopement from the facility.
- Section 1900.83 provides fire safety procedures for the food services staff.
- Sections 1900.84 and 1900.85 provide the guidelines for a disaster menu in the event of loss of water, gas, and/or power.

Placement

- Section 1300.1B provides that the Unit Program Coordinator or the Unit Charge Nurse or the Admissions Committee make determinations regarding unit placement and the Charge Nurse makes decisions regarding bed assignments. Patients are assigned to rooms without regard to race, color, national origin, or handicap.

Staffing

- NO INFORMATION PROVIDED

Physical Restraint and Use of Force

- Section 1000.55 provides the policy and procedures for "therapeutic holding of children/adolescents. Staff may utilize this technique when other, less restrictive measures have failed. Staff should seek assistance when this technique is used and the intervention should not last longer than 15 minutes.

Suicide Prevention

- Section 1000.5 provides, in pertinent part, that patients on suicide precautions will be checked by staff every 15 minutes, unless closer monitoring is ordered by the physician.
- Section 1000.24 provides an overview of the levels of observation, including suicidal precautions.
- Section 1000.27 states the policy and procedures for suicide precautions. The physician may order suicide precaution for a patient and that the Unit Nurse may initiate the suicide precaution based on clinical judgment and then contact the physician. Staff are to remove any items from the patients room and/or clothing which could potentially be used for self-harm.
- Section 1000.28 outlines the procedures for suicide emergency care including how to respond to strangulation, slashed throat or wrists, poison, and generally.

- Pursuant to section 1000.61, all suicides and deaths will be investigated and presented to the Risk/Safety Committee, Medical Executive Committee and Governing Board.
- Section 1000.62 provides the protocols in the event of a suicide/death at the facility.

Welfare

Education

- Section 1100.5 provides that educational services will be provided through the Truckee Meadows School program.
- Section 200.8A sets out the standards and minimum criteria for the operation of the Willow Springs Center Educational Program, which includes course standards, objectives, ratios, space, instructor qualifications, record maintenance, admissions and finances.
- Sections 900.15, 900.15A and 900.15B outline the policies and procedures in regard to educational screening and assessments. All patients in the education program receive the Kaufman Test of Educational Achievement.
- Section 1100.5A provides, in part, that efforts are made to maintain a teacher to student ratio of 1:14.

Staff & Youth Interactions

- Section 500.1 outlines the orientation process for employees, which includes an overview of therapeutic boundaries.
- Section 1000.2 outlines the policies and procedures on staff/patient interactions and relationships, which provide that interactions must be professional and that fraternization is not acceptable or permitted.
- Section 1000.32 outlines the procedures for reporting any cases of actual or suspected abuse and/or neglect. Section 1000.34 outlines the procedures for handling allegations of rape/sexual assault/molestation.

Behavioral Control Systems

- Section 1000.54 provides the policy and procedures regarding techniques used for responding to inappropriate or unsafe behaviors, which include time-out, redirection and self time-out. Staff will use the least restrictive measure to control the behavior.

Treatment

Treatment Plans

- Section 1400.8 outlines the treatment plan protocol designed to meet the needs of individual patients and be in compliance with all regulatory standards. The R.N. initiates the Master Treatment Plan.
- Section 1400.8A provides that educational staff are involved in the treatment plan to ensure that education is an integral part of the therapeutic effort.

Behavioral Treatment

- Sections 1000.66 and 1000.66A provide an overview of the therapeutic and treatment programs that are offered at the facility.
- Section 1000.74 states that one-to-one therapy will be provided as needed.

Substance Abuse Treatment

- Section 900.17 provides that patients identified with chemical dependency problems will be assessed to provide addiction treatment as needed.
- Section 1300.2 provides that the facility will provide detoxification services as needed pursuant to a doctor's order.

Mental Health Treatment

- Sections 1000.66 and 1000.66A provide an overview of the therapeutic and treatment programs that are offered at the facility.
- Section 1000.74 states that one-to-one therapy will be provided as needed.
- Section 1000.84 outlines the provision of family therapy as ordered by a physician.

Civil and Other Rights

Grievances/Complaints

- Section 100.4(14) provides the procedure on filing grievances in relation to actions prohibited by the federal Rehabilitation Act of 1973, which states, in part, that "no otherwise qualified disabled individual shall solely by reason of his/her disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program of activity receiving Federal financial assistance."
- Section 1700.18 provides that pharmacy staff will acknowledge patient complaints by contacting the charge nurse or patient advocate.
- Section 1800.23 outlines the procedures for filing a grievance/complaint. Staff are to notify the patient advocate who must respond to the patient within 24 hours. The grievance will then be forwarded to the Director(s) of the department(s) for a written response.

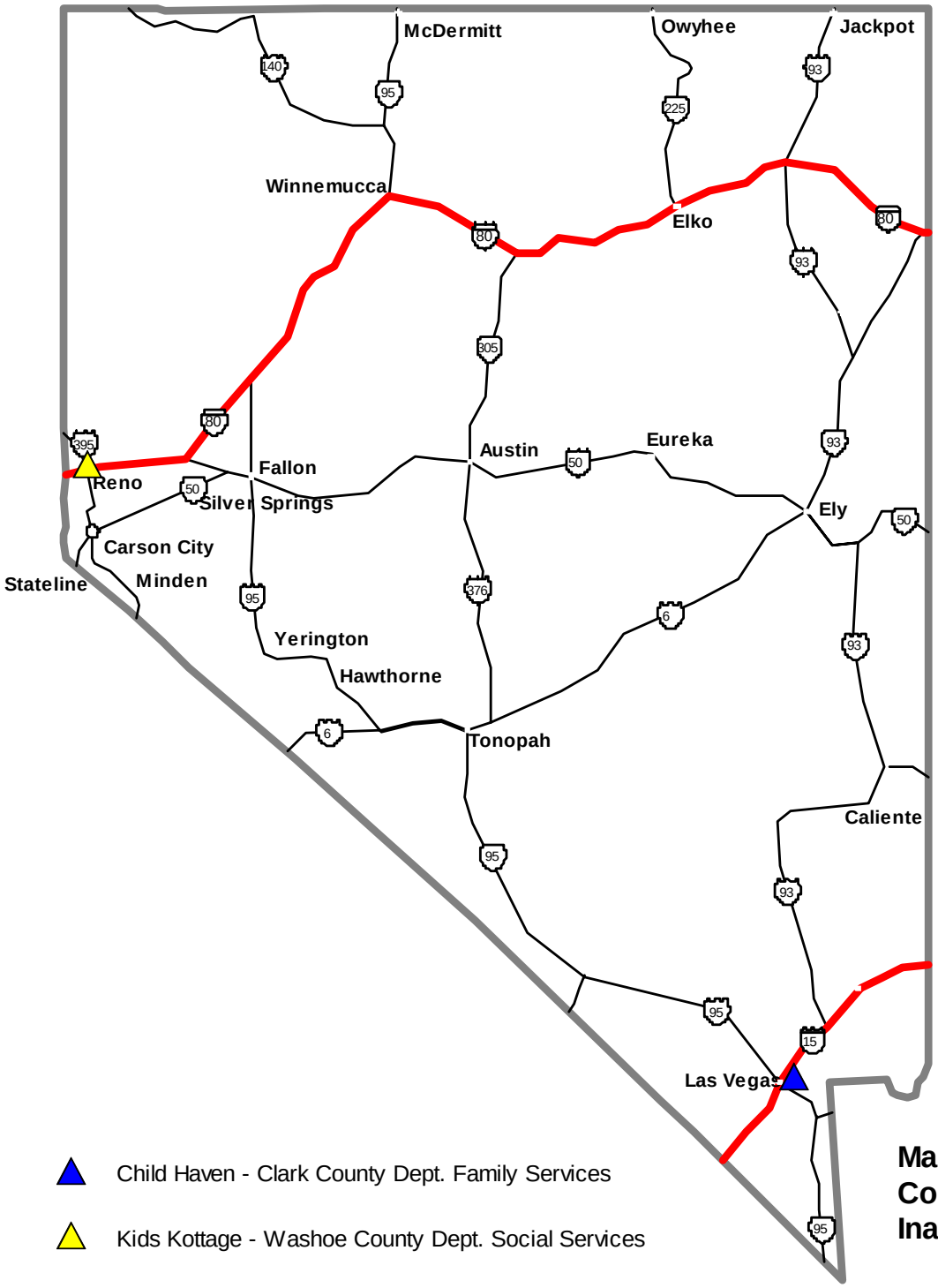
Awareness

- Section 1100.1 provides that patients and families will be given a copy of the handbook, unit policies and general responsibilities during orientation.

Protection of Rights

- Section 500.2 provides that employees must receive "annual in-service updates" on patient rights, grievance and investigation of abuse/neglect.
- Section 1800.1, Exhibit "A", lists the patient's rights. These include: impartial access to treatment regardless of race, religion, sex, ethnicity, age or handicap; adequate and considerate care and treatment; respect; information regarding treatment; confidentiality; contact with family; outdoor activity; and religious worship.
- Section 1800.2 outlines the patient rights to care and treatment.
- Section 1800.4 provides the procedures for the denial of rights, which requires a physician's order.
- Section 1800.5 states, in summary, that patients should be involved in their own health care and treatment. Similarly, section 1800.6 provides that families/guardians should participate in treatment.
- Section 1800.9 outlines the procedures in regard to informed consent regarding treatment.

Child Welfare Facilities



FACILITY SUMMARY

Child Haven
Las Vegas, NV

[No Current Photo Available]

Child Haven

Mailing Address:
701 N. Pecos Rd
Las Vegas, NV 89101

Physical Address:
701 N. Pecos Rd
Las Vegas, NV 89101

Ph: (702) 455-5390

Facility Contact:
Lou Palma, Manager
Email: PalmaLO@co.clark.nv.us

General Facility Information

Type of Facility: Child Welfare

Funding of Facility: Government - County

Facility Max Capacity: No Maximum

Staff to Child Ratio: **Daytime:** Infants 1:4, Toddlers 1:6, Elementary 1:7, Teens 1:8 **Nighttime:** Infants 1:8, Toddlers 1:12, Elementary 1:14, Teens 1:16

No. of Staff Employed: 183 **Full Time:** 103 **Part Time:** 80

Age Range Accepted: 0 - 18

Average Length of Stay: 41 days **Security Level:** Staff Secure

Average Daily Population: 321 in custody*

* This number includes those children in residential shelter care.

2005 Facility Demographics

		Percent of Population by Race/Ethnicity		Percent of Population by Reason for Placement	
Total Number of Residents:	5800 (Total for the year)	**African American**	28%	**Abuse/Neglect/ Abandonment**	100%
Average Monthly Population:	483	**Hispanic**	30%		
Percent Male:	60%	**Asian/Pacific Islander**	2%		
Percent Female:	40%	**American Indian/Alaska Native**	2%		
Average Age:	9	**White**	39%		

SITE VISIT SUMMARY

Information in this section comes from the tour given at the facility and conversations with staff and youth in the facility.

NICRP Facility Visit

Date: May 17, 2006

Arrival Time: 9:15 AM **Departure Time:** 1:34 PM

Number of Interviews Conducted: 6
Administrator: 1
Staff: 2
Youth: 3

Population (Day of Visit):
168 on campus, 329 in custody **Males:** 74 **Females:** 94

Under 12: 137

Child Haven provides emergency shelter care for children ages 0 to 18 years in Clark County. The facility is operated by the county and also receives various donations from the community to help in its operation. The facility is unlicensed and therefore does not have a set bed limit. The original campus was built in the 1960s and since then has expanded and been renovated to include eight cottages where children are housed based on their age or gender. The campus also includes a newly built school, a recreation center, and the facility shares the gymnasium with the neighboring juvenile detention center.

On the day of the visit the facility was experiencing extremely high numbers of infants and so had converted their employee break room into another space for these infants. In the break room were cribs, swings and chairs for the infants and staff to use. On this day there were ten infants residing in the makeshift cottage.

The facility has eight cottages where children live based on age or gender. Each of these cottages has its own outdoor play area, kitchen, and laundry rooms. The facility has a medically fragile cottage that houses the children who have special medical needs. This cottage has the nurse's office. This cottage has kids of varying ages and medical needs. It was built by a donation made by Andre Agassi.

There were six other cottages in operation on the day of our visit. One cottage, Howard Cottage, was closed for renovations. There is a cottage for children up to one year old. This cottage has one full time staff person and 4 part time staff, and holds 17 to 18 babies. The next cottage was the 2 to 5 year olds, which had 10 children at the time of the visit. *(FACILITY RESPONSE: this cottage actually had over 20 children, but over half were attending the preschool program in another building at the time of the tour.)* This cottage is staffed with three full time people and the rest are part time hourly employees. The next cottage houses the 5-11 year old boys. In this

cottage children slept 4 to a room and sometimes when necessary they would double bunk siblings. Children in this cottage are on a level system where rewards are used to promote positive behavior. There is another cottage that holds the 5 to 11 year old girls. This cottage also uses a level system and held 28 girls on that day. The next cottage holds teenaged boys. It is a mix of different types of kids and staff reported that this could be a problem because this may be the only place that these kids can go because they have already been rejected from every other placement. These children have problems ranging from gang affiliation, to mental health problems. This cottage runs groups in the cottage, and the boys sleep three to a room. Finally NICRP toured the cottage that houses teen girls. On this cottage the girls sleep three to a room, two girls in the bunk bed (1 top, 1 bottom) then the third girl sleeping on a pull out trundle from underneath the bottom bunk. Girls in this cottage also work on a level system to earn privileges. Staff also reported that Child Haven tries to provide as much education material to parents as they can to help the family maintain the same sense of structure that the children learn while in shelter care.

The facility also has its own school building that was recently built with funding donated by Andre Agassi. The school building itself is appropriately designed and decorated, but there is a cap on the number of children that can attend this school. Additionally, the Clark County School District does not give academic credit for classes attended at this school, but children and youth do receive attendance credit for classes attended here. Staff expressed a concern over this policy stating that the children attending school need to be able to earn academic credit. *(FACILTIY RESPONSE: the school does issue academic credit after the child is placed there 15+ days. This is done based on the assumption that the child will soon return to their school of origin and that placement (school of origin) is preserved as much as possible.)*

Although very crowded conditions, the facility did appear clean and the children seemed happy and well taken care of. Staff discussed the programming available to the children in this facility. The children can use the public swimming pool during hours it is not open to the public, the facility contracts with a Gymboree program for the young children, and also the facility participates in a foster grandparent program that has elderly volunteers that come into the facility to spend time with the children, and play games or help with homework.

Throughout the day staff expressed various concerns about the facility and the county structure that manages the facility. They made some recommendations and these concerns and recommendations are presented in the list to follow.

- Staff cannot use detention as a back up for placement when children are inappropriate for Child Haven
- Staff expressed concern over the children that are inappropriately placed in the facility – for example if a youth is released from detention, but the parents refuse to pick the child up, they are then placed in Child Haven
- The staff would like the coverage to have more flexibility and take the children on more outings.
- Food consumption was reported as a problem in the teen cottages. Some children may hoard food because they are not used to having access to food.

- Staff reported that the beds in the facility are not very good (*FACILITY RESPONSE: beds are on a cycle of replacement and we are at the end of the cycle, replacement will happen this budget year. There are funds to replace the worse ones as we go along.)*
- Staff expressed the need for another Child Haven campus within the community. They feel that the trends in population changes warrant the funding of another facility to address these overcrowding issues.
- Children with mental health issues are becoming a bigger issue because they need services that Child Haven cannot provide. These services are not provided until the child in is a firm placement, so while in shelter care, the children receive no mental health counseling or therapy. Community programs require that the child receive services within their zip code, but these kids do not have a zip code while in shelter care. Additionally children cannot be placed in existing mental health facilities unless they are acute, and there are no ongoing therapeutic services for these children because the waiting lists are months long. (*FACILITY RESPONSE: the Department does have a number of full-time clinical/mental health staff, who see kids on the campus, daily. Most of this is of the emergency nature since it is not their intention to start a huge therapeutic relationship, for in-depth therapy, while in a shelter. However, services are available around the clock.)*
- Staff feel that the community needs ways to support families through early intervention programs, and that incentives need to be funded and monitored.
- Staff felt that the county needs to be able to raise their own money to increase services to match the growing population. Staff indicated that the county cannot raise money without state approval and they feel that if this was changed the county could better fund their own programs.
- Overall staff seem to really care about the children in the facility and in the community and want to seek solutions to these issues to improve the situation for these children. They stated that they need services, they need more workers, and there needs to be an analysis of the true service needs in Clark County. Staff point out that Kids Kottage in Reno is run by a contractor and the contract for that facility is bid every two years providing that the county can fund the most effective program for its budget.

COMPLAINTS

Description of the Process

Children are allowed to file grievances at Child Haven, as are their parents if they feel that their child is not being properly cared for. The children can really tell anyone they are comfortable with, be that their case worker, parents, staff, supervisors or even the manager. These complaints are documented in an IR or Incident Report, then if it is something that the facility feels a child may have been mistreated physically or emotionally it is turned in to the hotline for an institutional review. The manager follows up where he can, but sometimes he needs to refer the investigation out to law enforcement for an independent investigation. The staff does handle many of the complaints made, but the manager reviews them, and follows up when necessary.

Additionally if staff have concerns over the way co-workers are treating the children, then they can talk to each other, the supervisor or the manager and this information will be documented in the employees file and reviewed with the employee in question.

Number of Complaints

	Count	Percent
Total Number of Complaints Received:	57	100%
Past Complaints January 1, 2000 – December 31, 2005	42	73.7%
Forwarded Complaints Jan 1, 2006 – September 30, 2006	10	17.5%
Complaints Received by NICRP Jan 1, 2006 – September 30, 2006	5	8.8%

Average Response Times for Complaints (in Days)

	Average # Days	Range (Min-Max)
Average Response Time – Overall	0-262	30.81
Average Response Time - Past Complaints January 1, 2000 – December 31, 2005	43	0-262
Average Response Time - Forwarded Complaints Jan 1, 2006 – September 30, 2006	0.5	0-2
Average Response Time – Received by NICRP Jan 1, 2006 – September 30, 2006	6.25	1-19

Type of Complaint

Complaints were placed into broad categories based on the topics determined by the Subcommittee's original request.

	Count	Percent
Health Anything having to do with a child's physical or mental health. These include nutrition and exercise, medical care, medication administration and attention pertaining to illness or injury.	5	8.8%
Safety Anything having to do with the physical safety of the children. These include physical security and staffing issues, physical restraint, appropriate placement within the facility, and physical environment, including cleanliness as well appropriate and working facilities and equipment.	25	43.9%
Welfare Anything having to do with the general well being of the child. These include emotional issues and may include such things as the way that staff interacts with children on a daily basis, punishments, education, and wellness activities.	27	47.4%
Treatment This term is defined in terms of a treatment program not necessarily how a child is "treated" on a daily basis. These include issues of access to counseling (mental health and substance abuse) resources, issues relating to a resident's actual treatment plan and how youth are able to progress through a facility's program.	0	0.0%
Civil and Other Rights This includes things pertaining to not only a child's civil rights, but also their rights as human beings. This would also include any rights within a particular facility that the youth are granted as explained to them in orientation.	0	0.0%
Privileges This category was added for complaint analysis because there are complaints received about not getting things that are deemed privileges and are earned and are not a right, or do not affect their health, safety, welfare, or treatment.	0	0.0%
Other This category includes all issues not easily placed into the above six groups.	0	0.0%
Unknown Unknown complaints occurred in situations where there was a resolution and no grievance attached, or the grievance was illegible.	0	0.0%

Sub-Categories of Complaints

All complaints were further analyzed independent from their resolutions and coded into 11 categories to help researchers understand the nature of the complaint in greater depth. Complaints may fall into more than one category, and so percents will not add up to 100%. Answers were Yes-No-Unknown for each question, and only Yes answers are reported here. Unknown was only selected in situations where the grievance was not attached or was illegible. The percent demonstrates the percent in each sub-category out of the total number of complaints received.

	Count	Percent
Physical Harm	30	52.6%
Lack of Supervision	15	26.3%
Inappropriate verbal contact by staff	3	5.3%
Inappropriate verbal contact by another youth	8	14%
Inappropriate physical contact by staff	24	42.1%
Inappropriate physical contact by another youth	16	28.1%
Sexual in nature	17	29.8%
Disagreement with staff/administrative decision	4	7%
Medical in nature (medication, doctors visits, etc)	3	5.3%
Differential treatment by staff	1	1.8%
Unsatisfactory physical environment	1	1.8%

Categories of Response

Responses were also coded separately from the complaint in order to further understand the level of response from administration.

	Count	Percent
Action-Oriented A response that indicates that the facility did something in response to this complaint such as counseling, policy change, termination, or new placement.	21	36.8%
Explanatory A response where the facility only provides an explanation for the complaint, or the circumstances of the complaint and no action is indicated.	17	29.8%
Unknown If the facility did not attach a response to a grievance or the response was illegible, the response was coded as unknown.	19	33.3%

POLICIES AND PROCEDURES

Child Haven provided NICRP with a 21 chapter Policies and Procedures Manual. Relevant chapters include: Administration; Confidentiality; Admissions/Transfers/ Releases; Residents Rights, Rules and Regulations; Security, Control and Crisis Situations; Active Teaching Treatment Approach; Programs; Health Care Services; Food Services; and S.A.I.N.T. The facility also provided NICRP with Department of Family Services Intake Policies related to abuse reports.

Last date of revision: Manual – Spring 2006; Intake Policies – 5/1/05

Health

Assessments

- Chapter 4.01 provides that children will be examined by Medical Staff on the day of admission, if admitted before 10 pm, otherwise the child will be examined the next day.
- Chapter 9.01 provides that "any child from newborn to 5 years old, who remains in Protective Custody longer than 5 days, will have a Child Development Assessment completed."

Nutrition & Exercise

- Chapter 6.03 provides that staff and children will have access to the Recreation Center.
- Chapter 9.04 provides that "all children will participate in recreational activities…to improve physical fitness, motor skills and social interactions."
- Chapter 12.02 provides the procedures regarding infant feeding.
- Chapter 19.01 provides that "all meals are to be ordered from the same menu utilized by the entire campus."

Access to Medical Care

- Chapter 18.01 is entitled "Medical and Health Care Overview", however no text to that section was provided.
- Chapter 18.02 provides that a "Child Developmental Specialist will provide any necessary first aid." The staff nurse or 911 will be contacted as needed and deemed appropriate by staff.
- Chapter 18.03 is entitled "Transporting a Child to Doctor's/Admitting to Hospital", however no text to that section was provided.
- Chapter 18.05 provides that "each cottage will have two sick calls each shift that a nurse is on duty."

Administration of Medication

- Chapter 18.04 is entitled "Prescription Medicines/Releases," however, no text to that section was provided.

Communicable Diseases

- Chapter 13.03 provides that all employees must have a current health card.
- Chapter 18.08 is entitled "Communicable Diseases/Universal Precautions," however, no text to that section was provided.
- Chapter 18.09 is entitled "Chicken Pox," however, no text for that section was provided.

Safety

Physical Environment

- Chapter 2.06 provides that work orders must be submitted for maintenance and/or repairs on campus. Staff may contact the Facilities Office 24 hours a day, 7 days a week in the case of emergencies.
- Chapter 6.01 provides the procedures for ensuring the safety and security of the campus.

Emergency Procedures

- Chapter 2.03 provides that each cottage will post a list of emergency telephone numbers as provided in the manual.
- Chapter 6.04 provides the procedures in the event that a parent threatens to abduct a child from the facility.
- Chapter 6.05 provides the procedures in the event of a false fire alarm.
- Chapter 6.06 provides the procedures in the event of an emergency, including a fire, bomb threat, and fire drill.
- Chapter 6.08 provides that each cottage is to be equipped with materials to provide emergency lighting in the event of a power outage, including 1 flashlight, 2 lanterns and back up batteries.
- Chapter 6.09 provides the procedures in the event water is shut off.
- Chapter 6.11 provides the procedures to be taken if an emergency procedure needs to be implemented during the overnight shift.
- Chapter 6.12 provides the procedures for locking down the facility in the event of an emergency.
- Chapter 7.05 provides the procedures in the event that a child runs away from the facility.
- Chapter 7.07 provides the procedures in the event of a riot.
- Chapter 7.08 defines and outlines the procedures in the event of a missing child (under 11 years old or severe emotional/physical handicap).
- Chapter 18.06 provides the procedures to be followed in the event that a child has convulsions.

Placement

- Chapter 2.01 identifies the cottages at the facility, defining the number and ages of children for each cottage.
- Chapter 12.03 provides that infants will be placed on their backs while lying in the crib.

Staffing

- Chapter 2.07 states that "vacancies in staffing patterns for 24 hour shift coverage…will be filled with part-time hourly staff." Part time staff are only "allowed to supervise up to 6 children between the ages of 5-17 years old when out of full-time staff's view…"
- Chapter 7.02 provides that part time staff "are allowed to supervise up to 8 children between the ages of 5-17 years old when out of full-time staff's view…When supervising children under 5 years old the PTH will have no more than 4 children in their care."
- Chapter 6.03 provides that a ratio of 8:1 children to staff shall be maintained in the Activity Center.
- Chapter 15.02 outlines the staffing ratios for each cottage/age group.

Physical Restraint and Use of Force

- Chapter 5.09 provides that staff will use the least restrictive behavior management techniques necessary, as defined by the MANDT system, to de-escalate and if necessary, restrain youth. All staff are trained in the MANDT system.

Suicide Prevention

- Chapter 7.06 provides the policies and procedures for attempted suicides or suicidal ideations. The child will be assessed by medical staff and the psychology department. Staff are to seek immediate medical attention as needed for suicide attempts and keep the child under constant supervision until help arrives. The child may be moved to a mental health hospital for observation and/or treatment.

Welfare

Education

- Chapter 10.01 provides that the education program will be provided by the Clark County School District. Education staff will coordinate communications with the child's home school. Children will receive attendance credit for attending school at the facility.
- Chapter 10.02 provides the policy and procedures for children who attend school in the community.
- Chapter 10.03 provides that a Kindergarten program will be provided to all eligible children by the Clark County School District. Special arrangements may be made for children with special needs.
- Chapter 10.04 provides that a preschool program will be provided to all children of a certain age who reside in the cottage.

Staff & Youth Interactions

- Chapter 2.11 provides that complaints of institutional abuse and/or neglect will be investigated by an outside agency and that involved staff may be placed on Administrative Leave, reassigned or moved pending the outcome of the investigation. If staff acted with criminal intent, the case will be forwarded to the District Attorney.
- Chapter 8.04 provides that "all corrective interactions with the children will be in the form of a teaching interaction." These include: corrective teaching; preventive teaching; and intensive teaching.

Behavioral Control Systems

- Chapter 5.08 provides that "time-out is the only consequence that will be utilized when dealing with the toddlers who will not follow instructions."
- Chapter 5.09 provides that staff will use the least restrictive behavior management techniques necessary, as defined by the MANDT system, to handle behavioral issues with juveniles.
- Chapter 8.01 outlines the behavior medication program utilized by the facility, C.H.A.T.T.A. (Child Haven Active Teaching Treatment Approach). This section outlines the 15 major components of the program and provides reference to the manual.
- Chapter 8.03 provides that a point card system will be used to motivate children and outlines the procedures for distribution of points.

Treatment

Treatment Plans

- Chapter 8.02 provides that each child "will be assessed and have a Treatment Plan written and updated regularly."

Behavioral Treatment

- Chapter 8.01 outlines the behavior medication program utilized by the facility, C.H.A.T.T.A. (Child Haven Active Teaching Treatment Approach). This section outlines the 15 major components of the program and provides reference to the manual.

Substance Abuse Treatment

- NO INFORMATION PROVIDED

Mental Health Treatment

- Chapter 20 provides the overview, policies and procedures for the S.A.I.N.T. (Sexual Abuse Investigative Team) program. "The goal of S.A.I.N.T. is to reduce trauma of children who have become victims of sexual abuse."

Civil and Other Rights

Grievances/Complaints

- Chapter 2.11 provides that any child or parent can file a complaint that they have been abused or neglected by a staff member. "Any allegation of child abuse or neglect made by a parent, child, or staff while the child is in protective custody, will be investigated by an outside, unbiased agency."
- Chapter 5.12 states that children have the right to grievance and that the grievance process will be explained to the child during orientation. The Assistant Manager will notify the child's caseworker of the grievance and results of the investigation. The CDS Supervisor is responsible for ensuring that the child does not suffer retribution in response to the grievance.
- Department of Family Services Intake Policy #17 provides the procedures for investigating referrals of abuse and/or neglect of children in residential institutions.
- Department of Family Services Intake Policy #18 provides the procedures for receiving and investigating referrals of institutional sexual abuse.

Awareness

- Chapter 4.01 provides that children will be provided with a review of the rules and procedures upon admission by cottage staff.

Protection of Rights

- Chapter 3.02 provides the confidentiality policies regarding clients and their records and provides the procedures for protecting that information.
- Chapter 5.01 provides the policies and procedures for visits with family members.
- Chapter 5.03 provides that children may make approved telephone calls.
- Chapter 5.05 provides that children may write and receive letters to and from approved contacts.
- Chapter 5.15 lists the Youth Rights, which include: nourishment; communication; respect; not be given meaningless work; read/review file material; interact with others; goals and privileges; basic clothing; natural elements; and own bed.

- Chapter 5.16 outlines the child's Right to Protection. This section includes the procedures for dealing with any complaints/requests by children having to do with their safety and/or protection.

FACILITY SUMMARY

Kids' Kottage
Reno, NV

Kids Kottage

Mailing Address (WCDSS):
P.O. Box 11130
Reno, NV 89520

Physical Address:
2095 Longley Ave
Reno, NV 89502

Ph: (775) 856-7380

Facility Contact:
Alice LeDesma, Supervisor WCDSS/Bert Wells, Administrative Director
ALeDesma@washoecounty.us

General Facility Information

Type of Facility: Child Welfare

Funding of Facility: Government – County contracted

Facility Max Capacity: 82

Staff to Child Ratio: **Daytime:** 1:8 **Nighttime:** 1:12

No. of Staff Employed: 70 **Full Time:** UK **Part Time/On Call:** UK

Age Range Accepted: 1 day – 18 years

Average Length of Stay: 32 days

Security Level: Staff secure

Average Daily Population: 50 – 60

2005 Facility Demographics

		Percent of Population by Race/Ethnicity		Percent of Population by Reason for Placement	
Total Number of Residents:	646	**African American**	10%	**Neglect**	33.46%
Average Monthly Population:	54	**Hispanic**	24%	**Parent Incarcerated**	15.59%
Percent Male:	51%	**Asian/Pacific Islander**	4%	**Parental Drug Abuse**	15.29%
Percent Female:	49%	**American Indian/Alaska Native**	1%	**Physical Abuse**	7.6%
Average Age:	39% ages 5-11	**White**	82%	**Parent Inability to Cope**	6.39%

SITE VISIT SUMMARY

Information in this section comes from the tour given at the facility and conversations with staff and youth in the facility.

NICRP Facility Visit

Date: May 1, 2006

Arrival Time: 9:30 AM **Departure Time:** 1:45 PM

Number of Interviews Conducted: 5 **Administrator:** 1
Staff: 2
Youth: 2

Population (Day of Visit): 51 **Males:** 27 **Females:** 24

Under 12: 30

Kids Kottage is an 82 bed emergency child welfare facility located in Reno. The facility is funded through a contract with Washoe County Department of Social Services but operated by Adams and Associates, who first received the contract in 1991. The facility is actually a three building complex housing children ranging in age from one day to 18 years. The facility is licensed and cannot exceed its 82 bed limit.

At the time of the visit most of the school aged children were not at the facility because they were at school. Therefore NICRP staff only interviewed youth that were either not in school or home from school that day.

The facility itself is very well maintained. It consists of three buildings called K1, K2 and K3. The main building (called K2) holds the front office, a visiting room, administrative offices, and the residence area for the babies and toddlers. In this building, preschool aged children sleep four to a room. The area has a dining room, a large living room/dayroom with a painted mural on the wall, children's rugs and cubbies for the children's things. The decoration and set up of the room looked very appropriate for preschool children. This building also had a large outside area for the children to play. The area is fenced in and has grass, some playground equipment, and a shaded area for seating.

While this building is primarily where the infants and preschool children live, there are rooms that can be converted for teen mothers to live with their babies. In these cases these girls are given parenting classes and taught how to care for their baby. At the time of NICRP's visit, there were teen boys sharing the rooms as overflow housing from their building (called K3).

Staff shared with us that maintaining the children's clothes is very difficult. They have a laundry facility in each building that is used to wash the children's things. This was evident in the

condition of the bedding in some areas. For some areas the bedding appeared clean, but worn out – possibly from frequent washing. The building also has a locked supply cabinet and storages area the stored extra shoes, blankets, and car seats. Each house has its own medication book and they also log any other illness management information in a log in the children's bathroom and also in the med book and central office. These central files also contain a recent photo of the child.

There are also two other buildings located on this campus. K3 is the building which houses the teens, aged 13-17. The building is designed to house 20 youth, five bedrooms with four youth to a room. This is a modular building that was just opened in June of 2004. The youth are allowed to spend time in their rooms, but the common area has a kitchenette, tables and couches in a living room area as well as a dining area. Posted in this building is a chore list, as well as a phone log. Youth in this building are allowed off grounds privileges, but they must earn these privileges through their behavior. This building appears neat and clean, but the bedrooms seemed a little cramped, holding four teenagers in one bedroom with two bunk beds and minimal personal storage space.

K1 is the building that holds the children aged 6 to 12 years. There are two dorm hallways, and one holds the girls' rooms and the other the boy's rooms. The bedrooms had a bed space for three to four youth per room. This building has its own dayroom, and a conference room that is used as a library and storage for games, toys, etc. The doors in this building are alarmed so that staff are alerted if a child leaves their bedroom. This building has a commercial kitchen, and access to the kitchen is restricted by staff. Everything appeared to be clean and well maintained. Staff shared that the walls are regularly repainted to maintain the appearance of the building. The facility uses half doors all over to maintain supervision at all times.

The facility has different programming for the children in its care. Staff shared that all children get a birthday cake and gift certificate on their birthday. Also the facility maintains a foster grandparent program, where volunteers in the community come in and spend time with the kids, playing or helping with homework. Kids Kottage staff stated that their goal is to care for these kids in the most homelike setting possible, so they use a lot of positive reinforcement, as well as consequences for misbehavior. Children in Kids Kottage attend regular schools and are picked up and dropped off by the school buses daily. Every effort is made to keep kids in the same school they were attending before coming to Kids Kottage. Also in order to maintain the confidentiality of the child's situation, Kids Kottage is the first stop for the bus in the morning and the last stop at night. This way the other kids do not know who lives at Kids Kottage and this can avoid some embarrassment for the children.

The facility also has a nurse practitioner who is on staff for 25 hours a week. She does well checks on all children in the facility within 72 hours of admission. She also does sick calls and follows up on any illnesses or injuries of the children at Kids Kottage. The facility also contracts with a psychologist and a psychiatrist who visits the facility every Tuesday for three hours to assist in maintaining the mental health of these children.

Overall youth seemed well taken care of in the facility and happy with how they were treated in the facility. They seem comfortable going to the Administrative Director with any problems they may have. The facility itself was clean and well maintained.

FACILITY RESPONSE:

This letter is in response to the draft summary report provided to me on the Kids Kottage to be presented to the AB 580 Legislative Subcommittee in December 2006. I appreciate the opportunity to include this additional information. The Department thinks that it would be helpful for the Subcommittee members to more clearly understand the relationship that we have with the Bureau of Services for Child Care as our licensing agent and how they monitor our compliance with the licensing standards, especially in the area of investigating allegations of violations.

The Kids Kottage is licensed by the Bureau of Services for Child Care as a child care institution under NRS 432A, and has been since it was opened. All reports of possible licensing violations are reported to the Bureau's licensing worker for assignment for investigation, as they deem appropriate. Historically, the majority of reports given to the Bureau are from this Department as we are provided information from the contractor, families who interact with Kids Kottage, community members or others who might not be aware that we are not the agency who monitors the facility's license. However, our agency also responds to reports of possible violations the licensing regulations, as those would also be a violation of the contract that we have in place with the operator of the facilities. Consequently, we respond to any quality of care issues, sometimes in tandem with the State licensing inspector, to ensure that not only are the minimum licensing standards are being met, but also that our contract requirements are in place. While there is no response times required in NRS 432A, the Department requires that we adhere to a three day response time to licensing/contract violation reports which is consistent with the requirements for our child care licensing division. The response times listed in the draft summary of 14 days may include response times from the State licensing agency, which sometimes respond later to reports.

The Department is responsible under NRS 432B to respond to allegations of child abuse and neglect at institutions within the time frames specified. There is no difference in these time frames and these responses are included within those listed in the summary of complaints. This investigation is different by statute and the Bureau is notified of the report, the investigator assigned and the outcome as required by policy and law.

I hope that this helps to clarify the roles of investigation of complaints regarding the Kids Kottages. We have a somewhat unique relationship with the licensing authority in that they monitor the facilities at our request.

COMPLAINTS

Description of the Process

At Kids Kottage if a child has any problem or would like to file a grievance, then all they need to do is request to speak to their social worker. At that point the facility staff makes that phone call for them and they are allowed to make any complaint they wish to their social worker. There may be special circumstances where the social worker has requested that the complaint be put in writing, but for the most part complaints are made directly to the social worker. At that point they decide who needs to investigate the complaint. If it is a serious allegation they would forward it out to law enforcement or child protective services. These investigations are all well documented and kept on file with the Washoe County Department of Social Services.

Number of Complaints

	Count	Percent
Total Number of Complaints Received:	73	100%
Past Complaints January 1, 2000 – December 31, 2005	68	93.2%
Forwarded Complaints Jan 1, 2006 – September 30, 2006	5	6.8%
Complaints Received by NICRP Jan 1, 2006 – September 30, 2006	0	0.0%

Average Response Times for Complaints (in Days)

	Average # Days	Range (Min-Max)
Average Response Time – Overall	13.0	0-88
Average Response Time - Past Complaints January 1, 2000 – December 31, 2005	14.3	0-88
Average Response Time - Forwarded Complaints Jan 1, 2006 – September 30, 2006	1.2	0-3
Average Response Time – Received by NICRP Jan 1, 2006 – September 30, 2006	N/A	N/A

Type of Complaint

Complaints were placed into broad categories based on the topics determined by the Subcommittee's original request.

	Count	Percent
Health Anything having to do with a child's physical or mental health. These include nutrition and exercise, medical care, medication administration and attention pertaining to illness or injury.	12	16.4%
Safety Anything having to do with the physical safety of the children. These include physical security and staffing issues, physical restraint, appropriate placement within the facility, and physical environment, including cleanliness as well appropriate and working facilities and equipment.	51	69.9%
Welfare Anything having to do with the general well being of the child. These include emotional issues and may include such things as the way that staff interacts with children on a daily basis, punishments, education, and wellness activities.	9	12.3%
Treatment This term is defined in terms of a treatment program not necessarily how a child is "treated" on a daily basis. These include issues of access to counseling (mental health and substance abuse) resources, issues relating to a resident's actual treatment plan and how youth are able to progress through a facility's program.	0	0.0%
Civil and Other Rights This includes things pertaining to not only a child's civil rights, but also their rights as human beings. This would also include any rights within a particular facility that the youth are granted as explained to them in orientation.	1	1.4%
Privileges This category was added for complaint analysis because there are complaints received about not getting things that are deemed privileges and are earned and are not a right, or do not affect their health, safety, welfare, or treatment.	0	0.0%
Other This category includes all issues not easily placed into the above six groups.	0	0.0%
Unknown Unknown complaints occurred in situations where there was a resolution and no grievance attached, or the grievance was illegible.	0	0.0%

Sub-Categories of Complaints

All complaints were further analyzed independent from their resolutions and coded into 11 categories to help researchers understand the nature of the complaint in greater depth. Complaints may fall into more than one category, and so percents will not add up to 100%. Answers were Yes-No-Unknown for each question, and only Yes answers are reported here. Unknown was only selected in situations where the grievance was not attached or was illegible. The percent demonstrates the percent in each sub-category out of the total number of complaints received.

	Count	Percent
Physical Harm	25	34.2%
Lack of Supervision	43	58.9%
Inappropriate verbal contact by staff	2	2.7%
Inappropriate verbal contact by another youth	2	2.7%
Inappropriate physical contact by staff	19	26.0%
Inappropriate physical contact by another youth	23	31.5%
Sexual in nature	25	34.2%
Disagreement with staff/administrative decision	5	6.8%
Medical in nature (medication, doctors visits, etc)	13	17.8%
Differential treatment by staff	1	1.4%
Unsatisfactory physical environment	5	6.8%

Categories of Response

Responses were also coded separately from the complaint in order to further understand the level of response from administration.

	Count	Percent
Action-Oriented A response that indicates that the facility did something in response to this complaint such as counseling, policy change, termination, or new placement.	50	68.5%
Explanatory A response where the facility only provides an explanation for the complaint, or the circumstances of the complaint and no action is indicated.	10	13.7%
Unknown If the facility did not attach a response to a grievance or the response was illegible, the response was coded as unknown.	13	17.8%

POLICIES AND PROCEDURES

Kids Kottage provided NICRP with a seven part Policies and Procedures Manual. The parts include: General and Management; Human Resources; Shelter Programs; Facility Operation; Safety and Security; Health and Medical; and Child's Rights.
Last date of revision: Varies - Each policy has an approval signature and date.

Health

Assessments

- NO INFORMATION PROVIDED

Nutrition & Exercise

- Section 305.01 outlines the elements of the physical fitness program.
- Section 305.02 provides safety guidelines for recreational activities.
- Sections 402.04 and 402.5 cover the procedures to ensure the proper quality and quantity of food served to children. This includes adherence to federal nutritional guidelines.

Access to Medical Care

- Section 600.01 provides the policies and procedures for caring for ill children, which includes information on transporting the child to the appropriate medical facility.
- Section 600.02 provides procedures for handling injured children.
- Section 600.03 provides that a first aid kit will be located in each shelter and in each vehicle.
- Section 600.09 provides the procedures for ensuring that children have access to appropriate dental care.

Administration of Medication

- Section 600.01 provides, in part, that staff are not to "administer any medication, except for current prescriptions, without instructions from a nurse, physician, acute-care facility, the UNR protocol or the WCDHD protocol."
- Section 600.11 provides the procedures for the administration of medication. All medication and medical supplies are to be stored in a locked area. Staff will not administer over the counter medications without orders from a designated medical professional or within the protocols. This section also provides procedures to ensure that the correct child is receiving the correct medication in the appropriate dosage.

Communicable Diseases

- Section 101.03 provides, in pertinent part, that only employees with a negative TB test will be allowed to work at the facility.
- Section 600.07 provides the procedures to avoid the spread of communicable disease at the facility.
- Section 600.19 provides procedures to prevent the transmission of HIV and to provide the appropriate level of care to HIV infected children.

Safety

Physical Environment

- Section 103.03 provides the policies and procedures governing external and internal inspections of the facility.
- Section 401.01 and 401.08 provides the policies and procedures to ensure regular maintenance of the grounds, building and equipment.
- Section 401.07 governs the storage of cleaning supplies, including chemicals.

Emergency Procedures

- Sections 304.12 and 304.13 provide the procedures in the event that a child runs away.
- Section 500.01 provides a list of emergency phone numbers that must be posted near phones in the facility.
- Section 500.02 provides the procedures for "Emergency Medical Situations" which includes the administration of first aid and requesting additional assistance (911) as necessary and appropriate.
- Section 500.08 provides the procedures to be followed to evacuate the facility in the event of fire, earthquake, bomb threat, flood, etc..

Placement

- Section 301.11 provides the guidelines for making bed assignments. "All children under 2 years of age will sleep in a designated nursery in a crib or roll-out bed. All children under 18 mos. will sleep in a crib…Same sex siblings will room together whenever possible." Residents identified as sexual perpetrators will be placed in a room alone or in a more appropriate facility if the situation warrants transfer. Children's age, physical, emotional and mental development will be taken into consideration with bed assignments.
- A revision to "Bed Rules" states, in pertinent part, that "sibling groups, regardless of sex or age, may be assigned to the same bedroom…with the approval of a Director." Furthermore, "residents over the age of 4 must be the same sex when assigned a bed in the same bedroom" unless this is in conflict with the sibling rule.

Staffing

- Section 101.01 outlines the policy regarding staffing requirements for the facility. The policy provides that the facility "will be staffed with at least five caregivers on every shift." An additional staff member will be available when school is not in session. The supervisor will call in additional staff as needed to meet ratio requirements.

Physical Restraint and Use of Force

- Section 304.04 provides, in pertinent part, that "restraint is only appropriate for children in order to prevent them from violent, aggressive, or destructive behavior directed at themselves or others."
- Section 304.11 provides that staff will only use personal physical restraint when the child is posing a threat to self or others and that staff shall never use any restraint such as "tying, binding, cuffing or any other device to restrict child's motion."

Suicide Prevention

- Section 600.04 outlines the procedures for handling suicidal ideation, attempted suicide or death. Staff are encouraged to engage in life-saving efforts and to contact emergency

medical assistance as needed. A mental health counselor will be contacted to conduct an evaluation of any child who attempts suicide or has suicidal ideations. If necessary the child will be transferred to a hospital for care and treatment.

Welfare

Education

- Section 301.07 provides the procedures for enrolling age appropriate children into their home school. The policy provides that "all school-aged children must attend school while in the Shelter." This section outlines the procedures for setting up transportation and communication with the school.
- Section 301.08 provides the procedures for enrolling children in school other than their home school is directed to do so by their social worker.
- Section 301.17 outlines the procedures for picking up and returning children to and from school.

Staff & Youth Interactions

- Section 100.13 provides the policy and procedures in regard to fraternization between staff and residents. Such conduct is strictly prohibited and staff are to avoid any circumstances which would lead to or be perceived as inappropriate.
- Section 304.05 provides guidelines on appropriate "teaching interactions" that staff may use to create positive interactions with children.
- Section 500.10 provides the policy regarding reporting suspected incidents of abuse and/or neglect.
- Section 700.30 provides guidelines which prohibit the staff from engaging in activities or relationships with clients that would be considered inappropriate or a conflict of interest.

Behavioral Control Systems

- Section 303.03 outlines the rules for children including: behavior, hygiene, personal belongings, visits, telephone usage, responsibilities, punishments and other issues. The rules provide that punishment will be handled by restriction or deprivation of privileges. Serious issues may be referred to law enforcement.
- Section 304.03 outlines the "Positive Discipline System" which is utilized to encourage appropriate behavior. This system uses the positive reinforcement approach. The policy provides that it is not permissible to embarrass the child in front of his/her peers.
- Section 304.04 outlines the "Age Appropriate Consequences" to be utilized for undesirable behavior. These include: time out; loss of privileges; restitution; redirection; restraint; and rising and bedtime adjustments.
- Section 304.06 lists the delinquent and status offenses which are considered serious enough to justify transfer to an alternate facility.
- Section 304.08 provides the procedures for dealing with youth who are exhibiting out of control behavior. Staff are encouraged to use "intensive teaching interactions" which include talking to the child without confrontation, but with control over the situation.
- Section 304.09 lists the disciplinary procedures that are permitted, which include: personal physical restraint; physically removing small children; informing child of

rules/consequences; restriction; withholding privileges; sitting with child; positive discipline; teaching interactions; and intensive teaching interactions.

- Section 304.10 lists the prohibited disciplinary procedures, which include: verbal abuse; denial of basic rights (food, shelter, medical care, etc.); punishment by other children; corporal punishment; sexual abuse; humiliating the child; fraternization; any punishment causing extended discomfort; or extended periods of isolation.
- Section 304.15 provides a detailed description of the facility's "Behavior Management Program" which focuses on "establishment of a clear 'normative' or consistent environment of expectations and a level system of age-appropriate responsibilities and privileges."
- Section 304.20 provides policies and procedures for the "Out of Program Status" for the most severe behaviors, including assault, threatening behavior and a misbehavior based on a contract. The resident may not be placed on "Out of Program Status" for more than 4 hours.

Treatment

Treatment Plans

- NO INFORMATION PROVIDED

Behavioral Treatment

- NO INFORMATION PROVIDED

Substance Abuse Treatment

- NO INFORMATION PROVIDED

Mental Health Treatment

- NO INFORMATION PROVIDED

Civil and Other Rights

Grievances/Complaints

- Section 700.06 established the policy and procedures in regard to handling complaints/grievances and provides that children have the right to file grievances.

Awareness

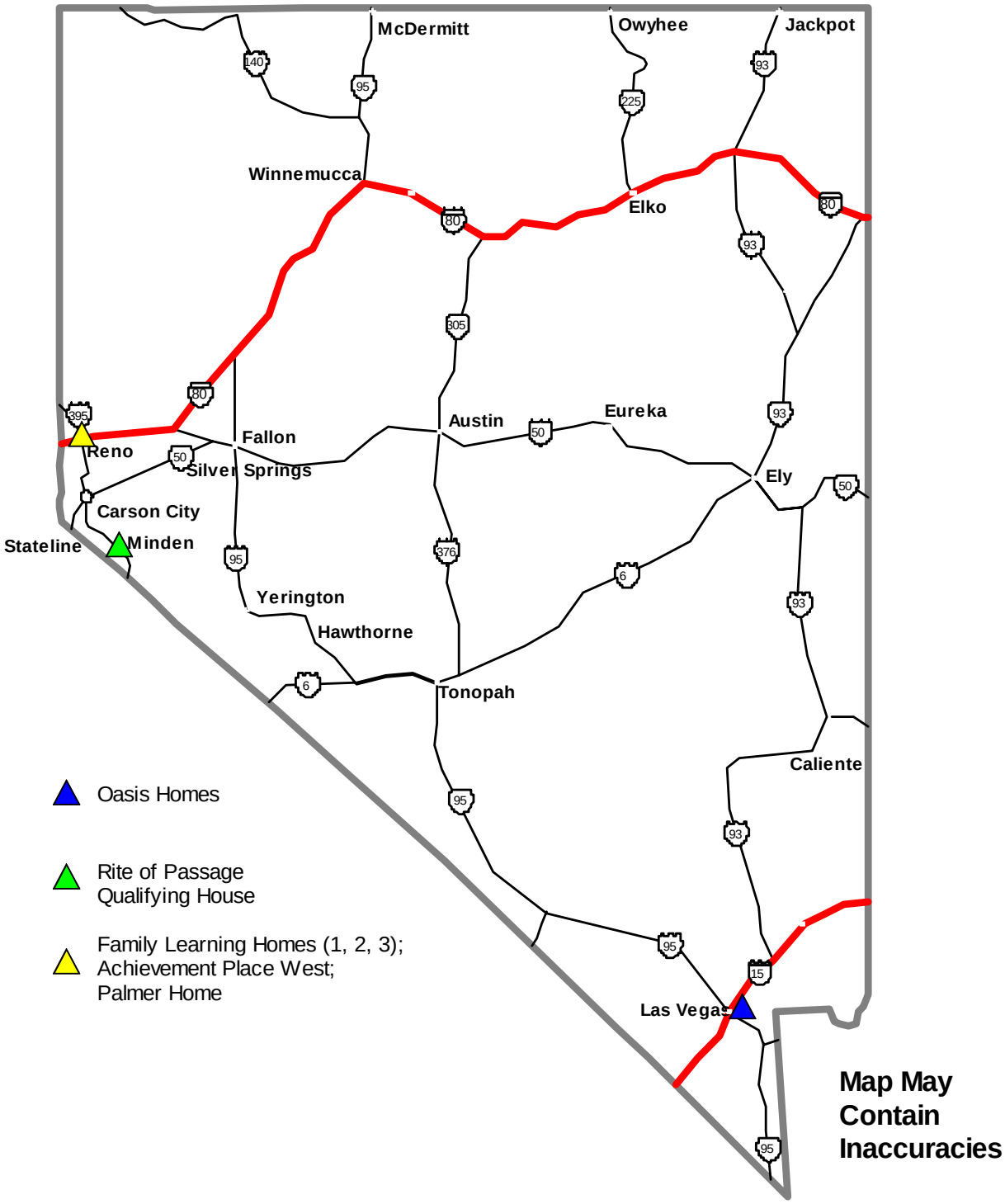
- Section 301.01 provides that children are to be read the rules and regulations, and sign and date the form, as age appropriate, during the admission process.
- Section 303.01 provides that staff will go over the "shelter rules for children" in "age-appropriate language" with the child. Children 13 or older are expected to read the "Adolescent Behavioral Guidelines/Expectations" form and sign and date it.

Protection of Rights

- Section 100.00 provides that the facility will provide services to children regardless of "race, creed, religion or handicapping condition."
- Section 302.01 outlines, in part, the procedures for maintaining confidential records.
- Section 700.01 provides the procedures to protect the confidentiality of the children in care and their records.

- Section 700.02 establishes the rights of children to have contact with their social workers and provides that no child will be denied contact with their social worker during business hours.
- Section 700.03 establishes the rights of children to visits with approved parents and family members.
- Section 700.04 provides the procedures to protect the rights of children to use the phone as appropriate.
- Section 700.05 provides the policies and procedures in regard to the child's right to send and receive mail.

Group Homes


McDermitt
Owyhee
Jackpot
Winnemucca
Elko
Austin
Eureka
Fallon
Reno
Silver Springs
Ely
Carson City
Stateline
Minden
Yerington
Hawthorne
Tonopah
Caliente
Las Vegas
Oasis Homes
Rite of Passage Qualifying House
Family Learning Homes (1, 2, 3); Achievement Place West; Palmer Home
Map May Contain Inaccuracies

FACILITY SUMMARY

Family Learning Homes (1, 2, 3)
Palmer Home
Achievement Place West
Reno, NV

Achievement Place West

Palmer Home

Family Learning Home

Family Learning Home

Family Learning Homes (1, 2, and 3)

Mailing Address:
2655 Enterprise Road
Reno, NV 89512

Physical Address:
2655 Enterprise Road
Reno, NV 89512

Ph: (775) 688-1600

Facility Contact:
Kathryn Wellington-Cavakis, Clinical Program Manager
klwellin@dcfs.state.nv.us

General Facility Information

Type of Facility: Group Home

Funding of Facility: Government - State

Facility Max Capacity: 15

Staff to Child Ratio: 1:5 **Daytime:** 1:5 **Nighttime:** 1:5

No. of Staff Employed: **Full Time:** 18 **Part Time:** 1
19 for all five homes

Age Range Accepted: Homes 1 and 2: ages 5-12, Home 3: ages 12-18

Average Length of Stay: 6 months **Security Level:** Staff Secure

Average Daily Population: 13 - 14

2005 Facility Demographics – FLH 1 (age 6-12)

		Percent of Population by Race/Ethnicity		Percent of Population by Reason for Placement	
Total Number of Residents:	10	**African American**	0%	Dangerous/Assaultive	18%
Average Monthly Population:	4.1	**Hispanic**	10%	Adjustment Problems	9%
Percent Male:	50%	**Asian/Pacific Islander**	0%	Parent-Child Problems	9%
Percent Female:	50%	**American Indian/Alaska Native**	10%		
Average Age:	9.6	**White**	80%		

2005 Facility Demographics – FLH 2 (age 6-12)

		Percent of Population by Race/Ethnicity		Percent of Population by Reason for Placement	
Total Number of Residents:	10	**African American**	20%	Bipolar	10%
Average Monthly Population:	3.75	**Hispanic**	10%	Parent-Child Problems	10%
Percent Male:	100%	**Asian/Pacific Islander**	0%	Physical Aggression	10%
Percent Female:	0%	**American Indian/Alaska Native**	0%	Oppositional	10%
Average Age:	9.6	**White**	70%		

2005 Facility Demographics – FLH 3 (age 11-16)

		Percent of Population by Race/Ethnicity		Percent of Population by Reason for Placement	
Total Number of Residents:	15	**African American**	0%	Bipolar	7%
Average Monthly Population:	4.25	**Hispanic**	0%	Oppositional	7%
Percent Male:	100%	**Asian/Pacific Islander**	0%	Physical Aggression	7%
Percent Female:	0%	**American Indian/Alaska Native**	0%	Adjustment Problems	7%
Average Age:	14	**White**	100%	Juvenile Justice Involvement	7%

SITE VISIT SUMMARY

Information in this section comes from the tour given at the facility and conversations with staff and youth in the facility.

NICRP Facility Visit

Date: May 2, 2006

Arrival Time: 8:00 AM **Departure Time:** 3:00 PM

Number of Interviews Conducted: 4
Administrator: 1
Staff: 2
Youth: 1

Population (Day of Visit): 11 **Males:** 6 **Females:** 3

Under 12: 9

The Family Learning Homes are located on the Children's Behavioral Services campus in Reno. They are three separate homes where children are divided based on age. Homes 1 and 2 house the younger children (ages 5-12), while Home 3 holds the adolescents (ages 12-18). There are two other group homes located out in the community that are considered a part of the Family Learning Homes system. These two homes are Palmer Home and Achievement Place West. These two homes will be discussed separately in their own sections.

The Family Learning Home treatment services are provided in a home-like environment in order to meet the specific behavioral and emotional needs of children and adolescents. The Family Learning Homes programs strives to meet the treatment and training needs of emotionally disturbed children with interventions which incorporates the client's family, as well as independent living skills development for adolescents (Information from the Family Learning Homes Brochure).

Upon arrival NICRP staff conducted a structured interview with the facility's Clinical Program Manager. This person had only been in this position for three weeks and so the outgoing program manager sat in on the interview as well.

All three homes have the same structural layout of bedrooms and bathrooms, kitchens, and a living room or dayroom. Food is prepared in the homes by staff and menus are developed by a nutritionist according to the guidelines for the federal school breakfast and lunch program. Teaching parents within the homes are then trained in food preparation and portions. Dinners are prepared according the staff's discretion, but menus must be posted so that the residents know what to expect. If a child has specific dietary needs then they are accommodated. Currently there is no structured exercise program for children living in these homes. Children in the homes attend various schools within the Washoe County School District. Medication is administered by

the teaching parents (staff within the homes). The medications are stored in a locked cabinet and are logged and tracked. There is no nurse on staff for these homes.

Family Learning Home 3 houses boys ages 12 to 18 years. The home has three bedrooms, two double rooms and one single room, at the time of the visit the house was full with five boys. There are one and a half bathrooms in the home. One is a full bathroom with a shower and two sinks, and the other is a half-bath with only a toilet and a sink. Staff sleep in the homes in their own bedroom which is locked at night and they have their own bathroom as well. This staff room also has an intercom system. In the home there is a washer and dryer where youth do their own laundry with staff assistance. This is just one of the chores that youth are assigned in this cottage.

Homes 1 and 2 house the younger children. These homes have motion detectors between beds and door alarms so that staff are alerted if the children are moving around during the night when they are supposed to be asleep. Additionally outside these homes are patios with storage space for bicycles and a barbeque grill. These homes also have at least one computer and a television, although none of the Family Learning Homes have cable television.

NICRP was concerned about the general physical condition of these homes. In all three homes the carpet and tile was old and worn. Also observed were various items that were broken, including a closet door, and there was trim missing in one of the "privilege rooms". Another specific concern was the laundry facilities in the homes. They are located inside the pantry, where food is stored therefore all soiled clothing and bedding must go into the same area where food is stored. This is especially a concern in the homes with younger children who may still wet the bed, causing soiled sheets to enter into a food storage area. Rust was observed in some of the bathrooms and there was black garbage bags covering east facing windows in Home 2. Also in Home 3 NICRP observed dressers to be made of metal and were told by staff that these were actually filing cabinets, used as dressers because they are more durable and last longer. Staff also shared that at times there has been mold in the bathrooms, and they have had sewage back up problems. The environment did not seem therapeutic for these emotionally disturbed children. *(FACILITY RESPONSE: All three Family Learning Homes received new carpet and linoleum in July 2006. New dressers were ordered in July, 2006. In February, 2003, bathrooms were remodeled. Included in the remodel was new tiling, counters, toilets and paint. The rust on the bathroom ceiling vent has been removed/repaired. The vacant Northern Nevada Child & Adolescent Services (NNCAS) maintenance position was filled in August giving the homes better maintenance support and response. The buildings were constructed in 1976 and the laundry design was the original architectural design. Doors were removed in order to reduce heat. No perishable food is stored in this area. NNCAS is exploring the possibility of renovating the laundry areas. The black garbage bags wee used as a temporary fix in response to a request from a client who complained about the high level of sunlight in the room, even with mini-blinds in place. Curtains are not advisable for safety reasons. Cost effective alternatives are being explored.)*

COMPLAINTS

Description of the Process

Complaints within the Family Learning Homes are usually documented by staff and then go to community meeting for resolution. Community meetings are held daily in the homes and youth are required to attend. If problems are not resolved there then they can go up to supervisors, then on to the Clinical Program Manager for resolution. Also if residents wish to make complaints to outside entities such as attorneys or social workers, they are encouraged to do so and are given access to the telephone to call those people.

Number of Complaints

	Count	Percent
Total Number of Complaints Received:	6	100%
Past Complaints January 1, 2000 – December 31, 2005	6	100.0%
Forwarded Complaints Jan 1, 2006 – September 30, 2006	0	0.0%
Complaints Received by NICRP Jan 1, 2006 – September 30, 2006	0	0.0%

Average Response Times for Complaints (in Days)

	Average # Days	Range (Min-Max)
Average Response Time – Overall	3	1-7
Average Response Time - Past Complaints January 1, 2000 – December 31, 2005	3	1-7
Average Response Time - Forwarded Complaints Jan 1, 2006 – September 30, 2006	N/A	N/A
Average Response Time – Received by NICRP Jan 1, 2006 – September 30, 2006	N/A	N/A

Type of Complaint

Complaints were placed into broad categories based on the topics determined by the Subcommittee's original request.

	Count	Percent
Health Anything having to do with a child's physical or mental health. These include nutrition and exercise, medical care, medication administration and attention pertaining to illness or injury.	1	16.7%
Safety Anything having to do with the physical safety of the children. These include physical security and staffing issues, physical restraint, appropriate placement within the facility, and physical environment, including cleanliness as well appropriate and working facilities and equipment.	3	50.0%
Welfare Anything having to do with the general well being of the child. These include emotional issues and may include such things as the way that staff interacts with children on a daily basis, punishments, education, and wellness activities.	2	33.3%
Treatment This term is defined in terms of a treatment program not necessarily how a child is "treated" on a daily basis. These include issues of access to counseling (mental health and substance abuse) resources, issues relating to a resident's actual treatment plan and how youth are able to progress through a facility's program.	0	0.0%
Civil and Other Rights This includes things pertaining to not only a child's civil rights, but also their rights as human beings. This would also include any rights within a particular facility that the youth are granted as explained to them in orientation.	0	0.0%
Privileges This category was added for complaint analysis because there are complaints received about not getting things that are deemed privileges and are earned and are not a right, or do not affect their health, safety, welfare, or treatment.	0	0.0%
Other This category includes all issues not easily placed into the above six groups.	0	0.0%
Unknown Unknown complaints occurred in situations where there was a resolution and no grievance attached, or the grievance was illegible.	0	0.0%

Sub-Categories of Complaints

All complaints were further analyzed independent from their resolutions and coded into 11 categories to help researchers understand the nature of the complaint in greater depth. Complaints may fall into more than one category, and so percents will not add up to 100%. Answers were Yes-No-Unknown for each question, and only Yes answers are reported here. Unknown was only selected in situations where the grievance was not attached or was illegible. The percent demonstrates the percent in each sub-category out of the total number of complaints received.

	Count	Percent
Physical Harm	4	66.7%
Lack of Supervision	0	0.0%
Inappropriate verbal contact by staff	0	0.0%
Inappropriate verbal contact by another youth	2	33.3%
Inappropriate physical contact by staff	2	33.3%
Inappropriate physical contact by another youth	1	16.7%
Sexual in nature	0	0.0%
Disagreement with staff/administrative decision	2	33.3%
Medical in nature (medication, doctors visits, etc)	1	16.7%
Differential treatment by staff	0	0.0%
Unsatisfactory physical environment	1	16.7%

Categories of Response

Responses were also coded separately from the complaint in order to further understand the level of response from administration.

	Count	Percent
Action-Oriented A response that indicates that the facility did something in response to this complaint such as counseling, policy change, termination, or new placement.	4	66.7%
Explanatory A response where the facility only provides an explanation for the complaint, or the circumstances of the complaint and no action is indicated.	2	33.3%
Unknown If the facility did not attach a response to a grievance or the response was illegible, the response was coded as unknown.	0	0.0%

Palmer Home

Mailing Address:
480 Galletti Way
Sparks, NV 89436

Physical Address:
480 Galletti Way
Sparks, NV 89436

Ph: (775)688-1638

Facility Contact:
Kathryn Wellington-Cavakis, Clinical Program Manager I
klwellin@dcfs.state.nv.us

General Facility Information

Type of Facility: Group Home

Funding of Facility: Government - State

Facility Max Capacity: 6

Staff to Child Ratio: 1:6 **Daytime:** 1:6 **Nighttime:** 1:6

No. of Staff Employed: 3 **Full Time:** 3 **Part Time/On Call:** UK

Age Range Accepted: 12-18

Average Length of Stay: 163 days

Security Level: Staff Secure

Average Daily Population: 5

2005 Facility Demographics

		Percent of Population by Race/Ethnicity		Percent of Population by Reason for Placement	
Total Number of Residents:	13	**African American**	7.7%	Depression	8%
Average Monthly Population:	4.3	**Hispanic**	7.7%	Bipolar Disorder	8%
Percent Male:	0%	**Asian/Pacific Islander**	0%	Self Abuse	8%
Percent Female:	100%	**American Indian/Alaska Native**	0%	Parent-Child Problems	8%
Average Age:	15.7	**White**	69.2%		
		No Entry	15.3%		

SITE VISIT SUMMARY

Information in this section comes from the tour given at the facility and conversations with staff and youth in the facility.

NICRP Facility Visit

Date: May 2, 2006

Arrival Time: 12:00 PM **Departure Time:** 1:00 PM

Number of Interviews Conducted: 1 (informal) **Administrator:** 0
Staff: 2
Youth: 0

Population (Day of Visit): 3 **Males:** N/A **Females:** 3

Under 12: 0

Palmer Home is one of the group homes affiliated with Family Learning Homes that is located out in the community. This home is located on the Northern Nevada Adult Mental Health Services campus (the same location as the Adolescent Treatment Center). This home treats emotionally disturbed females ages 12 to 18. Working in the home are the Palmers, who are the couple who act as teaching parents for this home. The Palmer's have been working in this capacity for 24 years, and the home has been in this location since 1992. The facility is designed to be a homelike environment for the girls living here.

NICRP Staff were driven to this facility by administration after visiting the Family Learning Homes on the CBS Campus. Upon arrival NICRP staff were given a tour of the home and then conducted an informal interview with the one of the teaching parents and their assistant who were on duty that day. There were no girls in the home at the time, because it was during school hours.

The home can hold up to six girls, with three bedrooms and two girls per room. There is one bathroom for the girls containing two toilets, and two showers. The home is a split level house, and there is a large private area where the teaching parents live. On the main level there is a large living room with a television, desk and a stereo. In this home there is cable television because the Palmers choose to pay for it. There is also a kitchen located on the main floor. The teaching parents are responsible for purchasing and preparing food. Staff commented that they get creative with food budgets, but special needs are accommodated.

Youth in this home attend school in the Washoe County School District. All medications are stored in a locked cabinet in the teaching parents' bedroom, and administered and tracked by the teaching parents. Youth are taken on outings when they can - staff try to take the kids off grounds whenever possible. Girls are given a weekly allowance of five dollars which can be

used to purchase things they want or need. Girls are also paid to walk Chelsea, the therapeutic dog that lives in the home. Because there are so few placements for girls, the Palmer Home tries to take as many girls as they can, but some girls are inappropriate for the home or they run away. Additionally, staff reported that girls can stay in the home anywhere from four months to four or more years at a time. *(FACILITY RESPONSE: Due to Medicaid guidelines, the length of time youth are allowed to stay in a treatment home depends on the individualized needs of the youth. This may be anywhere from four months to a year. The goal is always to return the child to her family or to a permanent family (e.g. adoptive))* While living in the home, there are no in-home visits for the girls because there is no way to protect the confidentiality of the children living in the home. Any visits are conducted off grounds or outside the home.

Staff expressed several concerns about the condition of the living space. They stated that maintenance has been an issue because they are renting the space. They reported that they need replacement flooring, as it is 20 years old. Staff also reported that the radiator leaks water into the carpet and that has not been repaired. Additionally the staff reported concerns about the neighborhood where the home is located. This neighborhood has problems with day laborers lining up near the home to look for work as well as vagrants in the nearby park. Staff really focus on teaching the girls about safety. Finally staff expressed concern about the fact that the facility is trying to be a more home-like environment, but it is located on an institutional campus which may defeat the purpose.

NICRP was also concerned about the general repair of this home as well as its location on an institutional campus instead of a real community setting. The home did have a yard, but it was overgrown and needed maintenance. Staff also reported that the youth's immediate needs are taken care of first and then maintenance issues are looked at. They reported feeling somewhat overlooked because they are not on the same campus with the Family Learning Homes. *(FACILITY RESPONSE: There was a leak in one radiator and, at the time of the visit, wet carpet was being dried by fans. A special part was ordered and the heat was turned off in this room which was not occupied by any resident at the time. The carpet was cleaned and deemed safe for occupancy by NNAMHS maintenance staff. The facility is inspected twice yearly by the Washoe County Health Department, the Fire Marshall and Washoe County Department of Social Services Foster Care Licensing. All inspections have been passed.)*

COMPLAINTS

Description of the Process

To file a complaint about the Palmer Home, youth use the same process that is used at the Family Learning Homes. Complaints are usually documented by staff and then go to community meeting for resolution. Community meetings are held daily in the homes and youth are required to attend. If problems are not resolved there then they can go up to supervisors, then on to the Clinical Program Manager for resolution. Also if residents wish to make complaints to outside entities such as attorneys or social workers, they are encouraged to do so and are given access to the telephone to call those people.

Number of Complaints

	Count	Percent
Total Number of Complaints Received:	1	100%
Past Complaints January 1, 2000 – December 31, 2005	1	100.0%
Forwarded Complaints Jan 1, 2006 – September 30, 2006	0	0.0%
Complaints Received by NICRP Jan 1, 2006 – September 30, 2006	0	0.0%

Average Response Times for Complaints (in Days)

	Average # Days	Range (Min-Max)
Average Response Time – Overall	5	5-5
Average Response Time - Past Complaints January 1, 2000 – December 31, 2005	5	5-5
Average Response Time - Forwarded Complaints Jan 1, 2006 – September 30, 2006	N/A	N/A
Average Response Time – Received by NICRP Jan 1, 2006 – September 30, 2006	N/A	N/A

Type of Complaint

Complaints were placed into broad categories based on the topics determined by the Subcommittee's original request.

	Count	Percent
Health Anything having to do with a child's physical or mental health. These include nutrition and exercise, medical care, medication administration and attention pertaining to illness or injury.	0	0.0%
Safety Anything having to do with the physical safety of the children. These include physical security and staffing issues, physical restraint, appropriate placement within the facility, and physical environment, including cleanliness as well appropriate and working facilities and equipment.	0	0.0%
Welfare Anything having to do with the general well being of the child. These include emotional issues and may include such things as the way that staff interacts with children on a daily basis, punishments, education, and wellness activities.	1	100.0%
Treatment This term is defined in terms of a treatment program not necessarily how a child is "treated" on a daily basis. These include issues of access to counseling (mental health and substance abuse) resources, issues relating to a resident's actual treatment plan and how youth are able to progress through a facility's program.	0	0.0%
Civil and Other Rights This includes things pertaining to not only a child's civil rights, but also their rights as human beings. This would also include any rights within a particular facility that the youth are granted as explained to them in orientation.	0	0.0%
Privileges This category was added for complaint analysis because there are complaints received about not getting things that are deemed privileges and are earned and are not a right, or do not affect their health, safety, welfare, or treatment.	0	0.0%
Other This category includes all issues not easily placed into the above six groups.	0	0.0%
Unknown Unknown complaints occurred in situations where there was a resolution and no grievance attached, or the grievance was illegible.	0	0.0%

Sub-Categories of Complaints

All complaints were further analyzed independent from their resolutions and coded into 11 categories to help researchers understand the nature of the complaint in greater depth. Complaints may fall into more than one category, and so percents will not add up to 100%. Answers were Yes-No-Unknown for each question, and only Yes answers are reported here. Unknown was only selected in situations where the grievance was not attached or was illegible. The percent demonstrates the percent in each sub-category out of the total number of complaints received.

	Count	Percent
Physical Harm	0	0.0%
Lack of Supervision	1	100.0%
Inappropriate verbal contact by staff	0	0.0%
Inappropriate verbal contact by another youth	0	0.0%
Inappropriate physical contact by staff	0	0.0%
Inappropriate physical contact by another youth	0	0.0%
Sexual in nature	0	0.0%
Disagreement with staff/administrative decision	1	100.0%
Medical in nature (medication, doctors visits, etc)	0	0.0%
Differential treatment by staff	0	0.0%
Unsatisfactory physical environment	0	0.0%

Categories of Response

Responses were also coded separately from the complaint in order to further understand the level of response from administration.

	Count	Percent
Action-Oriented A response that indicates that the facility did something in response to this complaint such as counseling, policy change, termination, or new placement.	1	100.0%
Explanatory A response where the facility only provides an explanation for the complaint, or the circumstances of the complaint and no action is indicated.	0	0.0%
Unknown If the facility did not attach a response to a grievance or the response was illegible, the response was coded as unknown.	0	0.0%

Achievement Place West

Mailing Address:
2525 Del Monte Ln
Reno, NV 89511

Physical Address:
2525 Del Monte Ln
Reno, NV 89511

Ph: (775) 688-1625

Facility Contact:
Kathryn Wellington-Cavakis, Clinical Program Manager
klwellin@dcfs.state.nv.us

General Facility Information

Type of Facility: Group Home

Funding of Facility: Government - State

Facility Max Capacity: 5

Staff to Child Ratio: 1:5 **Daytime:** 1:5 **Nighttime:** 1:5

No. of Staff Employed: 3 **Full Time:** UK **Part Time/On Call:** UK

Age Range Accepted: 12-18

Average Length of Stay: 9 months to 1 year

Security Level: Staff Secure

Average Daily Population: 5

2005 Facility Demographics*

		Percent of Population by Race/Ethnicity		Percent of Population by Reason for Placement	
Total Number of Residents:	UK	**African American**	UK	UK	
Average Monthly Population:	UK	**Hispanic**	UK	UK	
Percent Male:	UK	**Asian/Pacific Islander**	UK	UK	
Percent Female:	UK	**American Indian/Alaska Native**	UK	UK	
Average Age:	UK	**White**	UK	UK	

* Data for this table is unavailable – the Facility Demographic form was not returned to NICRP.

SITE VISIT SUMMARY

Information in this section comes from the tour given at the facility and conversations with staff and youth in the facility.

NICRP Facility Visit

Date: May 2, 2006

Arrival Time: 1:30PM **Departure Time:** 3:00 PM

Number of Interviews Conducted: 4 informal **Administrator:**0
Staff: 3
Youth: 1

Population (Day of Visit): 5 **Males:** 5 **Females:** N/A

Under 12: 0

Achievement Place West is one of the group homes affiliated with Family Learning Homes that is located out in the community. The home is located in a rural area of Reno surrounded by farmland and horse stables. This home treats emotionally disturbed young men ages 12 to 18. Working in the home is a married couple that serves as the teaching parents for the home, and as relief staff there is one other staff member. All staff working in this home have over 15 years experience.

NICRP Staff were driven to this facility by administration after visiting the Palmer Home. Upon arrival NICRP staff were given a tour of the home and then conducted an informal interview with the staff on duty that day and one of the youth after he arrived home from school.

Achievement Place West (APW) is located in the community in a residential home that was built in the 1950s, and APW has been located in that house since June 23, 2001. The home is located in a rural area and the land has apple trees and space for gardens where the teaching parents help the youth plant and maintain gardens every year. Inside the home there is a large living room, the kitchen and 2 bedrooms upstairs for residents. There is another bedroom downstairs and what used to be a bedroom has been converted into what staff referred to as a Jiu-jitsu room. Also on the main level is the staff bedroom area and office where youth are not allowed and which remains locked. Also in the house there are many pets, including; a cat, dogs, birds, rats, fish, and a salamander. There are no door alarms on the house, but staff note that the youth are under constant supervision. The home seemed worn and staff noted that there is no maintenance staff, but the walls will be repainted soon. *(FACILITY RESPONSE: Staff are responsible for upkeep of the residence and an action plan has been developed to assist them in doing so. The facility is inspected twice yearly by the Washoe County Health Department, the Fire Marshall and Washoe County Department of Social Services Foster Care Licensing. All inspections have been passed.)*

Menus for breakfast and lunch are set by a nutritionist and prepared for the youth. However, staff reported that dinner in this home is a "big deal". Youth help out in the kitchen to prepare the meal, and even go with the teaching parents to the grocery store to purchase food. Staff reported that food is an issue for the children living in the home; they state that there are restrictions on food and youth are not allowed to have food in their rooms, as there is a focus on cleanliness and some youth tend to hoard food in their rooms.

Staff reported that there are various activities that the youth at APW participate in. They attend regular school within the Washoe County School District, but staff feel that this may not be the best use of their time because these children need to be socialized, and need to learn life skills and work skills before they can focus on school. Youth are sometimes taken out on camping and fishing trips, and the pets in the home are used as a form of therapy. *(FACILITY RESPONSE: This may have been a misunderstanding as education is not only a priority of the Achievement Place West philosophy but also a state law. All youth attend a Washoe County School District program identified to meet the individual and specialized needs of the youth. Socialization, life skills and work skills are tied into not only the educational program but also the treatment component. Youth are provided opportunities on and off program site to enhance these skills by participating in nutrition and food preparation, auto mechanics, pet therapy, Jitsu and real life employment opportunities.)* Youth often request home passes and those are granted, but youth are limited to only 20 nights a year at home, but they can have unlimited day passes to visit home.

Staff were most concerned with the issues of appropriate placement of children in APW, they discuss cases among staff but rarely deny placement. They stated that they felt APW was understaffed, but most of the time staff felt safe in the home. Times when they feel unsafe often include parents or extreme situations with the youth. *(FACILITY RESPONSE: Per agency policy, all potential clients are reviewed by the Residential Placement Committee (clinical team that consists of agency program managers, nursing staff and psychiatrist) prior to being identified as appropriate for placement in any of the residential facilities.)*

NICRP was most concerned with the general repair and appearance of the home. It appeared dirty and in ill repair. Bedrooms especially seemed unkempt and furniture was broken. The basement seemed unfinished and generally did not seem like a very therapeutic environment.

COMPLAINTS

Description of the Process

To file a complaint about Achievement Place West, youth use the same process that is used at the Family Learning Homes. Complaints are usually documented by staff and then go to community meeting for resolution. Community meetings are held daily in the homes and youth are required to attend. If problems are not resolved there then they can go up to supervisors, then on to the Clinical Program Manager for resolution. Also if residents wish to make complaints to outside entities such as attorneys or social workers, they are encouraged to do so and are given access to the telephone to call those people.

Number of Complaints

	Count	Percent
Total Number of Complaints Received:	0	0%
Past Complaints January 1, 2000 – December 31, 2005	0	0.0%
Forwarded Complaints Jan 1, 2006 – September 30, 2006	0	0.0%
Complaints Received by NICRP Jan 1, 2006 – September 30, 2006	0	0.0%

POLICIES AND PROCEDURES

Northern Nevada Child and Adolescent Services (Adolescent Treatment Center, Family Learning Homes, Palmer Home, and Achievement Place West) provided NICRP with a ten part Policy Manual index which is divided into the following sections: Administration; **Client Rights**; Quality Assurance; Agency Referrals; Health/Safety Emergencies; Physical Plant/Grounds Maintenance; Medical Services; Outpatient Services; **Family Learning Homes**: and **Adolescent Treatment Center**. NICRP was provided only with the **bolded** sections. NICRP was also provided with an updated client complaint policy, as well as separate policies on clients' rights and the DCFS policy on seclusion/restraint of clients.
Last date of revision: Policy Manual – 9/13/96; Client Complaint – 2/2/06; Seclusion/Restraint of Clients – 6/10/05

Health

Assessments

- Policy FLH.008 requires a physical examination as part of the intake process. The examination must have been conducted within six months prior to admission.
- FLH.012 and D.011 provide that each child will receive an assessment as deemed necessary.
- D.005 provides that youth must have a "written comprehensive physical examination, including laboratory work, medication history, allergy identification, immunization history, and assessment for communicable diseases" prior to admission.

Nutrition & Exercise

- FLH.054 provides that "meals are a vital part of the nutritional program" and that "meals will not be used contingently in any treatment program."

Access to Medical Care

- FLH.037 provides the procedure for accessing medical care. Parents/guardians are responsible for transporting children to routine medical appointments and for obtaining necessary medications. Emergency medical treatment will be provided by the closest emergency room or at the instruction of the parent/guardian.

Administration of Medication

- FLH.011, D.007, and CRS.021 provide the policy regarding the receipt of informed consent before the administration of medication can occur and the procedures for administering medication in the absence of express and informed consent.
- FLH.035 and D.036 provide that female clients who are already taking birth control will be allowed to continue taking the medication with the consent of the parent or guardian. For purposed of administration and storage, birth control are to be treated like prescription drugs.

Communicable Diseases

- D.029 provides that all employees "will receive a tuberculin test or chest X-ray film to ensure health protection for consumers and other employees."

Safety

Physical Environment

- FLH.034 provides that the facility will comply with Public Health Standards established by the Bureau of Consumer Health Protection Services. The Director will coordinate all inspections, including monthly, or as needed, health and safety inspections.

Emergency Procedures

- FLH.033 provides the procedures for conducting monthly fire drills.
- FLH.038 and D.021 provide the procedures for dealing with runaway/AWOL children and youth.
- FLH.039 describes the emergency fire procedures.
- FLH.050, D.030 and CRS.008 provide the procedures for filing mandatory reports of abuse/neglect.
- D.039 provides the procedures for "disaster" situations including bomb threats, and fire.
- EMR.006 provides that "emergency medical treatment may be provided by a member of the medical staff or a physician without the informed consent of the consumer."

Placement

- NO INFORMATION PROVIDED
- *(FACILITY RESPONSE: Policies are currently being reviewed and updated. Placement admission policies are being forwarded to NICRP.)*

Staffing

- NO INFORMATION PROVIDED
- *(FACILITY RESPONSE: According to NAC 424.250 Minimum staffing requirements – "A sufficient number of staff must be on duty and available at all times to assure proper care for children. The minimum number of staff employed in a group foster home, excluding staff whose sole functioning is clerical, housekeeping, maintenance and or ancillary services", is: Group Treatment Homes - 0-6 is 1:4; 6-18 is 1:6.)*

Physical Restraint and Use of Force

- FLH.047 covers the use of restraint, including physical, chemical and manual. Only trained direct care staff can use restraint. A trained employee may assist in the application of manual restraint. Only a physician or registered/licensed practical nurse upon a physicians order may administer chemical restraints. Restraining techniques are only to be used when less restrictive measures have failed. Except in cases of emergency, all restraints must be ordered by a physician. "Standing or PRN orders for physical restraint will not be used."
- The DCFS Statewide Policy on Seclusion/Restraint of Clients provides definitions, legal references and standards for the use of seclusion and restraints. Specifically: these techniques will only be used in emergency situations; all staff with a role in implementation of these techniques must be trained; only the psychiatrist or attending physician can order these interventions; orders are time limited and cannot be standing or PRN; reevaluations need to be conducted according to JCAHO standards; parents/guardians shall be notified of each occurrence; and each occurrence must be documented. Chemical restraints are prohibited to control behavior or to restrict client's movement. The policy also lists prohibited practices, including, but not limited to:

pressure or weight on the chest, lungs, sternum, diaphragm, back or abdomen causing chest compression; choking or neck holds; pressure on neck/throat, artery or back of neck/head. Penalties are provided for the use of prohibited practices.

Suicide Prevention

- FLH.058 outlines the policy and procedure in regard to suicide assessment, prevention, and staff response to suicidal attempts and/or threats. Youth identified as suicidal will be admitted to the local hospital with parental consent. If parental consent cannot be obtained, staff will contact child protection services and/or law enforcement as appropriate.
- D.031 provides that youth at the Adolescent Treatment Center who are identified as being at risk for suicide will be placed on suicide precautions, which entails, in part, that they will remain within staff sight at all times and that a search of their room/belongings will be conducted to remove any unsafe objects. The youth will be checked every 15 minutes during sleep hours unless otherwise specified in the clinical record.

Welfare

Education

- FLH.056 provides that facility personnel will contribute to Individualized Education Plan meetings conducted by the school district.

Staff & Youth Interactions

- D.034 provides that staff "will establish and maintain professional relationships will consumers…"

Behavioral Control Systems

- FLH.021 establishes the guidelines for the utilization of "behavioral contracting…when a specific behavior is not being positively impacted with the use of natural/logical consequences."
- FLH.044 and D.041 state that "staff may use activity or environmental time out as a treatment technique under certain ethical and professional guidelines." This technique is only to be used when less restrictive and positive reinforcement techniques have failed.
- FLH.045 provides the policy and procedure on the use of seclusion as an "emergency measure to protect a consumer from injury to self or others as specifically authorized by a physician." Orders cannot be for more than 8 hours of seclusion. The policy requires the child to be monitored every 2 minutes while on seclusion.
- FLH.061 outlines the facility's "behavior management system" which utilizes the "Removal from Participation Gradient."

Treatment

Treatment Plans

- Policy FLH.007 provides that each child will have a treatment team made up of the case manager, Teaching Family Parent or partners in a specific residence.
- Policy FLH.011 and CRS.021states that "each consumer…will be informed as to his/her rights in regard to treatment and will be asked to sign a consent to treatment form…[and]

each consumer will be informed that a [sic] individual written treatment plan is to be developed with input from parent and child."

- FLH.013 and D.012 outline the policy and procedures for individual treatment plans. The plan must be completed within 30 working days of intake.

Behavioral Treatment

- FLH.015 provides the procedures for the "motivational system" to be used by the "5 and 7 day/week" components.
- FLH.021 and D. 013 establishes the guidelines for the utilization of "behavioral contracting…when a specific behavior is not being positively impacted with the use of natural/logical consequences."

Substance Abuse Treatment

- D.040 provides that clients suspected of alcohol or drug abuse will be referred to their parent/guardian for medical evaluation or referral to detention.

Mental Health Treatment

- FLH.014 outlines the treatment procedures for services provided by the facility and as indicated in the treatment plan. Techniques will be consistent and periodically reviewed.
- FLH.016 provides that outside referrals will be utilized as needed to provide needed services.

Civil and Other Rights

Grievances/Complaints

- Policy FLH.009 provides that the grievance and appeal process will be explained during orientation.
- The DCFS Statewide Policy on the Client Complaint Procedure was revised in direct response to this study and provides that clients may file complaints directly with NICRP or may file a written complaint directly to the facility.

Awareness

- Policy FLH.009 and D.006 provide that youth/families will be provided with an explanation of the rights and responsibilities of consumers and a written rights statement during orientation. Grievance and appeal process will also be explained during orientation. This section further provides that "communications will be in a form in terms of language and literacy level which can be easily understood by the consumer and family."
- Policy FLH.011, D.007 and CRS.021 state that "each consumer…will be informed as to his/her rights in regard to treatment and will be asked to sign a consent to treatment form…"

Protection of Rights

- FLH.01, D.007, and CRS.021 list the rights of a client, which include: to be informed of treatment procedures; to give or withhold informed consent; receive treatment in least restrictive environment; access to treatment regardless of race, religion, sex, ethnicity, or handicap; to communicate with family/friends; and to be free from mechanical restraints, unless prescribed by physician and only as needed.

- FLH.019 includes, in part, the procedures for ensuring the confidentiality of clinical case records.
- FLH.023 and D.033 provide the guidelines for making phone calls at the facility.
- FLH.053 and D.020 provide the policy and procedures regarding confidentiality of client information.
- FLH.057 and D.024 provide that "a consumer's rights cannot be denied except to protect the health and safety of self or others, or both, and that any denial of rights must be documented."

FACILITY SUMMARY

Oasis Homes
Las Vegas, NV

Oasis Homes

Mailing Address:
6171 W. Charleston Blvd, #8
Las Vegas, NV 89146

Physical Address:
6171 W. Charleston Blvd, #8
Las Vegas, NV 89146

Ph: 702-486-0077

Facility Contact:
Fran McClain, Clinical Program Manager II
Email: fmcclain@dcfs.state.nv.us

General Facility Information

Type of Facility: Group Home (Three Homes: Girls, Young Boys, Older Boys)

Funding of Facility: Government - State

Facility Max Capacity: 17

Staff to Child Ratio: 1:3 **Daytime:** 1:3 **Nighttime:** 2:6*

No. of Staff Employed: 24 **Full Time:** 24 **Part Time:** 0

Age Range Accepted: 6-17.5 (serve through 18 yrs)

Average Length of Stay: 6-9 months **Security Level:** Staff Secure

Average Daily Population: 17

* (1 awake staff and 1 staff sleeping on site)

Fiscal Year 2005 Facility Demographics

		Percent of Population by Race/Ethnicity		Percent of Population by Reason for Placement	
Total Number of Residents:	39	**African American**	36%	UK	
Average Monthly Population:	14.36	**Hispanic**	13%	UK	
Percent Male:	72%	**Asian/Pacific Islander**	0%	UK	
Percent Female:	28%	**American Indian/ Alaska Native**	0%	UK	
Average Age:	13.6	**White**	49%	UK	
		Other	2%	UK	

SITE VISIT SUMMARY

Information in this section comes from the tour given at the facility and conversations with staff and youth in the facility.

NICRP Facility Visit

Date: March 9, 2006

Arrival Time:9:15 AM **Departure Time:** 12:00 PM

Number of Interviews Conducted: 4 **Administrator:** 1
Staff: 1**
Youth: 2***

Population (Day of Visit): 17* **Males:**7 **Females:** 6

Under 12: 5

* On the day of the visit, there were six boys in the boys' home, six girls in the girls' home, and 5 children in the Under 12 home. In addition, there was a waiting list of 7 youth on March 1st.
** The staff interview involved all of the three Home Supervisors on duty.
*** Youth interviews were conducted on March 31, 2006 in order for the facility to obtain parental consent to participate in the research.

Oasis Homes consists of three small community group homes that provide long-term (6-8 months) supervised treatment care for youth with severe emotional disturbances. The facility is located on the Division of Child and Family Services section of the campus shared with the Division of Mental Health and Developmental Services in Las Vegas. The three homes consist of a girls' home, a young boys' home, and an older boys' home. The goal is to provide a home-like environment for these youth. The program uses the Boys Town model of direct intensive supervision and has a low staff-to-client ratio. The facility is staff-secure, which means that 24 hour awake staff supervision is provided to youth. Oasis Homes is a mental health placement between a secured hospital and a standard community group home. The model is designed to reduce institutional placements.

There are 24 staff employed by the facility, and there is an extremely low staff turnover rate. Each home has a Program Manager, and a Teaching Parent who supervise shift staff and coordinate appointments during regular business hours. *(FACILITY COMMENT: Each home has a supervising teaching parent relief as well as teaching parent reliefs and mental health technicians. The program is managed by a Clinical Program Manager. Supervision of the supervising teaching parent reliefs and group therapy is provided by a Mental Health Counselor III)*. Staff work long shifts, sleeping at the facility, however there is a staff member awake at all times in each home. Supervisors and managers are always on call, and receive overtime for staff who call in sick. Staff reported strained funding, and inadequate beds for the need. They reported that more services are needed for the kids, and that sometimes there's inappropriate placement (between group homes and foster homes). Staff also expressed a need for ways to deal with youth sexual issues.

At the time of our visit, there were a total of 17 youth in the three homes, and a waiting list of 7 youth. All of the youth have high level needs – many of them are severely emotionally disturbed. *(FACILITY COMMENT: All youth have been diagnosed with severe emotional disturbances, as it is an eligibility requirement for the program).* Three of the youth at Oasis were in parental custody, with 14 youth in child welfare custody. Boys in the younger home tend to have more developmental disorders, and are matched to developmental age. Youth go to specialized programs in public school rather than special schools in order to improve their abilities to function in the community, and staff report that the Clark County School District is supportive and works well with Oasis. *(FACILITY COMMENT: All youth are educated in the Clark County School District and are enrolled according to their needs. Some are in regular public schools and some are in specialized public schools such as Variety School).* Each youth has an assigned DCFS Intensive Case Manager and a therapist that will try to follow the youth into the community and provide wraparound services. Youth often go back and forth between the psychiatric hospital and this facility, and Oasis will hold beds and coordinate with the hospital so the placement is not lost. In addition, staff report that Oasis has many needs beyond its highly trained and experienced staff.

Medication and cleaning supplies are stored in locked cabinets in the home itself. Staff administer all medications. Youth are taught life skills from staff, and are required to do chores. They assist staff in cooking as part of their treatment plans, and are provided with anger management, the opportunity to go to church, social skill and self-control skill development, and the opportunity to run community meetings with the other youth in their home. They are given lots of positive reinforcement by staff.

NICRP was concerned that staff do not wear uniforms or badges, which makes it difficult to identify staff and distinguish them from others. *(FACILITY COMMENT: Staff wear everyday clothing in keeping with the goal of providing an environment that is normalized and as close to a family-like setting as possible. With youth who can be physically aggressive and whose behavior is frequently impulsive and unpredictable, badges can be grabbed and used as weapons, especially when worn around staff's necks.)* Since the facility is staff secure, and the residential buildings are unmarked (other than on the map by the parking lot), staff reported that there is occasionally a problem with someone who is not supposed to be there wandering into the facility. This is a safety concern, especially because the facility is located on the SNAMHS campus in a difficult area of town. *(FACILITY COMMENT: With the recent opening of the Rawson-Neal Psychiatric Hospital, the adult crisis unit and the adult hospital are now located much further away from these treatment homes).*

COMPLAINTS

Description of the Process

Oasis Homes utilizes the statewide DCFS grievance process, which at the time of the visit was under revision by DCFS. The informal grievance process they use in the meantime utilizes a chain of command from a youth's front-line staff to the supervisor and then to the child's treatment team. The treatment team is comprised of parents or guardians, child welfare, the child's therapist or doctor, school personnel, and it is mandatory that the child participate, so this is often used as an informal problem-solving mechanism where the child can address all problems encountered before they get to a formal grievance stage. *(FACILITY COMMENT: All youth and families are given information related to filing a complaint. No formal complaints have been received).*

Number of Complaints*

	Count	Percent
Total Number of Complaints Received:	0	
Past Complaints January 1, 2000 – December 31, 2005	0	
Forwarded Complaints Jan 1, 2006 – September 30, 2006	0	
Complaints Received by NICRP Jan 1, 2006 – September 30, 2006	0	

* Additional information on complaints from this facility is not available because the facility did not provide NICRP with any grievances, past or forwarded, and NICRP did not receive any direct complaints about this facility. Per a letter received from the Clinical Program Manager on 1/31/06, "Oasis On-Campus Treatment Homes has never had any complaints regarding program services."

POLICIES AND PROCEDURES

Oasis Home provided NICRP with an electronic manual including Section 5.101 through Section 5.602.
Last date of revision: Dates range from July 1998 to March 2006

Health

Assessments

- Section 5.301 states "the Mental Health Counselor III shall conduct an intake interview of the client and parent/guardian. The admission summary shall be completed within five working days, by the Teaching Parent Supervisor."
- Per section 5.314 a psychological consultation may be conducted.
- Section 5.404 requires clients to have a routine physical examination.

Nutrition & Exercise

- NO INFORMATION AVAILABLE
- *(FACILITY COMMENT: While clients do follow nutritional guidelines, help select and prepare meals with staff, there is no formal policy regarding nutrition. While clients do have daily recreational activities, both on and off campus, there is no formal policy for this. Recreational activities are included in the daily milieu schedules.)*

Access to Medical Care

- Section 5.405 outlines medical care. Medical care is provided by the private physician of the client or by the emergency room at University Medical Center. The parent/guardian must sign a statement upon admission authorizing the facility to seek medical care for the client and administer first aid as needed. Emergency medical treatment is provided by University Medical Center.

Administration of Medication

- Per section 5.401 states that clients will be monitored to make sure medication is ingested. Youth who refuse medication will be referred to the doctor.
- Section 5.402 requires a medication review a minimum of every month.
- Section 5.403 specifies the use of over the counter medication. This medication is to be stocked for as needed use. Supplies are locked when not in use.
- Per section 5.405 medication is administered by staff and is documented. All medication is kept under lock and key.
- Section 5.406 outlines specific instructions for storage of medication.
- Section 5.407 is entitled "Administration of Medication" and gives a detailed description of administration of the medication. Only authorized staff will administer medication and only under a doctor's orders.
- Section 5.410 outlines administration of atypical medication.

Communicable Diseases

- NO INFORMATION AVAILABLE
- *(FACILITY RESPONSE: While there is no formal policy on communicable diseases, there is a policy of medical care and medical agreement for all clients, which covers all medical care to include communicable diseases.)*

Safety

Physical Environment

- Section 5.501 states the facility will "abide by the established agencies safety committee and County Licensing Services."
- Per section 5.505 the facility "safeguards clients from caustic and/or harmful standard household supplies." These supplies are kept in locked cabinets.
- Section 5.601 requires routine maintenance services.

Emergency Procedures

- Section 5.502 outlines procedures for emergency fires. The supervisor will ensure that all staff has a thorough knowledge of their role in all relations to a fire.
- Section 5.503 covers after hour fire procedures which includes resetting the alarm in a false fire alarm.
- Section 5.506 is entitled "Runaway" however it was not included in the manual provided to NICRP.

Placement

- NO INFORMATION AVAILABLE
- *(FACILITY RESPONSE: In the event of an emergency, OCTH policy outlines evacuation, but will need to include information on placement of clients and staffing. This policy is being reviewed and will be revised.)*

Staffing

- NO INFORMATION AVAILABLE
- *(FACILITY RESPONSE: In the event of an emergency, OCTH policy outlines evacuation, but will need to include information on placement of clients and staffing. This policy is being reviewed and will be revised.)*

Physical Restraint and Use of Force

- Section 5.315 outlines procedures for physical management of clients. Physical management of clients is to be used only when lesser restrictive methods have failed and only when the client presents "clear and present danger to the client or others."

Suicide Prevention

- Section 5.307 states that those clients that are suspected or attempting suicide will have special monitoring. "In the case of a client on 'active suicide watch', the monitoring is to be as following: 1) continuous eye contact, 2) documentation every 15 minutes."

Welfare

Education

- NO INFORMATION AVAILABLE
- *(FACILITY RESPONSE: All clients of the On Campus Treatment Homes attend school within the Clark County School District. Many clients attend special education and have Individualized Educational Plans (IEPs).)*

Staff & Youth Interactions

- NO INFORMATION AVAILABLE
- *(FACILITY RESPONSE: The On Campus Treatment Homes maintain a client to staff ratio of 3:1. Since there is a milieu environment, supervision and interaction is constant. Section 6.309 does outline "special client monitoring" should a youth require additional monitoring to ensure safety. The daily schedule also provides details concerning teaching interactions between staff and clients.)*

Behavioral Control Systems

- Per section 5.307 clients will have special monitoring when considering behaviors that are "special medical problems or treatment, attempted or suspected attempts of self harm, attempted or suspected runaway, attempted or suspected attempts of self abuse, or any other behaviors which pose a danger."
- Section 5.312 states that clients may earn on-ground leisure time periods for good behaviors.

Treatment

Treatment Plans

- Section 5.303 states "an initial treatment plan should be completed at the time prior authorization is completed. A comprehensive treatment plan will be written by the Child and Family Team with in 30 days of admission."
- Section 5.304 outlines special treatment plans for those youth who have not progressed in routine programmatic treatment.

Behavioral Treatment

- Section 5.306 states that activity time-out is used as a therapeutic procedure to help divert aggressive behavior.

Substance Abuse Treatment

- NO INFORMATION AVAILABLE
- *(FACILITY RESPONSE: Although the On Campus Treatment Homes have admitted clients with substance abuse issues, these clients receive treatment in the community, with private providers. This treatment is part of their overall treatment and plan of care.)*

Mental Health Treatment

- Section 5.409 states "all clients shall have been evaluated by a psychologist in the year prior to admission." After psychological assessment, further psychological treatment may be warranted.

Civil and Other Rights

Grievances/Complaints

- NO INFORMATION AVAILABLE
- *(FACILITY RESPONSE: While clients and families are given information related to filing a complaint, there have been no formal complaints filed against the On Campus Treatment Homes.)*

Awareness

- NO INFORMATION AVAILABLE
- *(FACILITY RESPONSE: Case managers in mental health, child welfare and juvenile justice programs are informed about this program and informed of any program changes. Families are informed by their case managers. Program staff participate in community work groups and sit on multi-agency committees.)*

Protection of Rights

- NO INFORMATION AVAILABLE
- *(FACILITY RESPONSE: Client's rights and privileges are given upon admission so that clients and families are aware of the program expectations as well as their rights during their stay.)*

FACILITY SUMMARY

Rite of Passage Qualifying House
Minden, NV

[No Current Photo Available]

Rite of Passage – "Qualifying House"

Mailing Address:
2560 Business Parkway
Minden, NV 89423

Physical Address:
2702 E. Valley Road
Minden, NV 89423

Ph: 775-267-2509

Facility Contact:
Lawrence Howell, Executive Director
Email: lhowell@riteofpassage.com

General Facility Information

Type of Facility: Group Home

Funding of Facility: Private – Rite of Passage

Facility Max Capacity: 6

Staff to Child Ratio: **Daytime:** 1:6 **Nighttime:** 1:6

No. of Staff Employed: 8 **Full Time:** UK **Part Time:** UK

Age Range Accepted: 14-18 years

Average Length of Stay: UK

Security Level: Staff Secure

Average Daily Population: 6

2005 Facility Demographics

		Percent of Population by Race/Ethnicity		Percent of Population by Types of Offense	
Total Number of Residents:	6	**African American**	30%	UK	
Average Monthly Population:	6	**Hispanic**	30%	UK	
Percent Male:	100%	**Asian/Pacific Islander**	10%	UK	
Percent Female:	0%	**American Indian/ Alaska Native**	0%	UK	
Average Age:	UK	**White**	30%	UK	

SITE VISIT SUMMARY

Information in this section comes from the tour given at the facility and conversations with staff and youth in the facility.

NICRP Facility Visit

Date: April 6, 2006

Arrival Time: 2:30 PM **Departure Time:** 3:45 PM

Number of Interviews Conducted: 2 **Administrator:** 0
Staff: 1
Youth: 1

Population (Day of Visit): 5 **Males:** 6 **Females:** N/A

Under 12: N/A

Rite of Passage is a private company who runs the Silver State Academy and several group homes as transitional housing for those graduates of the Academy who have no home or a foster home to return to. The group homes are called Qualifying Houses or "Q-Houses". The goal of the Q-Houses is to assist students to become self-sufficient. Completing the program at the Silver State Academy is required for placement into the Q-House. The ROP facilities are licensed through the state of California Department of Social Services. *(FACILITY RESPONSE: Rite of Passage is a 501c3 non-profit organization.)*

At the time of NICRP's visit to the first Q-House in March, there was a second home next door under construction that would be used as a second Q-House in Nevada. NICRP has learned from ROP that the second home has been completed and is now licensed by California DSS. These homes were located on the outskirts of Minden, NV. *(FACILITY RESPONSE: The second Qualifying House has since been opened and is licensed by the Nevada Division of Child and Family Services (not California DSS). Both homes are licensed by DCFS.)*

The Q-Houses have 24-hour supervision by staff who sleep on the premises. There are 6 staff per home plus a caseworker and clinician. However, the youth are expected to do things for themselves. They are held responsible and accountable for their actions. They have more freedom to go to work or school on their own. In keeping with the emphasis on athletics developed by the Silver State Academy, youth run to their school, which is a mile or so down the road from their home. Each Q-House has space for staff and 6 boys. Based on the home environment, there are sufficient bedrooms, bathrooms, living rooms, laundry areas, full kitchen, storage space, indoor recreation area, and a large yard.

The Q-House seemed clean and spacious, and youth seemed happy as they worked on the new home next door. No major concerns were noted about the Q-House. This program seems like it would be particularly effective for homeless teens, as it is supervised constantly and teaches life

skills, responsibility and accountability, provides a focus on health and wellness, and develops independence.

COMPLAINTS

Description of the Process

NICRP was unable to collect information about the specific grievance process at this particular facility. However, since this facility is overseen by the Rite of Passage organization and functions with many of the same processes as Silver State Academy, NICRP will reference the grievance process for Silver State Academy. (*FACILITY RESPONSE: The grievance process is the same at the Qualifying Houses as at Silver State Academy. The complaints from Nevada youth were all from Silver State Academy.)*

The list provided by Rite of Passage included all complaints from Nevada youth with no mechanism for identifying whether they came from the Silver State Academy or the "Q-House" in Minden. Therefore, NICRP has summarized them under the Silver State Academy.

Interviews Summary Analysis

Data and Methods

Unannounced site visits were completed at the 29 identified facilities across the state of Nevada. On these visits researchers conducted a tour of the facility as well as interviews with the facility administrator, a portion of the staff and ten percent of the youth over 12 years of age residing in the facility on the visit day. These interviews were semi-structured and tape recorded for transcription. Upon completion of the interviews, the interviews were then transcribed and loaded into the qualitative data analysis software, NVivo 2.0.

Interviews were analyzed by dividing them by facility type and interview type. Each of the different facility types were asked the same set of questions, however responses varied greatly by the type of facility and their mission and purpose. For this reason interviews were divided based on facility type in an effort to gain as clear a picture as possible. There are five facility types and these are outlined in the table below. Facility types were determined based on the primary function of the facility.

Corrections	Detention	Treatment	Group Homes	Child Welfare
Summit View	Clark County Juvenile Detention Center	Monte Vista Hospital	Oasis Homes	Child Haven
Nevada Youth Training Center	Washoe County Juvenile Detention Center	West Hills Hospital	Family Learning Homes	Kids Kottage
Spring Mountain Youth Camp	Carson City Juvenile Detention	Willow Springs Center	Palmer House	
China Spring Youth Camp	Douglas County Juvenile Detention	Desert Willow Treatment Center	Achievement Place West	
Aurora Pines Youth Camp	Humboldt County Juvenile Detention	Spring Mountain Treatment Center	Rite of Passage – Qualifying "Q" House	
Caliente Youth Center	Mineral County Juvenile Detention	Western Nevada Regional Youth Center		
Rite of Passage – Silver State Academy	Elko County Juvenile Home	Adolescent Treatment Center		
		Sage Wind		
		Eagle Valley Children's Home		

Interviews were separated by facility type and then further separated by type of interview. This is because different interview protocols and questions were used for different types of interviews. For example, the youth in the facility were asked a different set of questions than the staff at that

facility. Therefore, in analysis it was necessary to look at interviews in terms of the type of interview so that we are comparing the same questions across facilities. This resulted in three different analyses for each type of facility: the administrators, the staff and the youth. Once interviews were divided into projects in NVivo, the research team developed codes to identify the most pertinent information. Codes were developed for each type of interview and then were used for all facility types. These codes included the general categories of health, safety, welfare, civil and other rights, as well as more specialized codes under these general headings. The same codes were used to categorize all interviews of the same type and across facility type. For example, the same codes were used on all administrator interviews regardless of facility type.

Methods – Corrections

Facilities categorized as Corrections were longer term juvenile justice facilities. These facilities are either state or county placements for juvenile offenders. The facilities categorized as corrections include: Summit View Correctional Center, Nevada Youth Training Center (NYTC), Caliente Youth Camp (CYC), China Spring Youth Camp/Aurora Pines Girls Facility, Spring Mountain Youth Camp (SMYC), and Rite of Passage Silver State Academy. Summit View, NYTC, and Caliente Youth Camp are all operated by the state Department of Child and Family Services. China Spring/Aurora Pines and Spring Mountain Youth Camp are both intermediate level county youth camps. Spring Mountain is funded by Clark County, and China Spring/Aurora Pines is funded by a sixteen county cooperative. Rite of Passage is a non-profit organization not operated by the state or any county. Of these facilities only two of them accept girls: Caliente Youth Camp and Aurora Pines.

With the exception of the administrator, both the staff and the youth who were interviewed were selected for NICRP using unknown criteria. NICRP was unable to standardize selection techniques. There were 7 administrator interviews conducted, 26 staff interviews, and 51 youth interviews. NICRP staff went through the informed consent procedure with all interviewees, adults and youth. All adults were asked to sign an informed consent form before participating in the interview. In an effort to protect their confidentiality, youth were not asked to sign a form, but were asked to provide verbal consent.

Methods – Detention

Facilities categorized as Detention were county-run short-term juvenile justice facilities. The facilities included in this analysis were: Carson City Juvenile Detention Center (Murphy Bernardini), Clark County Juvenile Detention Center, Douglas County Juvenile Detention Center (Stateline Juvenile Detention), Elko County Juvenile Detention Center (N.E. Nevada Juvenile Center), Humboldt County Juvenile Detention Center (Leighton Hall), Mineral County Juvenile Detention Center (Don Goforth Resource Center), and Washoe County Juvenile Detention Center (Wittenberg Hall). Six of the seven facilities are secured facilities, while one is staff secure. Two are urban centers and five are rural. Three facilities are multi-county cooperatives, with funding from multiple counties and who accept youth from each of those counties.

With the exception of the administrator, both the staff and the youth who were interviewed were selected for NICRP using unknown criteria. NICRP was unable to standardize selection techniques. There were seven administrator interviews conducted, 26 staff interviews, and 43 youth interviews. NICRP staff went through the informed consent procedure with all interviewees, adults and youth. All adults were asked to sign an informed consent form before participating in the interview. In an effort to protect their confidentiality, youth were not asked to sign a form, but were asked to provide verbal consent.

Methods – Treatment

Facilities categorized as Treatment Centers were included mental health hospitals, and treatment centers for mental health and substance abuse, as well as a long-term intermediate care facility for developmentally disabled people (not just youth). The facilities that were included under this analysis include: Montevista Hospital, West Hills Hospital, Desert Willow Treatment Center, Spring Mountain Treatment Center, Willow Springs Treatment Center, Adolescent Treatment Center, Eagle Valley Children's Home, SageWind, and Western Nevada Regional Youth Center (WNRYC). Three facilities are located in Las Vegas, five facilities are located in the Reno-Carson area, and one facility is rural.

The administrator interviews were conducted at the beginning of the site visit, and after the tour, the administrator asked staff if they would be willing to participate.

There were nine administrator interviews, 23 staff interviews, and 34 youth interviews conducted at the Treatment facilities. NICRP staff went through the informed consent procedure with all interviewees, adults and youth. All adults were asked to sign an informed consent form before participating in the interview. In an effort to protect their confidentiality, youth were not asked to sign a form, but were asked to provide verbal consent. At Montevista, Desert Willow, and Willow Springs NICRP allowed the facilities to get formal parental consent for their children to participate in the project, and youth were interviewed at a scheduled time after the initial site visit.

Methods – Child Welfare

Facilities categorized as Child Welfare were county-run emergency shelter facilities for children ages 0-18. The facilities that were included under this analysis include: Child Haven (Clark County) and Kids Kottage (Washoe County). Kids Kottage is run privately by Adams and Associates under a contract from Washoe County Department of Social Services, and Child Haven is run by Clark County Department of Family Services.

The administrator interviews were conducted at the beginning of the site visit, and after the tour, the administrator asked staff if they would be willing to participate. At the time of the site visit, youth at Kids Kottage were away at school, except for two youth over age 12, who were willing to be interviewed. At Child Haven, the youth interviews took place after kids got out of the school on campus. There were two administrator interviews, four staff interviews, and five youth interviews conducted at the child welfare facilities. NICRP staff went through the informed

consent procedure with all interviewees, adults and youth. All adults were asked to sign an informed consent form before participating in the interview. In an effort to protect their confidentiality, youth were not asked to sign a form, but were asked to provide verbal consent.

Methods – Group Homes

Facilities categorized as Group Homes were small facilities located in the community that served as transitional housing or as a mid-level security placement for youth with mental health problems. The facilities that were included under this analysis include: Oasis Homes (Las Vegas), Family Learning Homes (1, 2, 3), Achievement Place West, Palmer Home (Reno), and Rite of Passage Qualifying House in Minden. Achievement Place West (APW) and Palmer Home are considered a part of the Family Learning Homes, though they are located away from the Children's Behavioral Services (CBS) campus in the community. APW is located in a community home outside of Reno, and Palmer Home is located on the campus of the Northern Nevada Adult Mental Health Services.

Family Learning Homes
The administrator interview was conducted first thing in the morning on the CBS campus. The current administrator, who had been in her position for three weeks at the time of the visit, and the former administrator who had moved to oversee another mental health placement were interviewed together to ensure complete information. After the administrator interview, a tour of the three Family Learning Homes was conducted, and then administrators drove NICRP staff to Palmer Home for a tour and an informal interview with staff, and then to Achievement Place West for the same. At the time of the site visit, youth were away at school, so interviews for FLH took place in the afternoon. One youth at APW returned from school early and was willing to be interviewed.

Oasis Homes
At Oasis Homes, interviews with administration and staff were conducted and the facility was toured on the day of the initial site visit. Oasis Homes administration requested that NICRP allow them to get parental consent to interview youth, so a follow-up appointment was made for three weeks later after regular school hours to facilitate availability of youth. No problems were encountered with this process.

Rite of Passage Qualifying House
On the date of the site visit, NICRP arrived to a busy home. No administration was on site, only a supervisory staff member and five youth. NICRP interviewed the staff and one youth and took a brief tour.

There were two administrator interviews, six staff interviews, and five youth interviews conducted at the group homes. NICRP staff went through the informed consent procedure with all interviewees, adults and youth. All adults were asked to sign an informed consent form before participating in the interview. In an effort to protect their confidentiality, youth were not asked to sign a form, but were asked to provide verbal consent.

Corrections – Administrators

Position Titles	**Education Levels**
Director Program Manager Superintendent Assistant Superintendent Director of Student Services Manager	High School Some College Associate's Degree Bachelor's Degree Some graduate courses
Total number of participants = 9 **Average years experience** = 22.2 **Average Length of time in Facility** = 9.1	

As part of the site visits, administrators were interviewed at all facilities included in the study. This person was someone who is in an upper management position at the facility. If the administrator was unavailable for an interview on the day of the site visit, NICRP interviewed the person who was designated for us on that day. Additionally, some interviews were conducted with more than one person, as some administrators chose to include their "second in command" in the interview. All administrators were asked the same set of questions. These questions were designed to better understand the purpose, function, policies and daily operation of their facility. Administrators were also given the opportunity to provide NICRP with feedback on any aspect of their facility that was not already asked about. Interviews with administrators lasted between one and two hours.

Health

Administrators were asked about various issues that affect the heath of the youth in their care. These questions included facility policy and practice regarding medication administration and storage, menu development and food preparation, as well as the facility's policy on exercise for the youth.

Medical Care

Administrators were specifically asked about who administers medication, how medication is tracked and logged, and where medication is stored. All administrators reported policies regarding medication administration. All correctional facilities reported having some kind of medical professional on staff. Most facilities have at least one full time registered nurse employed at the facility. Many facilities had more than one nurse, and one facility staff, and/or one EMT 24 hours a day to handle all medical care of the youth in the facility. If the youth needs to see a physician, then that is arranged, either the youth is transported off facility grounds, or the youth sees the physician on one of the days that he or she is scheduled to be in the facility.

Some facilities reported that a physician is on campus at least once, in some cases twice, per week.

Medication is dispensed, logged and administered by the medical staff in most occasions. Administrators reported that the nurses or EMT are responsible for logging medication, and administering doses. In a few cases there is no nurse on grounds 24 hours a day, therefore staff are required to administer some medication. In one facility this becomes the responsibility of cottage staff at dinner or at bedtime; in another it is the responsibility of the shift supervisor on duty. Administrators reported that all medication is stored in a locked place. Facilities reported that medication is stored a variety of locations, but it is always secured. These places include; med room, nurse's office, or infirmary, other medication is simply stored in a locked cabinet. Additionally most administrators reported that their facility logs all medication, when it enters the facility and then when it is dispensed to the youth. Most keep this information in paper format, while one facility reported adding the information to the youth's electronic file.

All the administrators interviewed assured NICRP that a youth's insurance status has no effect on their medical care. If a child has no insurance, then the facility assumes the cost of their medical care. This includes any medical care the youth may need including dental care.

In addition to youth's physical health, the facility is also responsible for the youth's mental health. Therefore most facilities have mental health counselors on staff. These counselors are available for youth to provide individual counseling, and these counselors also run their own groups on special topics. Some facilities even reported having a psychiatrist that comes to the facility on a monthly basis to assess youth and also monitor any youth who are currently prescribed psychotropic drugs.

One administrator expressed concern in the physical health of the youth more recently being admitted into the facility. This administrator pointed out that his facility is seeing more youth addicted to drugs and he feels that the physical effects of these drugs are contributing to increased medical needs, including more injuries related to physical activity, that "healthy" youth would not sustain.

Food

Administrators were asked about menu development and food preparation in their facility. All facilities reported that they use the NutraKids program or the Federal Hot Lunch program as guidelines for menu development, which regulates calories, content and portion sizes. Some facilities add elements to the prescribed menu. One reported that they add more beef than is in the guidelines, and another indicated that due to the strenuous physical nature of their program they increase the calories provided in the program. Facilities also report rotating weekly menus. Of the facilities that specifically mentioned their menu schedule, one facility has a four week rotation schedule and another indicated a six week rotating schedule.

All facilities indicated that accommodations are made for those youth with special dietary needs. Facilities indicated that allergy lists are maintained and youth placed on these lists are offered alternatives if they cannot eat the food offered on the menu. Most often special accommodations

were made for those with food allergies; however a couple facilities did mention that they will make accommodations for those youth that are vegetarians. Youth with other medical or cultural dietary needs are also accommodated for. These accommodations often come through the nurses office and then the staff are notified of these exceptions.

In most facilities youth are not provided regular snacks. In some facilities youth are provided the opportunity to purchase their own snacks. In some facilities a "canteen" system is in place that allows youth to use money from their account to purchase snacks. In another facility, the administrator reported that youth are sometimes allowed to go into town with staff to purchase snacks or other personal items. Youth in this facility can either use money that their parents have put into their account, or youth can earn money by working in one of the vocational programs at the facility.

Physical Activity and Recreation

Administrators were asked about the amounts and types of exercise provided for the youth in their facility. This included sports programs, physical education through the education program, and other opportunities for physical activity. Administrators reported that youth are provided at least two opportunities for physical activity everyday. Youth are provided an hour of exercise that is required in the youth's physical education course. In addition to the required time, in most facilities youth are also allowed another hour during the day for other activities. Most facilities have a policy that youth must receive at least one hour of large muscle movement per day. Youth are allowed to participate in a number of different activities. Across facilities these included; basketball, volleyball, yoga, Pilates, Tae-Bo, weight lifting, hiking, softball, soccer, football, flag football, and hockey. In addition to the exercise time, youth are often provided with some time to just "hang out." During this time youth are allowed to be in the day room, and can play games, such as cards, checkers, chess, or dominos.

Some administrators reported that youth in the facility were outside on average four to five times a week, weather permitting. Some facilities post their recreation schedules, while others have general requirements for daily exercise. A few facilities reported that youth are required to do daily calisthenics in the morning before breakfast.

Safety

Facility administrators were asked a series of questions about policies designed to protect the safety of the youth in their care. Administrators were asked about their staffing patterns and training regimens, the security level of the facility, and precautions taken to protect the safety of residents.

Staffing Issues

Administrators were asked about various issues pertaining to their staff. They were asked about staff training and how they handle being short staffed. Administrators reported a large variety of additional training topics provided to staff. Some administrators offered that choices for additional training comes out of needs identified based on the facility's population, or the climate of the state. Additionally, one administrator reported that she will provide additional training on

topics for which she has identified a need, through examining grievances. If there is a trend of residents complaining about the same thing – then she will offer some additional training in the area.

There may have been some confusion in the interpretation of this particular question, because it seems that some administrators listed all training offered to staff – not topics offered in addition to the regular base job training required for their position. Topics for training included: eating disorders, self-mutilation, abuse/neglect crime reporting, restraint techniques, CPR, First Aid, counseling techniques, suicide prevention, sexual harassment, mental health issues and specific diagnoses, and the effects of psychotropic medications.

Administrators were also asked about how they handle incidents where they become short staffed. Participants reported that they primarily use overtime hours or comp time to allow their existing full-time staff to fill in when they need extra help. A couple administrators stated that they did use some part-time employees to fill in when people call in sick; however he stated that it was difficult to maintain part-time staff. Additionally, one administrator mentioned that all staff in the facility receive the same training regardless of their position in the facility. This means that even the school teachers and mental health counselors are trained the same way that direct care staff is trained; only the front office staff are not trained to care for the youth in the facility. This provides a wide range of resources for management when there is a staffing problem.

Many of the administrators that were interviewed for this project expressed concerns about staffing. Many stated that they need more staff, and have open positions that they are having difficulty filling. It seems that recruitment and retention are a problem for many of the correctional facilities. Many commented that it is difficult in some areas to find well qualified applicants, then once hired it becomes difficult to retain employees. The recruitment issues are being addressed in some places by conducting multi-state recruitment efforts for qualified applicants. Additionally, administrators attribute the retention issue toward the nature of the job. Direct care staff in these facilities are under a great deal of stress dealing with the emotional and behavioral issues of the youth in these facilities.

Safety and Security Measures

Administrators were asked to describe some of the measures taken at their facility to protect the safety and security of the youth in their care. Some administrators stated that they use various tactics to maintain the safety on grounds. One gave the example of doing pat downs of youth after certain activities such as visitation. Staff conduct room searches to ensure that youth do not have contraband in their rooms. Additionally, many facilities have a strict policy of counting back in all items taken out, including pencils, erasers, and in one facility the silverware used during meals. Administrators also mentioned that their staff conduct periodic head counts, and in most facilities youth are expected to walk in a single file line with their hands behind their backs.

Administrators also cite training as a big factor that protects the safety of everyone in the facility. One administrator said, *"we train our staff. None of the staff go onto the unit without having at*

least 80 hours of training…and we train staff on adolescent behavior, how to handle aggressive behavior, handle with care. We train them in defensive tactics – how to protect themselves as well as others. We give them first aid training…training on crisis intervention…basic supervision, positioning awareness, red flags (as mandatory reporters child abuse and neglect). We [also] train them in the cognitive program."

Suicide Precautions

All administrators interviewed were asked how their facility handles attempts at any form of self harm. Participants stated that self harm does occur, and these incidents are recorded in an incident report, or accident/injury report. Then the youth is given medical attention if necessary and then is seen by a mental health counselor to address the issues causing them to harm themselves. This can become a fairly serious issue, the administrator for one facility stated that *"probably about almost 50% of our kids have had some axis one diagnosis. Most of them have been post traumatic stress disorder. We have had a number of kids with serious psychotic disorders…and most of them are fairly aggressive. And forget conduct disorder …if you include conduct disorder then 100% of our kids have that…poor impulse control."*

All facilities also reported that they take every suicide threat seriously. Immediately if a youth makes a suicidal comment to staff or a peer, they are given an evaluation by mental health staff. Once this is completed, administrators from different facilities had different options for supervision of the youth. Some are placed in special observation rooms which allow for constant visual contact, some are placed in five minute checks, or one to one supervision where one staff is with that youth at all times. One facility mentioned the use of a suicide prevention worksheet to be completed by the youth that will allow staff to have a better understanding of their mental state. All facility administrators mentioned that if necessary they will also refer their residents out to other more appropriate facilities. Facilities that are not locked may send youth back to detention for a more secure environment, while some youth require acute psychiatric care, in which case they would be sent to the nearest psychiatric hospital.

Welfare

Administrators were asked about the various ways in which they protect the welfare of the youth in the care of their facility. In this section, administrators were asked about discipline procedures, living conditions, educational and treatment programming.

Discipline Procedures

Administrators were asked about the methods used in the facility to maintain order and control, specifically about what happens if youth misbehave in the facility. Administrators reported that there are various levels of authority when it comes to assigning consequences for negative behavior. Front line staff are often allowed the freedom to assign certain consequences, such as deducting points, taking some privileges, or placing the youth in room confinement for a short period of time. While line staff are allowed to make these decisions, in most facilities these decisions are reviewed in either a disciplinary review hearing, or treatment teams/committees. Most administrators reported that as far as room confinement, staff only have the authority to

assign shorter periods of room restriction, only administrators are allowed to restrict youth to their room for more than 24 hours.

Many facilities reported using a point system which is used to progress through the program and gain privileges. In these facilities negative behavior can result in deductions of points which in turn, affect the youth's standing in the program. Other facilities do not use points, and instead take privileges away for negative behavior. In these facilities, there are some privileges that cannot be taken away, and these decisions are often reviewed by treatment teams. Another negative consequence that administrators use in their facility, is writing assignments. Youth can be given a writing assignment where they write on a certain topic or repeat a skill 15 to 20 times in writing.

Administrators were also asked about consequences for negative behavior and how these consequences could be tailored for youth with special needs. All administrators reported that programs can be tailored and usually are adjusted for youth with special needs. For example, those youth who are younger or are developmentally delayed, may accumulate points on a daily basis as opposed to weekly basis because this allows them to set shorter term goals that are more realistically attainable for their developmental level.

Education

Administrators were asked about the way that the education program was structured, and about their relationship with the local school districts. Most facilities had their own schools on site, complete with school principals who manage all the teaching staff. Youth attend school on site at all facilities and they earn credit for their coursework. One facility reported having its own school district, and the others use teachers from the local county school districts. One administrator pointed out that there was no law stating that the county school district is required to provide teachers for the facility, *"they reap the benefits of Average Daily Attendance money in September…"* because the county receives the revenue for all youth in school that day regardless of their school district of residence *"I think that's the trade off, because they get the ADA money, they provide us educational services."*

For the administrators who do work with the local school district for educational services, we asked how they felt about their relationship with the school district. All administrators stated that hey felt they had a good working relationship, and that the facility staff and the teaching staff all work together to help the youth in the facility become successful. These relationships are not perfect; one administrator mentioned that there are occasionally some personnel issues that come up in regard to the teachers in the facility school. For this particular facility, the biggest problem was the classroom management of the teachers, and how that can impact safety and security as well as the learning environment for all youth in the class. Teachers in these facilities often need additional training in how to deal with youth in juvenile corrections and the special needs of this population.

Living Conditions

Facility Administrators were asked their opinion about the living conditions within their facility. Overall, Administrators felt that their facilities were more than adequate for the youth living

there. They stated that they felt their facilities were *"excellent for the kids, better than my college dorm", "for what it is, it's pretty good. The living conditions are decent, it's clean…but its not summer camp"*. Others reported that they were aware that their facility was older and in need of a *"facelift"* here and there, but that overall the youth get what they need and renovations, such as new carpet, were in future plans. One administrator stated that the facility had improved dramatically in the last five years, and that the facility was *"rated at the top of the list…it's more than adequate."*

Administrators also described how youth are placed in different cottages or dorms on the campus. Most have a policy that all new residents spend some time in what they refer to as an intake cottage or dorm. While there, the youth learn the program and the rules of the facility. Here they are monitored and assessed psychologically, educationally and socially. At the conclusion of the introductory program a team decides which group is best for each resident. Placement is individualized and based on where the team feels that the individual will be most successful.

Some administrators expressed concern over the increasing numbers of youth being sent into their facility. The concern is that with the pressure to create enough space for new placements, youth are being rushed through the intake process. One administrator noted that the intake program at the facility is designed to be a three-week program, but on average youth are placed into the general facility population after only ten days.

Facility Programs

Administrators were asked to describe some of the programs available at their facility. Administrators then took this opportunity to talk about the facility's educational, vocational, and treatment programs. Administrators also discussed the type of behavior modification programming that is used in the facility.

Vocational and Recreational Programs

Administrators listed a variety of vocational programs available and these include: work crews that work in the state parks, welding, computers, auto mechanics, building traits, landscaping and culinary arts. These programs are often designed to give the youth a skill that they can use to find employment once released from the facility.

Recreation programs are also available to youth in correctional facilities. Administrators listed various on-campus and even off-campus activities that are available to youth. Many of these activities are only available to youth exhibiting positive behaviors. These activities include: competitive sports teams that are allowed to compete against other regular high schools, intramural sports on campus, as well as outings such as movies, plays, and trips to go shopping. Many facilities also reported that they offer religious services on campus and even have special programs for some of the major Christian holidays like Easter and Christmas.

Behavior Modification Programming

Many of these correctional facilities have similar behavior modification programs. Many reported using some version of a cognitive restructuring program, specifically the "Thinking for

a Change Program." Facilities also reported using "Positive Peer Culture" where youth's peers are the first line of intervention for behavioral changes to control their population and help influence youth to make positive choices. Facilities that admit younger children reported that they often use a Token Economy program for the youth, because the younger children are not in a position to understand what cognition even is, so then cognitive restructuring programs are ineffective with them. One facility mentioned the use of a tool called the Youth Development System that provides a sort of program snapshot so that anyone can read the file and know what the goals are for that youth and what he/she needs to accomplish to complete the program.

Treatment Programs

Other treatment programs were mentioned as well. Most facilities offer groups on various subject areas, including gang awareness, alcohol and drugs, victim empathy and anger management. One facility mentioned that it uses the "Baby Think It Over" program to promote better family planning, and if youth already have children they are allowed the opportunity to participate in a three or four week parenting program.

Facilities also reported specific treatment programs available for youth needing help dealing with substance abuse. For many facilities, the score on an assessment such as the SASSI (Substance Abuse Subtle Screening Inventory) is what determines which youth are offered the more intensive services. Many of these administrators did not feel that their facility was the appropriate placement for youth with severe substance abuse problems. All facilities mentioned that they do offer groups that deal with substance abuse, but not intensive rehabilitation therapy, and the mental health counselors on campus often help coordinate some treatment for these youth. One administrator felt that this was a problem because *"probably 95% of this population needs substance abuse treatment."* Additionally, administrators noted that often youth are sentenced to spend time in a specific substance abuse treatment facility and the administrators will help to make arrangements to make that happen for them.

Civil and Other Rights

Facility administrators were asked about the ways that they protect the youths' rights, as well as asked to describe their grievance policy. Administrators described the various documentation necessary to ensure that residents' rights are protected, as well as their grievance/complaint process, and finally their facility's policy on data collection and management.

Resident Rights

Administrators were asked about their awareness of resident rights, as well as the measures they take to protect those rights. Administrators listed a number of things as youth rights in correctional facilities, these included: food, proper healthcare, shelter, clothing, freedom from abuse, visitation from parents, attorney, and religious officials, education etc. Most reported that these rights are ensured through training, information availability and a series of checks and balances. One facility stated that they require staff to complete incident reports, as well as, log all of their activities daily. These logs are reviewed by management to ensure that staff are properly supervising and counseling the youth. Other administrators stated that the residents'

rights are explained to them at intake and at this point the youth signs off that these were presented to them. Then the youth are allowed to keep a handbook with them in their room for reference, so it is very important for administration to ensure that everyone is receiving their handbook.

Complaint Process

Administrators also stated that residents' rights were protected through the grievance/complaint process. Administrators were asked to describe their grievance process. All facilities have very similar methods for dealing with grievances. Most facilities reported that they had some variation of a box located in living units and dining halls where youth can pick up a form and file a grievance then place it in the confidential box. The box is usually locked and only upper management has access to the box. Periodically someone goes around and empties the boxes then complaints are handled by a designated person or they are forwarded out the appropriate divisions. These are investigated and then the youth is provided a response. Administrators reported a range of days for average response times. These time frames ranged from three days to five days. Respondents noted the range in time frames can be attributed to the difference in schedules of staff that may be necessary for the investigation.

One facility noted that their grievances are logged into a database where management can look for trends and this information can be used for further staff training, or identify issues with particular staff or youth. Other facilities stated that grievances are kept, but they are stored separately from the youth's individual file.

Administrators also reported their level of oversight on grievances in their facility. One reported that management reviews all grievances every 30 days, while others stated that management reviews them if the youth appeals the response or if it is something that management was handling in the first place. One administrator noted that she has been looking to improve the responses given for grievances, *"…'will talk to staff' as a response is not good enough. I want some documentation and confirmation that the person was talked to as well as the outcome of the conversation"* It seems that many of these administrators took this project as an opportunity to revisit their policies and practices on grievances. One facility even adopted the NICRP form for internal grievances, and encouraged youth to use this method of complaint.

Administrators reported that they do get back with the youth filing complaints to relay to them the outcome of their complaint. Youth are often asked to sign off that they received the response, and are asked if they agree with the response. Those youth who do not agree to the response are then allowed to appeal the response to the next level of management within the facility. One administrator did note that there are occasions when youth are not allowed to know the entire outcome of their grievance, this may happen when it becomes a personnel issue, and they simply tell the youth that staff were spoken to, but not the specifics about whether they were written up or even fired.

Facilities also stated that verbal complaints are documented in logs or incident reports. Some facilities encourage youth to use verbal discussions to address problems and use the written grievance only when this method has failed.

Retaliation for Filing Complaints
Administrators were asked about whether or not the staff in their facility treat youth any different after they have filed a grievance. Overall respondents reported that this does not happen. One administrator stated that he tries to train staff that eventually someone will complain about everyone, so try not to take these things personally. Others assured NICRP that this is something that they carefully monitor through reviewing incident reports and staff training. Others stated that they hoped this was not occurring, but could not be sure that staff do not occasionally treat youth differently. One administrator stated *"I'm not saying that, maybe my staff sometimes wouldn't become angry and do something differently. But if we find out about it then we are going to deal with that staff member because there kids should have the right to complain no different than they do. That's one things and I don't know if that's everybody. It's hard for people to take the blame for the things they do. And that's not just the kids, that's our staff as well. But I don't know of any situations where a kid has been retaliated against for filing a grievance. Allegations, but when we looked into it, that's not the way it occurred.*"

Data Collection and Management
Administrators were asked about the types of information that is kept regarding the youth in their care. They were also asked about the security of this information as well as what it is used for.

Administrators reported that every resident has a case file that is kept somewhere on facility grounds. Some keep them in a records room or administrative office, while others keep the case files in the dorms or units where youth live. Additionally, the security and access for these files vary facility to facility. In all facilities, youth records are locked either in the file cabinet or the room they are stored in is locked. Additionally, for some facilities records can be accessed by only management, case managers, and medical staff. In other facilities, all staff are allowed access to the files. This seemed to depend on the philosophy of the facility. One facility stated that all staff have access to youth files because it is most important that all staff be aware of and special issues of youth they are working with, while another said that front line staff will not know the details of the youth's commitment to the facility unless the youth decides to provide them with that information.

NICRP also asked these administrators about the types of data they keep for any tracking purposes. Most reported that they keep general demographic information, as well as information regarding the climate of the facility, such as number of staff assaults, number of incident reports, medication errors, departures, arrivals, etc. Some administrators reported using this information to inform programming, while others use it solely for reporting purposes. Few facilities reported having an electronic database where all this information is recorded, most still use paper files.

Other information

At the conclusion of the interview, staff were allowed to provide NICRP with any additional information that was not previously discussed. The information provided that could not easily be grouped into another category is listed or summarized in this section.

Successes

"I think, once again, that just the environment out here is good for these kids; I think it does give them the opportunity to take a deep breath and make some decisions as far as whether they want to continue on a path of criminal activity of whether they want to try to be successful, they do have the opportunity to be successful while they're here I think that's why we get some of the [kids] back over and over again."

"I'm proud of the whole program in general, I think we run an excellent program. I think we provide kids an opportunity to get away from the community, get away from their negative friends and negative habit for six months. Give them a chance to get away and do some soul searching, help them do some soul searching, help them do some meaningful reflection as far as what was going on, what caused them to get to the point that they're at, an opportunity for other staff to recognize strengths that they have and be able to positively be able to reinforce those strengths. Basically, a youth has a chance here, through the help of a staff, to be able to refocus their energies into positive, more positive things than they were involved with on the streets."

Challenges

"Challenges, big challenges, number one: we don't have, this is the only girls correctional facility in the state, there's no graduated sanctions program for them. Another challenge right now is our population as far as the boys are concerned, the mental health correctional; the cross-over kids and the special needs kids that really kinda fall somewhere in between, we do as much as we can for them here, but it can really be a challenge to provide very intensive supervision, a lot of it one-on-one sometimes; a lot of the times. What I am proposing during this budget cycle basically is for us to do a special management unit, number one it's gonna be a littler bit more of a sterile environment, its gonna be a place where, number one, the kids can be kept safe and number two the staff is safe. It's not just us, it's everywhere, it's across the state it's across the nation, but we really…the state of Nevada really needs to pick it up as far as what's happening, what kinda of kids are we getting and do we have the placements for them. I think there's some things we certainly need to do, I'm just glad to be here, I love it here; I just think this is a wonderful place and I've got some staff that have been here for a long time and have a lot of experience."

"Staffing is always an issue. I'd like to have more staff. Training, training budget, trying t get enough money to bring in new and improved training, I think that's a challenge. Again, something, reestablishing our after care program and that all comes down to money. Budget is a big thing as far as that part of our program is concerned. I know that would be an improvement in our overall success with kids if we had that, brought that part of our program back."

"The biggest challenge is trying to get all the resources…The money we get barely runs us…"

"Having our intake be so high is affecting the kid's programming, we just don't know what the effects of that are yet."

"The training budget, trying to get enough money to bring in new and improved training for staff is a challenge."

Corrections Administrator Recommendations

Administrators also had some recommendations on how to improve juvenile justice in Nevada. These suggestions are listed below.

- Create more mid-level county camps for placement
- Create more community based outpatient programs for youth to keep them out of residential care
- Provide more resources in terms of funding to allow for more mental health staff
- Improve aftercare services for youth released from the facility
- Work to decrease commitments so that facility programming is not rushed
- Develop more mid-level placements for girls in the juvenile justice system

Corrections - Staff

Position Titles	**Education Levels**
Group Supervisor Juvenile Probation Officer Mental Health Counselor Youth Counselor Senior Group Supervisor	GED High School Some College Bachelor's Degree
Total number of participants = 26 **Average years experience** = 7.8 years **Average Length of time in Facility** = 6.1 years	

Health

Physical Exercise

Staff were asked to discuss whether or not they felt the policies and practices with regard to physical exercise were appropriate at the facility. The correctional facilities are more likely than detention facilities to have basketball courts, football fields, weight rooms and gyms since they are longer term placement facilities.

Many staff reported taking the youth outdoors when the weather permits. One staff mentioned hiking, saying "*there is an effort made to get out of the building… even when it's snowing we go on hikes just to get them outside.*"

Other staff mentioned the Physical Education (P.E.) curriculum in school. The P.E. schedule varied by facility in terms of time of day and length of time. Many youth are offered the opportunity to participate in sports teams offered at these facility on a voluntary basis, but the P.E. course is required in order to ensure a minimum level of exercise.

Free recreation time included time at the gym or organized sports such as basketball or kickball, even in tournaments. Other exercises mentioned included: running, push-ups, and sit-ups. Some reported yoga and Pilates available for the girls, while another staff reported going through exercise tapes on cottage for the girls.

Several staff stated feelings that there should be more physical activities for the youth because it dissipates stress and tension and alleviates other interpersonal problems among youth in addition to giving them something fun to do. Others echoed a staff member's statement that "*because of staffing issues or issues on cottage where kids are acting up, we don't get to do the exercises that are scheduled.*" One staff suggested that there be more instruction for youth in appropriate physical activity, physical development, such as "*how to use their muscles right, how to do*

proper lifting" in addition to the benefits of working out that could carry over after they are released. Several staff shared that youth often view the physical exercise as punishment, one staff observed that they are given the opportunity, and there is nothing punitive about it, so it is within their rights to refuse, though it will affect their level (points). One staff stated that exercise periods should be longer because of the lack of participation or lack of strenuous activity.

Overall, staff felt that policies and practices with regard to physical exercise were appropriate, and that youth were getting enough exercise.

Food

Staff were asked to discuss whether or not they felt the policies and practices with regard to nutrition were appropriate for the facility. Responses were varied.

At some facilities, youth help with food preparation and work in the kitchen.

Many staff stated that the food program is appropriate for youth, saying that they are fed well and the food "*is nutritionally balanced and they measure and weigh everything to meet requirements*". Staff understand and acknowledge the value of the NutriKids program and the federal dollars it brings in for food. One staff who used to be in the military shared that "*it was no worse than what we got in the dining halls [in the military]*", so he feels it is fine. Plus, some staff stated that youth always get fruit and vegetables. One staff wished that more education about proper nutrition would be provided to the youth.

Several staff felt that the nutrition program was awful, stating "*they get plenty of food, and they get good food, it's just not healthy*". They suggested finding foods with more whole grains and nutritional content, not "*captain crunch cereal and doughnuts.*" Other staff stated that "if you eat in the cafeteria, you would gain weight, I'll guarantee it." Several staff felt there were too many carbohydrates in the foods prepared, and another staff member at the same facility felt that the youth eat too much. Another staff stated that "*it's ridiculous how much saturated fat, fried stuff they get.*" One staff called it "slop" even while acknowledging that it's adequate and sufficient. One staff shared that "*they have burritos every day, beans and rice.*" One staff stated "*the quality of the food I would say isn't the best, but they get their allotted bread or milk, dairy, you know, all proportions.*" Another staff suggested that "*I would think about feeding the kids a little bit more, that would be about it. Nutritionally, they receive the amount that they are supposed to receive, but they are growing young lads.*" Most staff critiquing the food acknowledge that the facility is on a budget and must do the best they can.

Medication

Staff were asked how medication administration is handled at their facility, and whether or not they feel it is properly administered to youth in their care. Staff responses addressed both the specific process of giving medication to a youth as well as the medication storage and preparation. At some facilities, there is a nurse on duty who is responsible for administering all medication, and at other facilities staff are responsible for medication. All facilities have a locked room for medication storage. Medications are always prescribed by a doctor, and over-the-counter medication is controlled as well as prescription medication.

Often medication administration is done multiple times a day. At one facility, medications are organized and placed on the "med cart" by staff on the graveyard shift. Youth line up outside their rooms while medication is being given out so that there are no distractions for staff in order to reduce the chance of medication errors. At another facility, the nurse prepares and administers medication during the day and prepares medication for evening and nighttime, but since there is not 24-hour nursing staff available, staff administer medication at night under her direction. Scheduling difficulties at one facility were mentioned, where there were enough nursing positions at the facility so that there would be 24-hour coverage, but that scheduling problems had kept that from happening. One staff expressed a wish that there would be a psychiatrist/psychologist on staff.

It is common practice, almost universal, to give a youth his or her medication from a small cup or envelope that is labeled with the youth's name, watch the youth place it on his or her tongue, drink a glass of water, and then show staff his or her mouth to ensure that medication is not "cheeked" for storage, selling/trading or use later on. While one staff shared that "cheeking" is not common, most staff understand the potential hazard and appear to take the duty of administering medication very seriously. Another staff stated that "cheeking" is not a problem because it is usually caught when youth try. Some facilities require the youth and the staff to sign the medication log each time medication is administered, and all facilities have a medication tracking process that logs prescription medication and over-the-counter medication. Many facilities have a dual log system as well.

Staff who worked at facilities with an infirmary spoke more about walking youth over to "sick call" after meals. At one facility, the main sick call that is for all youth feeling ill happens immediately after breakfast, and each dorm has an assigned time for their youth to go. If a youth misses the call, he must fill out a slip requesting that the nurse see him that day. All medications at one facility are handled by the nurse, and the residential supervisor is in charge of prepared medication when there is no nurse on duty. Staff at this facility who administer medication in the nurse's absence (including coaches who travel with teams) have all been trained in "passing medication", otherwise, they are not allowed to administer medications. Staff at one facility spoke of written procedures for administering over-the-counter items, and stated that "*other than that, they have to go to the doctor.*"

Several staff requested more consistency in administration procedures for those facilities where staff are responsible for medications, with one staff stating "*we try to go dead time, where kids stand by their rooms… but some people do it and some people don't and the kids get confused*." Another staff suggested in these situations it would be helpful to have more people around to help make sure it is done properly. Another staff stated "*I don't like doing it. I'm not a nurse. I don't even know what I'm giving them half the time*" which suggests that more training should be provided to staff about medication at these facilities. Several staff stated that they felt uncomfortable with medication administration, particularly with the liability issues. One staff suggested that sometimes sick calls and requests for over-the-counter medication result from kids trying to manipulate staff to let them out of what they are supposed to be doing. Another staff suggested that there should be nurses on staff 24 hours a day. One staff suggested that the facility

should have a nursing unit where youth go for medication rather than the nurse bringing medications to the youth on the unit or at the dining hall.

Overall, however, most staff felt that the administration of medication at their facility goes well and is done properly, whether it is staff who administers it or a nurse.

Safety

Staff were asked about general safety issues at the facility, such as overcrowding and self-harm issues, as well as whether or not they felt safe working at the facility. In general, staff stated that they do feel safe working at these facilities, with several stating that they would not work here if they did not feel safe. One female staff stated that she felt adequately trained to handle any situation that arose and that she had not felt that she had ever been placed in a situation where she was unsafe.

However, many participants mentioned situations where the facility is understaffed for the number of youth as times when they did not feel safe. Understaffing or overcrowding were of particular concern as a safety issue.

Some equipment problems, such as faulty radios, made staff at one facility feel particularly unsafe. One female staff shared that she sometimes feels afraid when escorting kids between buildings when her radio does not work, especially after dark, expressing that if something happened, she would be alone in the dark with multiple young males with no way to call for help. According to one interview, several staff at that facility do not have radios at all, and many have radios without antennae or that have erasers stuck between knobs.

Another staff stated that "*A couple times I haven't felt safe because I feel like the staff member I'm working with has kind of escalated the kids and undercut my authority for not supporting*." One staff brought up a situation where youth who are being punished for major rule violations such as assault or bodily injury have 15 days to appeal their punishment and during those 15 days are out in the population and not facing sanctions, which he felt was unsafe for both staff and youth in the facility. Another staff brought up the fact that the youth are provided with sharp pencils in school, which causes him to worry sometimes, and at other times, he is concerned that when fights break out, the staff are involved hand to hand and do not use "distance engagement" (such as CapStun or shields).

Overcrowding

Staff were asked how overcrowding at the facility was handled in an attempt to understand what happens in those situations. Some staff shared that their facility does not usually get overcrowded, rather there are sometimes problems with understaffing when staff calls in sick. Some staff stated that their facilities could not be overcrowded as they cannot take more youth than they had beds. One staff stated that "*we deal with it*", going on to state that they "*just have to be more safety conscious, more aware of our surrounding … more aware of what the kids are doing, the activities they're involved in*". Generally, staff did not state that overcrowding made them feel unsafe or that it was unsafe for the youth, rather that it was more difficult to handle.

Different facilities mentioned different cottages with problems – staff at one facility mentioned difficulties with the girls' cottage, and at another facility they mentioned overcrowding in the intake cottage.

One staff stated that if there are more youth than beds, often youth sleep in the dayroom and their things are kept in another youth's room, and they switch out weekly. Staff felt that this was both difficult for the staff in terms of quality of supervision, and unfair for the youth as well. Other staff stated that youth may be put in rooms together as well.

Several staff stated that when the facility is overcrowded, the program is limited – particularly time outside and exercises are limited for lack of adequate supervision. Some staff stated that overcrowding leads to higher tension levels and more behavioral incidents, as well as more time spent on moving kids between classrooms. They also stated that it can lead to less instruction in the classroom and more crisis intervention, which creates new tension among staff and teachers. Several staff stated that overcrowding leads to more overtime and staff working double shifts or on their days off in order to maintain appropriate staffing ratios, which creates even more stress. One staff stated that staffing problems further create inconsistencies for the youth, which causes more problems.

Proposed solutions to the overcrowding problem largely focused on providing more staff to supervise the youth, however some did mention attempting to release youth who have been at the facility a long time.

Self-Harm

Staff were asked to discuss how incidents of self-harm were handled at their facility. The term "self-harm" was chosen due to the fact that NICRP did not wish to limit the discussion to suicide only, since cutting and banging heads are common forms of self-harm and should be included. Many staff stated that they had never experienced incidents of suicide, the most common incidents are of self-mutilation, called "carving" or "cutting". Some staff mentioned "tattooing" as a form of self-harm as well. Many incidents mentioned were with female residents, although some staff shared stories of attempts with male residents as well.

In general, staff stated that they "try to deal with them the best they can as far as counseling" and trying to understand the reasons for the behavior. Staff also mentioned contacting the mental health counselors or psychologist, notifying the residential supervisors and administrators, having the youth checked by the nurse, and keeping youth on close watch. Staff reported calling the hospital and the ambulance for youth with severe physical injuries or for youth who have ingested something (one staff mentioned Windex). Staff mentioned placing suicidal youth into a special room (called different things at different facilities, but essentially a room with nothing in it that the youth could use to harm him- or herself) for different periods of time depending on how severe the problem is. When a youth is in this room, they are checked on regularly, most often at five minute intervals, although some staff reported three minute checks. Staff also reported intensive supervision as an alternative to placement into room confinement. Some staff reported that youth are formally placed on suicide watch and that a formal evaluation is done in order to remove the suicide status. Some staff reported that after youth are released from the

room or taken off status, they are often watched carefully for some time to catch any problem behaviors early.

One staff stated that they handle things depending on the individual and how severe the case is, saying "*If they've only done it one time, sometimes best way is to ignore it, cause if you draw attention to it then [they would do it again], but the ones that are severe carvers, we work with them through mental health, individually through counseling*". Staff generally feel that the cutting is done for attention or to direct anger or other feelings at themselves rather than acting out. One staff shared that incidents usually run in cycles, with one youth starting and then two or three will pick it up, but that incidents are not usually serious.

Overall, most staff reported that they had some experience with one form of self-harm or another, and all seemed to know the procedures for handling the situation.

Welfare

Education

Staff were asked to discuss whether the educational services provided to youth in the facility were adequate and appropriate. Responses varied widely, however the general feeling is that youth do receive good educational services while in these facilities.

All staff acknowledge that this is a difficult population to work with in terms of educational needs and different educational levels. One staff observed that "*it needs to be more understood what we're doing with the kids, we want it to be like a normal school setting and you're not going to get that*".

Some staff reported that the youth have very good access to education, and those youth who need extra help work closely with teachers to get them to where they need to be. Other staff stated that "they get better education services here than they get in the public system." Staff complimented the teachers at some facilities for on "*working really well individually with the kids at the level that they're at*", acknowledging how hard their job is, and complimented how well some teachers do at controlling the classroom and teaching.

One staff suggested that the programs should include an arts and crafts program to plug into the artistic talent to provide youth with an outlet. Other curriculum suggestions included additional electives such as consumer economics. One staff suggested that instead of providing more teachers, adding tutors to the classroom would be beneficial. Some felt that there should be more special education provided for youth with learning disabilities and more individualized programming for some youth, which would require more teachers. Some suggested more variety in vocational programming, because "*the majority of the kids that we have in this institution aren't going to continue on in college and I think it is important for them to receive vocational training instead of the traditional classroom-type stuff.*" Unfortunately, this attitude demonstrates an outlook that the youth may be doomed to fail at future education. While more vocational programming would be a benefit, it cannot be at the expense of the traditional classroom

education and degree. In addition, one staff reported that teachers "*spend a lot of time discussing life skills with the students*" which is a benefit.

Other staff noted that youth get kicked out of class frequently, and staff are responsible for getting them back into class, and are frustrated when they are kicked out again. It seemed that there was some frustration with the teachers for not understanding "*what we're dealing with.*" Some staff expressed frustration with teachers for being standoffish with youth and not being willing to help answer questions or be receptive to their needs. A common criticism is that teachers often resort to movies rather than working with students to teach them the material. One staff stated that "t*here's no lesson plans as far as I could tell, I could be wrong, but I'm not the principal. But I'm assuming that there's no lesson plan because it looks very rushed and weak to me*", which may indicate that youth are not receiving appropriate services.

The issue of substitute teachers varied by facility. Staff at one facility reported a lot of substitute teachers, and at another facility, substitute teachers are not allowed. At the facility where substitutes are not allowed, staff reported that it limits the teachers time off as they often substitute for each other, or ask residential staff to step in and show movies or supervise homework. This leads to classes being combined, providing more potential for behavior problems and limiting teachers' ability to do specific lessons based on the number of youth in the class. It is also a strain on both the teachers and the residential staff. A solution to this problem was to develop a small pool of "permanent substitutes" who are adequately trained to work at these facilities and are licensed teachers.

One staff disagreed with the speed that youth are "pushed" through school, stating that *"they can come in here with hardly any credits and by the time they're done in six months they've almost graduated… How can you say that they are just as educated as someone that's been there everyday since kindergarten.*"

Handling Misbehavior

In order to understand how staff deal with youth who are misbehaving, NICRP asked them to generally describe how they approach situations where youth are acting out. Some staff were able to share a process, and others focused more on consequences. Other staff focused on documentation and creating a paper trail for explanation of consequences handed out.

Many staff report that consequences depend on the behavior, stage of the program, and characteristics of the individual. While this allows staff great flexibility for staff in controlling behavior, it is also very subjective and may cause problems due to inconsistent application of consequences. In addition, many staff reported what one staff called "progressive discipline", where consequences get more severe as behavior progresses while still giving youth plenty of opportunity to change their behavior. With regard to consequences, one staff stated "*I think they are relatively fair, but I think that they really need a bigger range of consequence.*" Many staff stated that most behavior problems can be stopped with a verbal warning or discussion.

Most staff stated that they try to talk to kids and get an understanding of what is going on. Several staff mentioned that they use other staff in the cottages to help them solve problems with

youth as well. Verbal interventions were the most common, and some staff referenced teaching interventions which are verbal but go beyond a reprimand to helping youth think about and understand the situation. Time outs were also referenced often. One staff stated that they address behaviors immediately and youth are required to take responsibility for their behavior. One staff shared that youth are able to fill out "error reports" or complete "thinking reports" and work things out with groups before consequences are assigned. The perspective from these comments was that staff are responsible for intervening when inappropriate behaviors are exhibited and assisting youth to work through the problems, and assigning consequences when problems are not easily solved.

One staff stated that "*Most of [the incidents] are just bickering back and forth as far as 'he said this, she said that, he did this' and you sit down and talk to the individual kids that are involved."* One staff stated that he uses music as a privilege in his classroom to control behavior, and when behavior gets out of hand, he turns the music down which generally causes his class to quiet and focus. If that does not work, they lose the music privilege. At one facility, discipline is student run, and students with higher status are responsible for conducting peer courts to resolve issues after they have progressed from peer-to-peer confrontation through team support to group meetings. At that facility, staff reported that students who do not function within the program are separated into the program's more structured environment until they are able to return to the mainstream. Staff at another facility reported using the Boys Town TOOLS (Teaching Offenders Optimal Life Skills) model which is a points system based on positive and negative points assigned for behaviors with daily and weekly goals for youth to achieve. Youth earn positive points for positive behavior, and different levels of negative points are assessed based on the severity of the offense and the chronicity (first, second or third offense), and the points values are delineated in a manual provided to staff. At another facility, staff reported that for major infractions, youth have a hearing before a review board to determine consequences and then they have the ability to appeal through a specific process.

In any discussion of misbehavior, physical force is brought up. Most staff stated that they try to handle incidents with the least amount of force necessary, but "*if he goes 0 to 120 in no time flat, then we have to physically stop him from harming himself and others. That's the policy.*" Some staff expressed the feeling that they are not allowed by facility policy to use enough force in certain situations to control things or protect themselves.

Consequences

In the discussion of how misbehavior is handled, NICRP learned a great deal about consequences for misbehavior and how they vary by facility. NICRP focused on this issue particularly to ensure that no rights were being denied as punishment. Essentially, facilities revoke privileges in many instances and confine youth for violent behavior. Specific examples follow.

Common consequences include: a behavioral Incident Report (IR), loss of program points causing changes in program levels, wearing a red shirt as a temporary disciplinary hold in the program – which allows peers to understand that the resident is being disciplined, time outs, meetings with mental health counselors, assignment to specific programs such as anger

management, room confinement for various lengths of time, segregation, and loss of privilege. Loss of privileges include: loss of home visits, loss of the ability to work in the kitchen or laundry, not being allowed to stay up late on weekends, and no movies or TV. At one facility, minor rule violations affect levels. Major Rule Violations (MRVs) generally result in 24 hours in your room. Youth on room confinement reportedly eat in their rooms and do not attend school or participate in activities. With severe enough behavior, a youth might be transported to a higher security facility.

One staff stated that he or she felt the consequences were not harsh enough, and gave us the following example of a situation: *"We have a kid, for example, he hauled off and decked a kid in the dorm, three times now in the chow hall, for whatever reason. Just because he wants to prove something. And all he does is get locked up in a room for a day or two. While I understand, three days in room confinement is a lot for a kid, so is breaking somebody's jaw. He has no restitution, he has no additional charges, his level of custody hasn't escalated … Those are things that we need to take into account, and I think that could be done better here. And not just for the staff and our protection, but other kids, to keep those assaults from happening and I think by the administrative actions not being strong enough."*

Policy & Procedure

In order to assess staff understanding of policies and procedures at their facility, NICRP asked staff whether they had received an orientation when they were hired, whether they thought the policies and procedures gave them appropriate guidance about how to perform the duties of their jobs, if they felt the policies and procedures were regularly followed by staff and administration, and whether they felt the policies and procedures were fair and appropriate for both staff and youth.

Some staff expressed confusion about receiving a copy of the policies and procedures manual or where it was located for reference in case of questions. One staff shared that there is a copy of the policies and procedures manual and a copy of the standard operating procedures in each cottage and administrative building, and stated that "*the official policy … says almost nothing … but the standard operating procedures … is an excellent document.*" One staff shared that he had assisted administration in developing guides for staff to use in different tasks such as writing reports as well as a program description book reviewing all the programs at his facility.

Staff report receiving revisions to policies and procedures when they are made by administration. They receive them in a variety of ways, which include: at mandatory employee meetings which occur on a monthly basis, receiving a copy in their mailbox at the facility, having the revision posted in a staff area, or by email or memo. Some staff reported having to sign an acknowledgement of understanding form. One staff reported having an annual review of policies and procedures that is signed off each year. A few staff reported not receiving revisions to policies and procedures.

Orientation
Staff were provided orientation in a variety of ways, according to the variety of answers received. Many stated that they went through a "book training" for a specific period of time, and then went through "hands-on" or "field" training. Some shared that they were assigned another staff to work with who would mentor them through the initial learning process once they were in the field.

Specific topics that new staff are trained on include: policies and procedures, non-crisis intervention skills, infectious disease training, report writing, juvenile rights, laws and corrections, use of force, restraint techniques, appropriate handcuffing and searching, safety and security, ethics, CPR and first aid, and provision of care.

Guidance
Staff answers to the question of whether policies and procedures gave them appropriate guidance on how to do their jobs appeared to fall on the extremes of the continuum from yes to no. Staff who answered yes seemed to answer that they gave a lot of appropriate guidance, and staff who answered no felt that they gave no helpful information, were very vague and seemed to feel very frustrated with them. One staff reported that the expectation is that new staff will learn on their own, and found that to be very difficult because "*you just don't know.*" Several staff stated that on the job experience is more valuable than the guidance provided by the policies and procedures, which may feed into the attitude that new staff will learn as they go. The majority of staff agreed that the policies and procedures were clear and understandable, but some felt that they were not. For the facilities with a Standard Operating Procedures manual, the staff seemed to find those very helpful. Staff also expressed confusion over multiple layers of policy – state policy, facility policy, and agency policy, for example. In addition, one or two staff mentioned incidents where policies and procedures contradict themselves. Several staff requested more information included in the manual about the intention of the policy to assist them in understanding.

Regularly Followed
The majority staff felt that policies and procedures are regularly followed by staff. Several staff suggested that new staff are the most likely to violate policy because they are not as familiar with it until they are made aware. One staff shared that "*there are always people who are going to violate policy either not knowing or not caring, but those are minimal and they are dealt with.*" Some staff stated that the policies and procedures are followed by staff but not enforced by administration, which often leads to a lower number of people following the policy. One staff stated that you do the best you can, unless the situation prevents it – the example provided was with a restraint technique that is impossible to do according to policy if the youth is up against the wall, and while technically that is a violation of policy, it can not be helped. One staff alleged that his colleagues abuse their power. Several staff brought up the issue of consistency in application of policies and procedures, and all requested more consistency among staff in applying the rules. One staff stated that "*you're looked upon as a troublemaker or malcontent if you call into question a policy as written or a procedure not being followed.*" One staff summed up by saying "*overall, I think we adhere to the policies. Some are a little bit more strict on the*

policies. Some are a little bit more lenient. And other people are right down the middle of the road, so it just depends. Everybody is different."

One staff shared a concern that administration does not follow personnel procedures for staff as they should, substituting their own rules.

Fair and Appropriate
Most staff reported that they feel the policies and procedures are fair and appropriate for staff and for youth. Some staff reported problems with consistency when questions are asked of colleagues or superiors. One staff stated that the policies and procedures themselves are fair and appropriate, but the way they are followed and applied is not. Two staff stated that they felt the policies and procedures were less supportive of staff and less protective of staff.

Complaints

Since complaints or grievances are a major focus of this project, NICRP asked the staff if they felt that the youth in their facilities understand the grievance process and feel comfortable using it. For this project, the term "complaint" and "grievance" were used interchangeably by NICRP, and there may have been some misunderstanding based on which term was used. However, almost all the staff reported that their kids know "very well" how to use the complaint system and many stated that kids definitely feel comfortable filing them.

Staff reported that the grievance policy is posted in accessible places, and each cottage has forms available and secured boxes to put them in. Many staff stated that each youth is taught the grievance process when they come into the facility, and some are handed pamphlets or handbooks that outline their youth rights, including the grievance policy and procedure. Staff feel that youth know well that they are unable to deny them grievance forms when they ask.

Grievances that staff are aware of include times when the youth has been told no about something, or something has been done or said that they do not like. Sometimes grievances are filed when rights have been violated. One staff stated that some youth try to abuse the system, but that does not happen very often. Some staff feel that youth generally write them in the heat of the moment when they're angry, and then when they go through the formal process of investigation the youth says that they were mad when they wrote it and do not want to keep moving forward with it. One particular staff felt that youth should try to work it out with staff before they file a grievance. Some staff feel that youth should be encouraged by staff to write more grievances. One staff stated that her colleagues do not realize that "*people in administration know when they are seeing something that is just total BS … and the flip side of that is that staff complains and makes statements and kids really think that if they write a grievance something will happen to them*."

Retaliation
Most staff, when asked whether youth feel comfortable filing complaints without fear of retaliation, stated that they do feel comfortable and unafraid to file complaints. Most staff stated that they were unaware of any incidents of retaliation for complaints. Many staff stated that they

did not even know they had had a grievance filed about them unless the youth tells them or at the point in the process where they are interviewed as part of the investigation.

One staff shared that he or she had heard youth say that they were going to file a grievance, but did not know what the reason was. Another staff shared that youth worry that they will get in trouble if they file a grievance, but felt that it was *"reading more into [the grievance process] … because of a suspicious nature."* One stated that the kids do not file because they do not trust the system based on their past histories.

Response

Staff were also asked to share whether they felt the facility does a good job following up with complaints. The majority of responses were that the facility does a good job, while a few staff stated that they did not really know since they had never had a grievance filed on them. Some shared that the facility administration checks the grievance boxes on a regular basis, follows up on every complaint, talks with the youth, and provides the youth with a written response explaining the outcome and reasoning. Staff felt positive about the follow up process with the youth because it "*doesn't necessarily mean that the youth is going to agree or like the outcome of the findings, but at least the youth knows the system is there for them and it does work.*" Overall, staff were positive about the grievance process.

Concerns

Staff were offered the opportunity toward the end of the interview to express any concerns they had about the facility to NICRP. Overall, most staff seemed to have no concerns, with many stating that they enjoy their jobs.

One staff expressed concern about staff degrading youth in the facility. Another shared a concern that statements made by kids are often taken out of context and blown out of proportion without regard for the fact that the kids in these facilities are experienced manipulators and often embellish statements. Overcrowding and understaffing was also a concern for many staff. One staff suggested that understaffing leads to overtime, double shifts, and fatigued staff, which can be both a safety issue and a program quality issue. In addition, the use of force policy was a concern for staff at the higher security facility, stating that "*it's not statistically safe or sound to go with a hands off approach in a facility like this when you're dealing with offenders at this level.*" Staff safety was a concern for one staff – stating that "*we don't have mace, tasers, sleds, restraint chairs*" at that facility, only "*handcuffs and a radio, and we don't actually carry handcuffs on us, head group does.*" Others expressed concern about the shape of staff equipment and radios. Another stated that they wished overtime was paid in "comp time" not a higher pay rate. At one facility, a staff member expressed concern about delays in making repairs to the youths' clothing. A common concern was that there be more nursing staff available to provide health care and to administer medication. Another staff shared a wish for more substance abuse prevention programs to be available to the youth. One staff stated that rumors are a problem at her facility, especially that youth start about staff. One staff expressed concern about the quality of the relationships between the youth and the teachers in the school being poor and the youth not receiving the help they should be getting in their educational process.

Other

At the end of the interview, staff were asked if there is anything else they would like to share about the facility or how youth are treated there. As expected, there was a wide variety of responses received.

One staff stated that it is important to "*separate your life from their life and not think that this is the way life should be … looking at them and saying, well, you should do this or expect this and that, and understand that they're going to do this and not hold that against them.*"

Another staff shared that "*my feeling is that everybody is doing the best that they can. You know, we are working on things that we recognize that are areas of concern, we try to address at the time and change them but things can't be changed through no fault of our own, because we are dictated to by people above us and some things can't change, so there's no use whining about it because that's just a fact of life, that some things aren't going to change. Some things we can't do anything about, so whining about them and complaining about them is not going to change. Just have to learn to work within those parameters you know.*"

Another staff expressed concerns about appropriate placement and aftercare, since "*a lot of times these kids are going right back to their drug addict families."* Several staff requested more placement opportunities for female offenders. Other staff requested that there be more money placed into group homes and transitional housing for youth when they are released.

Several statements concerning the appropriateness of women working at an all-male facility and the difficulty women had in getting hired were shared by staff as well.

Other concerns expressed included: youth sleeping in the dayroom due to overcrowding; appropriate placement for youth with mental health problems; appropriate disease screenings at intake for hepatitis or HIV; the necessity for timely clothing repair; problems with staff burnout, stress and fatigue; increased training for staff on appropriate supervision of youth; problems controlling youth fighting; the availability of teachers to substitute at the schools; problems with consistency among staff; difficulties for youth who are parents; the need for tutors to supplement the education; and increased vocational training.

Corrections - Youth Interviews

Demographics for Corrections Youth Included in this Study

Total Interviews for Corrections Youth N=51
Length of Interview – 10 – 20 minutes

Males = 42
Females = 9
Age: Range 14-18
Average Age = 16.4
Length of time in the facility:
Range = 2 weeks to 9 months
Average = 4 months

Race/Ethnicity

White – Non-Hispanic	37.3%
Black Non-Hispanic	25.5%
Hispanic	27.5%
Other	9.8%

Ever used drugs or alcohol?
Yes = 98%

Ever been diagnosed with a mental health disorder?
Yes = 33%
Diagnoses included: ADD, ADHD, Bipolar Disorder, Depression, Manic Depression, Conduct Disorder, Obsessive Compulsive Disorder, or a combination of these.

Receiving Substance Abuse Treatment in the Facility?
Yes = 53%

Receiving Mental Health Treatment in the facility?
Yes = 14%

Ever filed a grievance at this facility?
Yes = 24%

Ever been in another facility in Nevada?
Yes = 55%
Facilities included: county detention facilities, other correctional facilities, and mental health and substance abuse treatment centers.

Health

Youth included in this study were asked a series of questions pertaining to their general health. Youth were asked about the food they were provided, time for physical activity or exercise, how often they were allowed to go outdoors, visits to the doctor or nurse, and medication policies and practices. The responses to these questions are summarized below.

Food

In this section youth were asked about what they thought of the food served at the facility, whether they got enough to eat and whether they had any choice in the types of food they ate. The youth were also asked about some examples of typical meals in the facility. Responses varied and opinions of the food seemed to coincide with personal preferences in terms of the

types of food they liked to eat. For the most part, youth in the correctional facilities reported that the food was "pretty good" or "edible". The youth mentioned that during most meals they were provided with a fruit or vegetable and milk or juice. Often youth reported that food was OK, however, the most frequent complaint was that the food was too greasy. For examples, some youth commented *"…sometimes it will just be grease and nothing but grease. You can taste the grease"* [OR] *"Sometimes it's very fattening, it's full of grease and it's nasty."* Also, one of the residents reported that food was undercooked, stating *"…the sausages are never cooked, they are always pink."*

In general, youth reported that they were not given food choices or selection of menu. Sometimes staff do attempt to ascertain youth input as to what items to put on the menu, as reported by one youth in corrections, *"but they ask and sometimes there's a variation of what they're suppose to make, like do you want this or this, or do you want that? So, they ask us."* Youth in corrections are often provided a tray full of food at mealtime and informed that they are required to eat something, but can choose not to eat the items that they do not like. Accommodation is made for food allergies, however it seems that those youth who are vegetarians are not given special meals – meat is simply eliminated from the food tray, or they can just choose not to eat any meat that is provided.

There were some youth that stated that although they did get enough to eat, they were often hungry soon after their meal. One youth stated: *"You get enough, cause the state requires they serve you a certain amount of carbohydrates and calories, so once you eat you get hungry five minutes later because they were empty calories."*

One youth felt that breakfast did not provide enough food, *"I think the only thing that sometimes you don't get enough to eat is breakfast, like you get cereal, a banana and that's it, but that's a rare occasion. Most of the time, you get a full stomach."* Most youth reported that the facility did provide snacks to ward off hunger between meals, and these were often healthy items such as fruit, granola bars, crackers, pretzels or yogurt.

Youth responses indicate that food quality in the correctional facilities was fine on most days, however, they were not allowed much choice in what they ate. Many youth complained of being served meals they did not like. The majority of youth reported that they are getting enough to eat and that they do receive healthy snacks between meals, although they are not allowed much choice in the snacks that they eat.

Physical Activity

Youth were asked if they have participated in any physical activities while they have been in the facility. Most reported that they did participate in games, such as basketball, football, volleyball and going to the gym. However, the frequency of these activities often depends on staffing. Overall, youth reported that they do participate in some form of physical activity everyday or at least a couple times a week. These activities often include sports, such as a physical education class which may include such things as basketball, football, and track and field. A couple of these facilities even have organized teams that the youth in the facility can join. These teams compete against regular high schools and require that the youth on these teams practice most

days of the week. It seems that the male residents of these facilities often do more physical activity than the females for various reasons. One female youth stated, *"we don't really get a ton of it because the boys are usually in there so we don't really get to work out."* Some youth reported being asked to work too hard to complete their physical activities, *"I think the physical exercise is a little too strenuous sometimes. I know they're good for you, but there's a little too much like, you need to take breaks sometimes."*

Overall, it seems that the youth in corrections feel that they get adequate exercise, with a variety of activities to participate in. Most responses to these questions were met with similar responses. The only recognizable differences were the that the female residents felt that the male residents had more access to the gym and they had fewer options as far as recreational activities, and at one facility the youth felt that there may be too great an emphasis on physical activity.

Frequency of Being Outdoors

In conjunction with the last section youth were asked about how often they were allowed to be outdoors. Youth for the most part responded that they were provided time to be outdoors almost everyday. Again this seemed to be contingent upon staff availability. The time outside was usually coupled with some form of physical activity, which may or may not have been the preference of the youth. *"We do, but when we go outside it's not really to enjoy the outside, we're like working or running, it's not really to enjoy it. So, we do go out, but it's not really to like, just kind of, to just, enjoy being outside or whatever. We have to work or we have to do running and stuff like that."*

Youth from some facilities, however, did report only being allowed to go outdoors one time a week or if their behavior was good enough to earn that privilege. The frequency of time outdoors seemed to be contingent upon the cottage or unit that youth lived in. So it is possible that in the same facility some of the youth are outside daily while others are outside only once a week. No youth reported being outside less than once a week.

Visits to a Doctor or Nurse

In keeping with the theme of the youth's health while in these correctional facilities, we asked the residents if they had seen a medical doctor or nurse since coming to the facility, and also whether they had ever asked to see a doctor or nurse and been told that they were not allowed to see one. Forty of the fifty-one (78%) youth interviewed had seen a doctor or a nurse since coming to the facility. Most of those reported seeing a nurse when they first arrived. Most of the youth reported that they had never been told that they could not see a doctor or nurse if they requested to see one. However, they did state that the facility process was to put your name on the list and often this list was overlooked and they did not see a doctor or nurse for some time, if at all. One youth reported that she had been waiting for some time to see a doctor, " … *they put you on a list and I think they throw the list away every night (Laughing), but you just stay on there until they get you. I think it's based on how much you want it. If you want it a lot they'll be like 'shut up, alright you're going to the nurse right now' and if you're just like 'can I be on the list' and be nice about it then you wait until you leave."*

Medication
We also asked youth about medication protocols while in the facility. They were asked if they currently are taking any type of medication, or if they ever had taken any medication while in the facility, whether they were taking the medication before they were admitted into the facility, and how they received their medication.

Most of the youth reported that it was a nurse who administered the medication, however some youth mentioned that there are times when night staff will give out the medications. The process is similar across all seven facilities. Youth report that medications are given at a specific time of day, usually breakfast, lunch and dinner. The medications are either brought to the youth in a "med cart" or youth are asked to line up at the nurses station for medications. In all facilities youth reported a process where whomever is administering the medication checks to ensure that they are not "cheeking" the medication and have actually swallowed it. Often the youth even signs off that they did take their medication and at what time.

There were few reports of youth receiving the wrong medication, however one fairly serious incident involved a female who was receiving Prozac that was not prescribed to her. "*I asked them why they put me on that and they said because I was saying something about my stomach. I was like, no I wasn't. So, they had me on that for awhile. … another person…was complaining about that so they ended up giving me the meds they were supposed to be giving her so they finally took me off of them once they figured it out. The Prozac was for someone else.*" Additionally, many of the youth reported being prescribed new medications during their stay at the correctional facility. Twenty-six percent of the youth interviewed from correctional facilities reported that they were currently taking some form of medication (usually for a mental illness) that they were not taking before they came to the facility.

Mental Health
In this section we asked youth if they had been diagnosed with a mental health problem, and if so what was the diagnosis. We then followed –up with that and asked whether they were receiving treatment or counseling, and if they felt that it was helpful. If the youth responded that they had not been diagnosed with a mental health problem, then the rest of the questions in this section were skipped.

In the correctional facilities 33% of those interviews stated that they had been diagnosed with a mental health problem, and of those 14% reported receiving some kind of treatment or counseling. Those receiving treatment stated that it was often infrequent and many did not feel that it was helpful. For example, when asked about whether or not counseling was provided, one youth stated, "*Kind of, but no. We can't, like the therapists I guess you call them, we only meet with him when we get into trouble or something, so I don't get to talk to him at all. Then with our counselors here, we barely get to talk to them at all and when we do it's about our treatment or something. So, like we don't really actually talk about things like that. Then we're supposed to go to staff that are here, but if you don't feel comfortable you can't go to them, so I haven't.*" Others stated that they did not feel that the treatment was helpful because they did not really understand what they were supposed to be learning. For example on youth stated, "*like. I feel, you know, we have to come up and talk to them, we only get a certain amount of time and I don't*

know, it's just not enough time. This program is really dull, I don't know what I'm learning, honestly, I just don't know what I'm learning." While others in the same facility stated that their treatment or counseling was helpful for them. When asked about treatment, one youth stated, "*Yeah, they work with the youth really good. They talk to them a lot and try to work with them on whatever they need to do to get their self under control and back on track."*

Overall, most of the youth that were receiving some kind of treatment or counseling for their mental health problem stated that it was somewhat helpful or not helpful at all. Most of the youth in these facilities realized that they are not in a hospital, and some felt that the purpose of these facilities was primarily discipline, and not treatment.

Safety

Youth were asked several questions about the general safety of the facility and how they felt about their own safety in the facility.

Personal Safety

Participating youth were asked about their personal safety in the facility. Specifically, they were asked if they felt safe in the facility, and also what made them feel safe or made them feel unsafe. Seventy three (73) percent of youth in correctional facilities who were interviewed stated that they felt safe or felt safe most of the time. Youth that stated they felt safe stated that the staff did a good job of making them feel safe. One youth called it a "safe zone" and when asked what made her feel safe she said, *"Just like, my group members, like, believe it or not, we do get along, and so our group members are what help, like I trust them, it's just like the environment, like people make you feel at home."*

Some of the youth reported that they did not feel safe in the facility. These youth often were afraid of fights, and this was the source of their feeling unsafe. When asked whether they felt safe one youth stated that he preferred it when there were more staff on duty. He stated that things can get out of control when there is not enough staff on duty, and that makes him feel unsafe. "*When we have more staff on, we have more staff walking around, it's like one-on-one and everybody's pretty quiet."* It seems that high staff to youth ratios cause concerns in the residents, as they feel there are more incidents then. Youth report feeling unsafe around the other residents, *"But like the kids, they're not safe, cause like you could fight, you know. You fight, there are consequences, that like equal this. What I am trying to say is that the kids, its safe, but basically you could fight if you want to. But that's there decision, there's consequences of those decisions, but you can make that decision. Yeah, there's consequences, you got put down for a night and if it's a continual behavior then they'll do something drastic about it."* Youth also described fights that have occurred in the facility, "*They know sometimes people are really threatening, and they stop that. Like one of my good friends is pregnant, she's four and a half months pregnant, and they threatened to beat her up, and she's so scared, she cries every night, and I know she doesn't feel safe around them*." Some rationalized that they do not feel safe, but they did not need to, because they could take care of themselves, "*I don't feel safe, but I can protect myself, I don't got to feel safe.*" Some recognize their situation as one with potential danger, but having adequate supervision can mediate this, "*Well, pretty much if you have*

problems with somebody you pretty much have to always watch your back because you don't know what they are going to do. But overall, I feel pretty safe, staff knows what they are doing." Youth also indicated that their safety may be situational or based on who was working at that time or on that day. When asked if they felt that the staff did a good job of making sure the residents are safe, one youth had this to say, " *most of them…Yeah, some of them just don't really care what other people do…night staff is more, they do a bad job of keeping an eye on the kids.*"

For the most part youth in correctional facilities felt safe, but the ones who did not were mostly afraid of fights and were concerned that staff did not keep a close enough watch to prevent these incidents from occurring.

Welfare

Several different questions were asked to the youth included in this study to assess their general welfare. NICRP asked the youth about whether or not they attended school and how they felt about the education provided within that facility. Youth were also asked about protocols for misbehavior, as well as how comfortable they feel talking to the staff at the facility.

School

Participants were specifically asked whether they attended school while in the facility, and if so what they thought about school. If necessary, youth were prompted and asked specifically about their daily lessons and whether they felt that they were too difficult, too easy, or just right.

Most youth responded that lessons were just right because the facility tested their academic skills and then placed them in classes with youth of similar abilities. If there were no other youth to place them with, youth reported receiving individual study plans tailored to their level. Youth reported completing work toward getting their GED and also continuing their education in the facility even after getting their GED. One resident stated, *"I have my G.E.D. but I'm still doing the school in here because when I get out I'm going to go to TMCC in Reno, so I'm just doing the schooling so I can like get up to par because I haven't been in school in like a year and a half."* Some youth even feel that the way school is structured in their facility is better than their school at home. They feel they can focus more on their studies and that these schools help them more. One youth stated, *"…this school's helped me more than any other school I've ever had."*

Those youth who had negative things to say about school referred to teachers that were not helpful or that the lessons were too easy for them and they felt they were not learning anything. Other youth reported that teachers just give worksheets or that they have to just read things on their own. *"They don't teach…you just read out of a book, they don't do anything."* Youth also reported that they would like to see more electives offered in their schools, so that they had more variety than just the basic subjects of English, Math, Science and Social Studies.

Overall, youth seem satisfied with their education. Most reported that the work required was just right, that they were learning, and that the teachers were helpful. The few who were not satisfied with their education were from varying facilities, therefore no trend was identified indicating that any one facility has deficiencies in their education program.

Substance Use

Youth were asked whether they had ever used illegal drugs or alcohol, and if they said yes they were asked about any treatment for substance abuse that is offered in the facility. 98% of correctional youth included in the study stated that they had used illegal drugs or alcohol at some point in their life. In follow-up to this question, youth were asked whether they were receiving any treatment for substance abuse. 53% of the correctional youth in the study replied that they were receiving some treatment for substance abuse.

Youth reported a wide range of services that they considered "substance abuse treatment." The forms of treatment range anywhere from a class about drugs or alcohol and their effects, to therapeutic counseling. Youth that were not receiving treatment stated either that they did not need it, they did not want it, it was not offered or that they were on the waiting list and simply had not received treatment yet.

Youth in some facilities reported that they have Bureau of Alcohol and Drug Abuse (BADA) courses where instructors are certified to teach courses about drug and alcohol abuse and the effects these substances have on the body as well as a person's entire life. Youth seem to be divided on how effective they feel these courses are. Some felt that the information and exercises were useful, while others felt that it was just boring and not helpful.

Youth in some other correctional facilities did not seem to have as structured of a program for substance abuse. These youth reported that nothing was offered, or that the only thing offered was an AA (Alcoholics Anonymous) group or NA (Narcotics Anonymous) group. These youth mostly felt that treatment was not helpful and expressed an interest in individual or counseling based treatment. Many stated that treatment would be more helpful if there was more one on one counseling available to youth so that they could talk about their individual problems. One youth stated, *"…I think counseling with a counselor would be good, especially for us because there's probably something we don't like sharing with everyone and we would like to talk to someone about it but we can't because there's a whole bunch of people there."*

Youth also stated that in some facilities the groups offered focus on their offenses and not on substance abuse, or that these groups are only held sporadically. Another issue identified by youth was that in some facilities where substance abuse treatment is available it is only offered to certain youth who test at a level that the facility deems appropriate to receive treatment. Even then there is a waiting list for youth in the facility to be entered into the treatment program.

Many youth in the correctional facilities expressed a need and a desire for a more structured substance abuse treatment programs, including a stronger one-on-one counseling element. 98% of youth in these facilities stated that they have used drugs or alcohol, while most youth report that their facility is lacking in treatment services. This is important because for some youth drug or alcohol abuse is the reason for their incarceration in the first place. *"You know I have a big drug problem, that's what I'm here and we don't talk about any of our drug problems, we don't talk about like anything, we just, people just let us go around, you know what I mean? Like, we*

get to walk and do whatever we want. We can talk to our group members and that's it. The staff never comes and helps us or anything."

Overall, youth reported that the correctional facilities included in the study offer some kind of "treatment" for substance abuse. The services vary greatly and many youth feel that the services that they are provided are inadequate for their needs.

Misbehavior

In this section youth were asked about what happens when someone in the facility misbehaves. Specifically, youth were asked if they had ever been in trouble in the facility, and if so what happened, and then asked if they felt that it was fair. For the most part, youth reported that at some point they had received consequences for their misbehavior, but that they were treated fairly. Youth reported losing points, shirt color changes, level drops, writing assignments, incident reports, and room restrictions as consequences for negative behavior. For extreme situations youth reported that staff will use a PRT, Physical Restraint Technique, to physically subdue the youth and control a situation. These were reported as being used to break up fights, or when youth become physically threatening to staff.

Interestingly, there seems to be a relationship between how long a youth has been in the facility and how fair they feel their consequences are. It seems that it takes youth some time to get to understand the rules for the facility and that once they do understand the rules and the consequences for breaking those rules they tend to feel that their negative consequences are fair.

Some youth did report that they felt that they were treated unfairly. Some feel that the staff try to get them to act out by teasing them. One youth stated that "*I have anger issues, some staff will sit there and joke around, they will be disrespectful, and they expect us not to be disrespectful back."* The idea that the lines are sometimes unclear as to what acceptable behavior is, came up several times. Sometimes youth felt that staff would joke around with them and then if they joked back they would get "in trouble." Other youth report that there have been incidents involving two or more youth and only one person receives the consequence, and they feel that this is unfair. *"I don't think the situation was fair…He admitted to what he was doing too – so we both had a part in it and he didn't get anything."* One youth reported that he did not feel that anyone was treated fairly. *"I don't think anyone is treated fairly. It's either you think you're innocent or you know you're guilty, pretty much you're going to get into trouble. Pretty much in the end you are going to argue with it regardless. Me, there are times when I felt like I wasn't being taken seriously, but in the end I kind of realized it was warranted."*

Comfortable Talking to Someone

Participants were asked if there was someone in the facility that they felt comfortable talking to about any problems that they had. Most youth reported that there was someone in the facility that they felt comfortable talking to about any problems they may have. These people could include: mentors, case managers, supervisors, staff, counselors, or roommates.

A few of the youth reported that there was no one they felt that they could talk to. These youth stated that either they did not talk to anyone about their problems, that they do not have any

problems or that the staff in the facility make them feel uncomfortable. Some simply stated that they are comfortable, but they just would not discuss any problems with staff.

Civil and Other Rights

Youth were asked a set of questions pertaining to their civil and other rights. Youth were asked about the facility's grievance process, whether they had utilized that process, and if they had experienced or witnessed any unequal treatment.

Complaints

Youth included in the study were asked if they had ever filed a formal grievance. If they had, they were asked about how the process worked and how they felt about it. Youth who had not filed a grievance were asked if they knew what the procedure was to file a grievance and if they would have any fears associated with filing a grievance.

Of the youth interviewed, only 24% reported filing a grievance in their facility. Most reported that the process had just recently been explained to them, at around the same time that the NICRP posters were placed in facilities. These youth stated that when they file grievances staff do get back to them, and overall the situation gets resolved. However, there were some youth who reported that some staff do not inform youth of the outcome of their grievance, and that they did not feel that the grievance process worked. One youth reported that he had never filed a grievance because, *"they just, one staff told me when they get them, they just throw them away."*

Many reasons were provided by youth who stated that they had not filed a grievance. Some said that they were unaware of the process for filing a grievance, while others were afraid of retaliation. In response to the question, "Would you have any fears associated with filing a grievance", one youth replied, *" Yeah, after making the complaint to a person, I'd probably go tell other people and then it would get back to the person or the thing I'm complaining about and then I'd get in trouble for it or something."* For many youth the reason for not filing a complaint was simply that they had not felt that they needed to. Many stated that they were aware of the process and they did not have any fears associated, but had simply not wanted to file a grievance in that facility. Some youth feel that grievances should be reserved for "really serious problems." One youth reported that he had not filed a grievance because, *"to me filing grievances is if like for if you really have a serious problem or something. Or if staff does something to you inappropriate or something. That's a reason to file a grievance."*

Unequal Treatment

Youth were asked about whether they had either experienced or witnessed any unequal treatment from staff in the facility. Most youth reported that they felt that staff had favorites, and their favorites received special privileges. Youth reported that the favorites get more chances to correct their behavior than those who are not favorites. Other youth reported that everyone is treated differently, and some noted that staff are easier on girls who are pregnant. In response to this question, most youth reported differential treatments as being staff specific, stating things like "it depends on the staff." For example, one youth replied, *"it all depends on what staff, you can't just depend on one staff."*

Overall, youth felt that although there may be favorites at times, youth are given the same opportunities and are treated equally. One youth stated, *"I've never seen a kid not get treated the same as everyone else, we get treated good actually, we get our daily exercise, we get our three meals a day, its just like being at home. They try to make it as most comfortable as they can."* Another youth reported that he had not witnessed any unequal treatment, *"…I think they treat everybody how they should be treated, except a kid pushes them too far where I think the staff should treat them, have more discipline behind it, but they look at it as a way to help you change program, but some kids just keep doing it cause they know nothing will happen until something, until they do something serious and get sent off somewhere else."*

Communication Outside the Facility

Youth were asked about their ability to communicate with people outside the facility. Youth reported that they are allowed phone calls and visitation on a regular basis while they are in these facilities.

Youth reported that they are allowed to earn more visitation privileges at some facilities, and can even earn home passes, where they are released into their parent's custody for the weekend. Youth who are allowed this privilege sometimes then cannot receive phone calls during the week and must be strip searched when they return to campus to ensure that they are not carrying any contraband. Youth also stated that phone calls and visitation are restricted to family members or "people on your list", but hat they were also allowed to write letters to friends as long as they were approved by the facility.

Most youth were content in this process, while others stated that they wished they were allowed greater freedom in who they were allowed to communicate with. Several youth reported that they wanted to be able to talk to their girlfriends (often mothers of their young children) and their own children.

Other Issues/Recommendations

There were some issues that came up during the course of the interview that did not easily fit into one of the other pre-existing categories. Some youth had suggestions for how to improve their facility, or the juvenile justice system in general. One such comment from a male resident stated, *"there are so many ways that they could run it better, but personally I just think that, I don't know, I really don't like the way that they like assess you here, the time that they give you. The commitment here is just like all messed up. I think it's so messed up. I think that they should have like a special…well they do, they call it the "Sugar Shack" here, where they put all of the gay people at basically into a dorm, but I'm not in there and the staff call it the sugar shack, it just basically needs to be run better."* Another youth's suggestion for improvement included more time out of his room. *"I don't know, just more activity, less time in our rooms, we're in our room too much, way too much, makes you go crazy."*

Youth in other facilities wanted to compliment the program that they were in, for the skills they were learning. *"It's a really, really good program and I would recommend it to anyone. I know quite a few girls who were here a few years ago and they're doing so well, and they still look*

back on this place, like when I first came here my best friend's sister, she was here, and she was like you can talk, she still remembered the staff who were here that she talked to. She was like I never thought I would carry any of it with me but a few years after that it all caught up with me and I realized that I was using the skills I got in here."

Detention – Administrators

Position Titles	**Education Levels**
Assistant Manager Director of Juvenile Services Facility Supervisor Assistant Chief of Detention Services Administrator Director of Detention Services	High School Some College Bachelor's Degree Master's Degree
Total number of participants = 7 **Average years experience** = 21.10 years **Average Length of time in Facility** = 14.80 years	

As part of the site visits, administrators were interviewed at all facilities included in the study. This person was someone who is in an upper management position at the facility. If the administrator was unavailable for an interview on the day of the site visit, NICRP interviewed the person who was designated for us on that day. Additionally, some interviews were conducted with more than one person, as some administrators chose to include their "second in command" in the interview. All administrators were asked the same set of questions. These questions were designed to better understand the purpose, function, policies and daily operation of their facility. Administrators were also given the opportunity to provide NICRP with feedback on any aspect of their facility that was not already asked about. Interviews with administrators lasted between one and two hours.

Health

Administrators were asked about various issues that affect the heath of the youth in their care. These questions included facility policy and practice regarding medication administration and storage, menu development and food preparation, as well as the facility's policy on exercise for the youth.

Medical Care
Administrators were specifically asked about who administers medication, how medication is tracked and logged, and where medication is stored.

Medication administration is managed differently at each facility. At one facility, there are nurses on staff who dispense all medications, and staff are only able to hand out over-the-counter medication or dispense medication in emergencies. At the smaller facilities, staff or supervisors are responsible for giving medications because full-time nursing staff is cost-prohibitive. At one facility, staff supervisors are trained by the facility's nurse to assist in dispensing medications.

Common practices across facilities, specific to ensuring youth take their medication, included requiring them to place the pills in their mouth, drink water, and show their mouths.

Every administrator mentioned a medication log where all medication information is kept and administration information is tracked. Information about all medication that is brought in by parents, such as dosage and number of pills is recorded in the log. Some administrators reported checking with prescribing doctors to verify information if necessary, and request written information from doctors about changes to prescriptions. One administrator shared a particular challenge with medication by saying "*often they'll stabilize them in a mental health facility because they're giving them meds and then send them back to us without the meds*". Some administrators also reported picking up prescriptions from the pharmacy themselves in certain situations, and one facility reported having their own pharmacy. In addition, several administrators mentioned mechanisms that the facility has in place that document medication administration twice as a system of checks and balances. One facility has medicine cards that record the expected time and dosage, then both staff and youth are required to initial it after the medicine has been taken. Not every facility requires youth to initial the log. One administrator mentioned that they have pictures of the youth associated with the medical logs to reduce the possibility of administration errors. All facilities report tracking over-the-counter medications as well, such as Tylenol or Advil, or cough drops. All administrators report that medication is kept securely locked. Several facilities report a locked cabinet in an area where youth are not allowed, some have a locked room for medication.

All facilities have a procedure for "sick call" where youth are able to request an appointment with a nurse or physician's assistant. One administrator commented "*No matter how ridiculous it is [youth] get to see the PA. We don't make the call whether it's ridiculous or not, that's between the patient and the physician assistant, we wont say, 'no, you can't.'*". Many administrators stated that there are contract physicians available to come see youth on a regular schedule, but report that it can be challenging for Probation Officers or detention staff to transport youth to doctor's appointments, even though it is very common for them to do that. Another administrator reported that the medical staff at her facility works hard to bring youth up to date on immunizations while they are there. Emergency health care is coordinated with parents by the facility. One of the administrators explained that the facility has difficulty in accessing mental health care in the rural areas.

Most administrators reported that a resident's insurance status does not affect their health care, although many stated that they will work with parents if there is private insurance available. One administrator stated that insurance status does not affect health care, but it definitely affects their ability to receive mental health care services. Several administrators also stated that they try to keep youth with any known family physicians or dentists if possible. Several administrators shared that the majority of their kids do not have insurance, so they try to assist them in getting Medicaid (youth are eligible for Medicaid after they have been detained for 72 hours), and then the challenge is finding physicians or facilities to provide care that accept Medicaid. One administrator stated "*It's funny, the kids in detention, some of them are Medicaid eligible but they can't receive services in detention, they can only receive their services outside of detention*".

One administrator commented "*The situation that scares me the most is medication. We get tons of medication, so many kids are on medication we don't even know what some of these medication are*".

Food
Administrators were asked about menu development and food preparation in their facility.

Six of the seven facility administrators reported active participation in the Federal NutriKids program (the "school lunch" program or the "hot lunch" program) that regulates portion size and nutritional content of meals. Two administrators stated that they have a food/culinary manager supervising in the kitchen, and other administrators shared that the cook or the swing shift supervisor at their facility manages the meal program. Five facilities prepare their food on site, and two receive food from co-located adult detention facilities. All administrators reported making accommodations for special dietary needs such as food allergies or diabetics, and those are monitored by the nurses. Limited vegetarian options or alternative options in situations where there are religions restrictions on food are available in special documented situations. Many administrators reported providing extra snacks two to three times a day to youth in order to supplement their meals.

Physical Activity and Recreation
Administrators were asked about the amounts and types of exercise provided for the youth in their facility. This included sports programs, physical education through the education program, and other opportunities for physical activity.

All facility administrators reported requiring at least one hour per day of physical exercise. Some administrators recognized that staffing issues may limit the facility's ability to provide more than one hour on a regular basis, but they require that youth will receive at least one hour per day. During school, youth also receive 45-50 minutes of physical exercise in their Physical Education (P.E.) classes as part of the curriculum. One administrator specifically praised the P.E. teacher at his facility for teaching skills and not just occupying time.

The majority of facilities have an outdoor recreation area specifically for the facility, and one utilizes nearby public parks. Only two facilities have an indoor gym that they are able to use. Other facilities use the dayroom or hallways for specific activities.

Weather was mentioned as a limiting factor for outdoor activities as well, winter cold for the facilities in the north and summer heat for the facilities in the south.

Youth with medical restrictions on physical activity such as asthma and youth with injuries are expected to walk while other youth play more vigorously.

Safety

Facility administrators were asked a series of questions about policies designed to protect the safety of the youth in their care. Administrators were asked about their staffing patterns and

training regimens, the security level of the facility, and precautions taken to protect the safety of residents.

Staffing Issues
Administrators were asked about various issues pertaining to their staff. They were asked about staff training and how they handle being short staffed.

Administrators reported several issues with staffing. One administrator reported that his staff is unionized, and that shift supervisors are responsible for ensuring appropriate staffing ratios. This administrator shared that part-time hourly employees are available to fill in for full time staff, but that there is only allowed to be one part-time staff on the unit with three full-time staff. More than that requires adjustment in the schedule. All staff at this facility are trained to work in any unit, and so can move around, but that can causes disruptions and inconsistencies. Other administrators stated that they fill in if necessary, and one stated that lately his facility has had problems with a high turnover rate. Several administrators also mentioned having on-call staff available as well, and one mentioned utilizing probation officers to fill in if needed. Several administrators mentioned using overtime as well, although one stated that they do not have a budget for part-time staff.

One administrator mentioned that transporting youth can cause problems in staffing ratios, which is a challenge to handle, and another stated that because the facility is small, there are no designated intake officers, so when multiple youth come in at the same time, multiple staff have to be pulled from the floor to assist with the process, which means staff must adjust activity for safety. One administrator shared some frustration with the design of the building not being safe, and requiring more staff to ensure safety.

Staff training was important to all administrators, though facilities have common limitations in options due to budgetary constraints. One facility has implemented POST certification as a requirement, which requires 40 hours of training per year to maintain. Common training topics mentioned by administrators included mandatory suicide prevention, blood-borne pathogens, mental health problems, physical restraint techniques, defensive tactics, verbal de-escalation techniques, sexual offenders, CPR and First Aid, child abuse, substance abuse, and team-building. One administrator stated that they will "s*end staff to conferences when we can afford it, if they're close*". That administrator also stated that they try to network with the community to come in and provide free in-house trainings to staff. Another administrator requires that staff who attend conferences or trainings come back and present what they learned to the whole staff so there is a benefit to the entire staff.

Safety and Security Measures
Administrators were asked to describe some of the measures taken at their facility to protect the safety and security of the youth in their care.

Administrators stated that staff are required to keep youth "*under sight and sound supervision at all times*", which means that staff are physically positioned so they can see and hear what's going on at all times. Behavior management included walking one way throughout the facility

(location-specific), walking with hands behind their backs, no talking in line, and other things of that nature. Administrators reported conducting visual checks of youth in their rooms at specific intervals as well. Several administrators shared that their facilities have no-hands-on policies, where placing hands on a youth is only done as a last resort if there is a danger to the youth or to other youths. One administrator mentioned having access to a Crisis Prevention Team that is able to come and work with people in the event of a serious incident. Administrators also discussed physical security measures such as multi-level door locks, layout of the facility with a central control room, single rooms as opposed to double rooms (where possible), and camera systems. Other safety actions include contraband checks after visits,

Situations of overcrowding were reported to be handled as they come, with youth being double-bunked if necessary. One of the administrators reported that youth "*doing dead time*" waiting for space to open in other long-term placements contributes to the overcrowding problem.

The general feeling is that all administrators are concerned with and pay appropriate attention to safety and security issues.

Suicide Precautions

All administrators interviewed were asked how their facility handles attempts at any form of self harm.

Administrators mentioned reduced amounts of time between room checks for youth on heightened security watches, commonly every five or seven minutes. One administrator mentioned that they do random checks at least every five minutes. Several facilities mentioned specific rooms that are appropriate placements for youth on heightened security. Three administrators mentioned that the room was equipped with a camera so it could be monitored from the control room, and another stated that the room is next to the control room with large glass windows for visual monitoring. Due to space restrictions, one facility reported that youth on suicide watch sleep on cots in the hallway for supervision via camera until the youth can be transported to a different facility for appropriate care. Two administrators mentioned the possibility of using restraints if the situation was so severe that they were needed. One administrator stated "*If we have a kid who is harming himself or anybody else, we have the ability to take them out, put them in handcuffs, we have a bench, a timeout bench; we will restrain them to that until they are no longer a threat to themselves or anybody else and then transport them to a lockdown facility where they are placed in a cell by themselves*". Administrators also reported making calls requesting mental health evaluations as soon as possible. Using the MAYSI-2 as a screening tool was mentioned, as was transporting to a psychiatric hospital. One administrator in a rural facility reported that they sometimes use an out-of-state psychiatric hospital. A challenge reported by two administrators is that "*A lot of times once we get the kid assessed here, then we get him up [to the psychiatric hospital] and they do an assessment and they determine, oh, they're not harmful to themselves and they send them back here*" where the facility staff is still not comfortable with the behaviors.

Cutting was mentioned as a form of self-harm that administrators are aware of. One stated that they work to remove items that youth might possibly use to cut themselves, and another reported

that the facility provides counseling in those cases where it is a stress response and not suicide. One administrator reported constant visual supervision and utilization of the "s*afe room*" if needed.

One staff stated that they spent a lot of time and money some years back renovating the rooms to eliminate things that could be used in suicide attempts, and since they have done that, they have reduced the number of attempts.

Welfare

Administrators were asked about the various ways in which they protect the welfare of the youth in the care of their facility. In this section administrators were asked about discipline procedures, living conditions, educational and treatment programming.

Discipline Procedures
Administrators were asked about the methods used in the facility to maintain order and control, specifically about what happens if youth misbehave in the facility. Different facilities utilize different terminology for a similar behavior management program. Staff handle most of the day to day discipline activities, with administrator intervention in specific situations.

In response to that very broad question, one administrator reported that "*There's nothing spelled out like if you do A, you lose this and if you do B staff will lock you up*", and another administrator said "*We don't have a matrix like if you violate this rule you get this amount of hours; we don't have that, because I always want staff to use their discretion*".

Most facilities have a daily grading or points system where detention staff and academic staff assign points based on behavior, hygiene, interaction with peers, school performance, to name a few. Those points translate into levels, which may be outwardly reflected in shirt colors that youth wear. Youth earn extra privileges based on the level they are at. One facility totals points weekly. At one facility, grades for the day are reviewed by multiple staff and agreed upon, which reduces the opportunity for unfair treatment. At another facility, staff supervisors work with front-line staff to ensure consistency in point assignments. Youth are acquainted with the system when they arrive at the facility.

Privileges earned include extra phone calls, staying up later at night, a movie on weekends, and computer or video game time. One administrator mentioned restricting outdoor recreation as a punishment. One administrator reported his disciplinary procedure as follows: "*Most of the times, the first option is they have to do squat thrusts or push-ups or something like that. Secondly, they'll have to stand on the wall, basically they will have to face the wall for a period of like 5-20 minutes depending on how they act. If that doesn't work, we are forced to put handcuffs on them and put them on the bench, until they actually calm down. Once that happens, either during the day or whatever,I'll take the kid off the bench and make sure everything is ok before I take them off and send them back to the general population*". Other administrators reported room restriction as a common punishment. One facility offers its' youth the opportunity to fill out a written form as a learning tool that asks the youth to figure out what their

responsibility was for the incident and what they could have done differently to fix or prevent the problem. Administrators shared that minor violations can be punished with counseling and verbal interactions or a few minutes to an hour in their rooms. Several administrators stated that "*there is always verbal before anything physical*". Room restriction for more severe offenses ranges from four hours to 24 hours in their rooms, however for longer restrictions there are more requirements for supervisor and administrator involvement. Any restriction over 24 hours requires administrator review and approval. One administrator stated that he visits kids in longer term lockdown daily to ensure that they are doing OK. One administrator stated "*The kids who get locked up are the ones who are doing it over and over again and also challenging authority, then that's disciplined, but other than that we don't do a lot of lock-up*".

Physical restraint is occasionally a necessity in detention, though administrators report that it is used as a last resort to keep youth from hurting themselves or others. Several administrators report having restraint chairs as well as hard restraints (handcuffs and shackles) and soft restraints (leather cuffs), although they report that use of them is rare.

Incident reports are completed by staff every time there is a physical interaction between youth and staff, and every time there is a behavioral incident that requires dropping a youth's level or placing him in his room for more than one hour.

The majority of administrators were understanding about discipline for youth with special needs such as developmental delays or mental heath problems. They recognize the need for more understanding and patience before applying standard disciplinary actions, even though it is not official written policy.

Education

Administrators were asked about the way that the education program was structured, and about their relationship with the local school districts.

All administrators reported working with their local school districts to provide education services to the youth in detention. The general feeling about the school districts was summed up by one administrator who pragmatically said "*It's a great partnership. There's gonna be times when you clash on things, and feelings are hurt or you butt heads or something, but our partnership with them has been wonderful*". Teachers are trained at the beginning of the school year on specifics of working in the detention environment, specifically addressing "*safety and security in the classroom, what to watch for in the kids and those kind of things. They've got to count pencils and they got to watch staples and paper clips and things like that*". One or two administrators specifically referenced special education services. One administrator stated "*One of the things that we're not good at, and I don't think it's our fault, I don't mean to point the finger at the school district, but were not really good at getting the school work to the kids in detention*". Two administrators mentioned that a G.E.D. preparation course is available to youth at an appropriate level. One administrator reported that his G.E.D. preparation program was dropped by the district and he got it reinstated almost immediately upon learning of the decision. Several facilities referenced computerized credit recovery programs available. School hours varied by facility, but several keep youth in school throughout much of the day.

Living Conditions
Facility Administrators were asked their opinion about the living conditions within their facility.

While most administrators appreciate that their facilities are "jail", they did feel that they do a good job maintaining the facility. One administrator stated "*I would like to have open vents with air coming in, but you can't really do that here. Just to get rid of the institutional funk, or whatever you want to call it*". Another stated "*I think the living space is big enough. Of course any time you're locked in a room, it's harsh. But we keep them clean*". Another stated "*I think there's always room for improvement, but I think for our environment we do a good job*". Many of them felt the facility was safe and secure, and despite some age and wear and tear in some of the buildings, the administrators felt their facilities were fine.

Facility Programs
Administrators were asked to describe some of the programs available at their facility. Many administrators stated that they often concentrate on finding referrals for programs or treatment rather than trying to provide them in the facility, because the cost would be prohibitive. Several administrators reported that "*our staff is required as part of their professional positions, they are required to do a program with the kids at least once a week, that has something to do with life skills or advancement, some way to get them better off than they were*".

One administrator reported that "*we don't really have programs because we're just a holding facility*".

One program that seemed very positive for youth and staff was the foster grandparent program. Elderly community members after being thoroughly background checked come into the facility to tutor youth and do special projects with them on a regular basis.

Behavior Modification Programming
One administrator described his program as "*a positive reinforcement program. In these kind of places, you tend to focus more on discipline and getting on them for things that they do wrong, so we wanted to create a system that rewarded positive behavior. You know, they have been yelled at and told they can't succeed their whole lives. So now there are different levels that they can achieve, and it's nothing hard, it's just by not getting in trouble, you can advance up into the levels. And they take these social skills tests that they have to score 80% on. It is simple things, like, what you do when you get up in the morning, or how you greet somebody in a respectful manner, those kind of things. So they have to be able to pass those tests to move up in the levels. And then with each level, they get different privileges. I guess at the highest level, all kids get one visit and two phone calls per week, so now if they advance they get extra phone calls and extra visits from their parents or legal guardians, which is a big thing for them"*.

Another administrator described her token economy program by saying "*The whole purpose of token economy is instead of staff being responsible for kids' privileges, or lack thereof, the kids are responsible for their behavior, we're reinforcing that good behavior leads to positive outcomes. So, we tie that into everything we do during the day is based on token economy*".

Treatment Programs
Several facilities offer voluntary substance abuse treatment, either through a program at their facility (which four facilities have) or by bringing in treatment opportunities like Alcoholics Anonymous or Narcotics Anonymous into the facility to run sessions. One administrator specifically mentioned anger management and life skills courses as well.

Gender-Specific Programs
Two facilities offer a structured evidence-based program for girls, and the others do not have the same sort of program implemented, although several expressed interest. Staff at these two facilities have been trained to conduct the program, and girls who participate work through modules addressing everything from sexual orientation to healthy relationships, victimization, sexual health, preventing STD's, conflict resolution, healthy living, and decision making. Another facility works with girls to end the cycle of abuse and empower them and develop their self-esteem in a much less structured format.

Civil and Other Rights

Facility administrators were asked about the ways that they protect the youths' rights, as well as asked to describe their grievance policy. Administrators described the various documentation necessary to ensure that resident's rights are protected, as well as their grievance/complaint process, and finally their facility's policy on data collection and management.

Resident Rights
Administrators were asked about heir awareness of resident rights, as well as the measures they take to protect those rights.

Administrators almost universally stated that they maintained resident rights through knowledge of policies and procedures and staff training. Some mentioned free access to attorneys and probation officers. One stated that youth rights are posted in each wing of the facility, and some specifically stated that youth rights are reviewed during intake and orientation. One administrator referenced the youth handbook that youth are given and expected to keep with them.

Complaint Process
Each administrator stated that residents' rights were protected through the grievance/complaint process. Administrators were asked to describe their grievance process for their facility. The majority have written grievance procedures, but several administrators report that they are always available for conversations with any youth, which may lead to a more informal resolution process being implemented and fewer written grievances filed and very little documentation of the verbal complaints made.

Common factors for two facilities are locked boxes that youth can put written grievances in, and forms are available from staff. One administrator stated that youth have to "*ask for a grievance form from a staff member, and then you'll get kids that say, well I asked for a grievance form*

and they wouldn't give me one. What it boils down to, and I tell the kids, it's at our convenience, not yours". Other facilities place grievances in the administrators' mailbox for review. Formal grievance boxes are checked every two or three days, and the administrator or a close designee is responsible for responding within a set number of days.

In some facilities the shift supervisor is responsible for receiving and beginning the resolution process. An important part of the response is the process of discussing the grievance with the youth who filed it in order to get a complete picture of the problem. One administrator stated that "*most of them you get are just so silly and so trivial, that by the time, the next day, when I can get back to there, it's already been taken care of*". Another administrator stated that youth are involved in the resolution process, and that "*If it isn't resolved [by the time I go to review it], I'll let the kid have a choice. Either I'll talk to them, or the three of us will talk or he'll talk to the staff alone, it will be the kid's choice*". One facility provides written responses to youth.

Another administrator shared "*We don't have very many grievances here, I don't know why, I think it's because were small and I think its because staff is always willing to sit down and talk to the kids about anything*". In the case of institutional abuse, one administrator stated "if *I have a concern that a kid has been abused or neglected in any way, by staff, then I will start the investigation, I'll notify Social Services, we'll do our own internal investigation, I'll ask them to review it and assign a worker, they come in and they're given free reign of the facility and they do their own investigation, we go by whatever results come out*".

Retaliation for Filing Complaints

Administrators were asked about whether or not the staff in their facility treat youth any different after they have filed a grievance.

One administrator stated "*I don't think so, I've never seen that. They may think that, but I've never seen it*". Another administrator admitted that even though it's not allowed, it probably happens. Another administrator stated "*At times, I do see that if a kid makes a grievance against a staff person sometimes that staff member will seem to be more harsh on them*". One administrator stated that complaints should be a learning experience for staff as well.

Data Collection and Management

Administrators were asked about the types of information that is kept regarding the youth in their care. They were also asked about the security of this information as well as what it is used for.

The majority of facilities store their records securely in locked file cabinets in secured rooms with limited access to information. One or two facilities do not have secure record storage for files. Several facilities do not have electronic data management, while others have special programs for managing records.

Types of data collected about the youth range from basic demographic to information about the family, medical history, or history in the system. Facility information is also collected, which would look at incident reports, use of force, and may be reported to funding agencies or superiors in the department. While administrators seem to collect a wide range of data, there is not a

coherent idea across facilities of what to do with it or how it can be used to develop the facility and its' programs. This topic may be something that the Silver State Juvenile Detention Association may want to address through training and funding.

One administrator stated "*All of the facilities in Nevada are using the MAYSI. The sole purpose of the MAYSI is to collect data so we can provide it to the legislature, to show them our needs when it comes to kids with mental health … They're gonna be stunned, when they see how many kids we have that have SED or some mental health issues. They're gonna be stunned, they're gonna be shocked what they see*".

Other information

At the conclusion of the interview staff were allowed to provide NICRP with any additional information that was not previously discussed. The information provided that could not easily be grouped into another category is listed or summarized in this section.

One administrator shared that they have a contract with the Bureau of Indian Affairs to hold up to five tribal youth. Another administrator shared that he is seeing more young adolescent offenders than he used to, more 14 and 15 year olds. Another facility in the north reported holding youth from Nye County because they can not be placed in the Clark County facility.

Successes
One staff shared that "*we've reduced our lock-up time, we've reduced our incidents, because they've demonstrated more flexibility, they used to lock-up every behavior they used to run it like a military camp, and we can't be doing that, we have got to re-think this. We have to treat them like kids who have had a difficult life*".

Another staff shared that they are implementing a high quality camera security system and improving their data collection and management software.

Another shared her pleasure at the foster grandparents program. She says "*usually their attendance [at the facility] is wonderful. They get a small stipend through the foster grandparent program, not much if anything, and then they get a meal here too, most of them are low income seniors so that's good for them. They'll tell you, it's a reason to get up in the morning*". One of the other things shared was the Christmas program that the youth put on for the "foster G's". She says "*at Christmas time I take a big donation out from staff and then I go to Costco and I buy all sorts of stuff, because Foster Grandparents is for low income seniors, and so we'll get buckets or whatever and the kids will actually put together these baskets and then we wrap them in cellophane, and the kids get together and they plan a Christmas program*". Apparently the success of this program has translated into one of the state correctional centers setting up their own foster grandparent program.

Challenges
One administrator mentioned the difficulties they have with the inappropriate placement of youth with mental health problems in the detention center because there are no community placements

for them. A proposed solution was to identify a full-time masters-level mental health person that could be shared among two or three of the rural detention centers in order to provide somewhat more comprehensive mental health care for the youth while they are waiting to find appropriate placements.

Another problem references was education in the small facilities, and having to combine the younger kids with the older kids. Not only is it a challenge to teach to many different grade levels, one administrator expressed concern with younger kids learning bad behaviors and attitudes from the older kids who have more experience.

Staff recruitment and retention are difficult in rural areas as well, and present a challenge to administrators managing staffing ratios.

Recommendations

One recommendation that administrators had was that academic credits earned in detention should be more easily transferable to a student's full-time record to facilitate graduation and academic achievement.

One administrator stated that he would like to see more efforts in Nevada for community supervision instead of detention.

One administrator recommended expanding services at the county camp level for girls and expanding the number of state placements for both boys and girls to reduce the time kids spend waiting in detention doing "dead time" while they wait for a bed to open up at the facility to which they've been sentenced. Another administrator commented on the dangers of these youth remaining in detention, because "*they create havoc, they're dangerous, they know its dead time, it doesn't matter, they have nothing to lose*". An outcropping of these discussions was the suggestion that there be a State assessment center where kids can go to complete comprehensive assessments needed before they can be transferred to state institutions.

One administrator stressed the need for bilingual probation officers and detention officers in the facilities.

Another administrator reported that they have a "red book" or communication log which allows staff to communicate across shifts and over days, where "all the non-major stuff" is written.

In discussing the hands-off policies that are becoming common in the detention centers, one administrator shared "*I think that kind of stuff, I think that's going the wrong way. I think kids need to know it's OK to touch appropriately*".

One administrator astutely shared that he does not "*think the average person, or the average politician has any idea what kinda kids are going to detention, they think these are all bad kids who need to be punished and slapped, they don't realize these are kids that have issues ... They're just like your kids, they need emotional support, they need physical support, they need to be cared for, they need to feel that, they need to know their life is important*".

Detention - Staff

Position Titles	**Education Levels**
Juvenile Probation Officer Residential Tech Youth Counselor Youth Advisor Detention Officer	High School Some College Bachelor's Degree
Total number of participants = 26 **Average years experience** = 14.2 years **Average Length of time in Facility** = 11.8 years	

Health

This section of the interview was designed to focus on physical exercise, nutrition, and medication.

Physical Exercise
Staff were asked to discuss whether or not they felt the policies and practices with regard to physical exercise were appropriate at the facility. Responses varied based on personal experiences.

Several staff mentioned that youth do get plenty of exercise, and that staff who are ex-athletes particularly enjoy getting the kids out for workouts. The standard amount of exercise shared was one hour of large muscle group activity per day, which could include running around, hitting a weight bag, playing basketball or football … "*whatever our P.E. equipment is at that time*". Other staff mentioned kickball, volleyball and calisthenics. Staff at one facility mentioned allowing youth to go to the park and swing on the swings and walk around. One staff mentioned working out indoors if they are able. Another staff member shared that at his or her facility, they have the one hour requirement broken into two half-hour increments, one of which is unstructured and the other which is structured and has mandatory participation requirements. At one facility, parents or guardians are required to sign a participation waiver to make sure their child is physically capable of participating in exercise activities.

Staff did state that they thought there should be more opportunities for outside recreation than they do currently, with one staff saying "*there are times when we are able to do it on a fairly regular basis, … but depending on your [staffing] pattern, it may not be possible for two, three, four consecutive days*" and another stating "*the more exercise the better*". Outside time is also up to the discretion of staff, in terms of their perceptions of safety and security. Some staff recommended the implementation of a formal physical fitness program at the facility, but

acknowledged that it would be based on adequate staff coverage. Many staff stated that difficulties in getting youth out for exercise, even their required P.E. class, depends on staffing ratios.

One staff stated that they are working on developing more structured outdoor activities that youth would be required to participate in, particularly the girls. Several staff mentioned the need to motivate the girls to participate outdoors to ensure their heart rates are raised. Weather was mentioned several times as a limiting factor to getting kids outside for recreation. A positive statement was made by one staff about the expectations for youth who play sports – he or she said "*it's amazing how athletic some of these kids are … as long as you provide that atmosphere that "we don't expect you to be the pro player" and you go out there and it's based on fun, it seems to help*".

Food

Staff were asked to discuss whether or not they felt the policies and practices with regard to nutrition were appropriate for the facility. Responses were varied. Overall, staff seemed to feel that youth are provided adequate nutrition and meals that meet requirements for a balanced diet, even that the food has been improved recently, however there were some specific critiques.

Several staff stated that sometimes they "*look at what they serve and don't think it's enough, or sometimes … that it's not the best quality*". Another staff stated "*hey, they're not incredibly tasty but they seem to always have vegetables*", and one staff shared "*I would like to see more vegetables, but a lot of the time vegetables are offered and they leave them on their plate anyway"*. One staff suggested that more variety in the food for the youth would be a good idea. Some staff mentioned the budgetary necessity for processed food stuffs, but felt that "it *can't be good*" for the kids as often as they get it, although facilities do seem to be trying to improve their menus. One staff mentioned food allergies being accommodated with peanut butter and jelly sandwiches, and that the cook or food manager is primarily responsible for managing the dietary needs of the youth. In addition, several staff mentioned that a nutritionist is providing oversight for their menus. At two different facilities, food is prepared at the adult jail nearby, and some staff felt that it was not nutritionally appropriate for youth.

Many staff stated that the portions were not enough, even though they were not looking for youth to be overweight, they wanted the kids to be filled up. Some staff critiqued the nutritional content of the food, stating that there should be less starches and fat in the foods prepared. Several staff mentioned providing snacks to supplement the small portions that youth receive. One staff stated that despite some dissatisfaction with the quality or portion size of the food, he or she felt that youth were not "doing without" or receiving an inadequate nutritional balance of food.

Medication

Staff were asked how medication administration is handled at their facility, and whether or not they feel it is properly administered to youth in their care. Staff responses addressed both the specific process of giving medication to a youth as well as the medication storage and preparation.

Staff reported that at some of the detention facilities, medication is handled by the nursing staff, and at other facilities, staff are responsible for administering medication. At one facility where staff administer medication, only staff supervisors are allowed to handle it. At the facilities where nursing staff are responsible for medication, one staff reported that some over the counter medication is stored on the unit, like eye drops, Tylenol or creams. Nurses at one facility bring medication to the units to dispense, and at another facility the youth go to the nursing station. Several staff shared that they know the medication is kept under lock and key in the nurse's area or in a locked medical cabinet. One staff stated that the nurse does not discuss youth's medications with any of the staff, only the youth, to ensure privacy. One staff at a facility where medication is administered by staff stated that they try and work very closely with the doctors with regard to any questions they may have about a youth's medication and any changes in medication.

The reported process for administering medication seems comparable whether the nurses administer the medication or staff. Staff stated that medication is placed in cups or envelopes which are given to youth, who puts the medication into their mouth, drinks water, coughs and shows their mouth to staff. Several staff stated that they assist the nurses in ensuring that youth swallows their medication as it is administered as well.

Several staff reported using medical logs or sheets to track medication administration when the medications are given by staff, and one staff reported that this is done because of liability. Medication sheets are often signed by staff and by youth. Some staff reported using them as well as a main log book to ensure checks and balances. Staff at one facility stated that when medication is brought into the facility they do not count the individual pills, but other facilities reported counting and logging pills as well as the medication bottle. Staff at one facility reported creating medication cards that have the prescription number, the doctor, the youth's name, details necessary for administration, and the number of pills in the bottle at intake. Those cards are then initialed by the staff and youth, with the date and time of administration each time a youth receives his medication. Staff at another facility report placing the youth's picture on his or her medication sheet as an additional safeguard against medication errors. Staff further reported creating different sheets for each medication that a youth takes.

One staff reported a problem with medication in that there is sometimes difficulty getting refills for prescriptions that run out. That staff stated that "*sometimes it's the parent's responsibility or the State's responsibility, and somebody drops the ball*". He or she went on to state that "*I have seen kids go for awhile without their medication who needed it to control their anger and stuff*". Another staff stated that while prescription medication is administered properly, he or she felt that over the counter pain relievers like Advil or Aleve were not, because there were times that this staff felt "that a kid may very well need it and not get it". Some staff reported that it is possible that youth can get their medication late when the staff or nurses get busy, but that "*I've never seen kids getting overdosed. If anything, they miss a dose, but that rarely happens*".

Several staff reported that there is a serious need for more nursing staff at these facilities covering different shifts, and staff at smaller facilities expressed their desire for trained nursing staff who could administer medication to reduce personal liability. Staff seemed to feel that they

had not been appropriately trained to administer medications and stated that they were uncomfortable doing so. Several staff requested that they be trained by a physician's assistant or nurse. At most facilities where medication is administered by staff, the staff who participated seemed to understand the responsibility they have taken on and report that they work very hard to be conscientious and reduce medication errors.

Safety

Staff were asked about general safety issues at the facility, such as overcrowding and self-harm issues, as well as whether or not they felt safe working at the facility. Overall, the majority of staff feel comfortable and safe working at their facilities, however the times when they report feeling unsafe have to do with situations of understaffing. One staff shared that "*some staff are more safety-conscious than others*", and another stated that "*as far as me I'm fine, but trying to keep the kids safe sometimes is a little hectic*". The most common statement was that they wished there were more staff available. One staff referenced having "psychotic juveniles" as something that can cause some fear for safety, or youth that are particularly tall or heavy who could outmaneuver a staff.

Overcrowding

Staff were asked how overcrowding at the facility was handled in an attempt to understand what happens in those situations. Several staff stated that overcrowding does not happen very often now, although it was a serious problem in the past at several facilities.

Some staff reported double-bunking in overcrowded situations and having to find extra mattresses, bedding and clothing. Another reported more fights, conflicts and disciplinary incidents. One staff stated that overcrowded conditions are "very disruptive", and another shared that there's more stress for staff and kids.

Many staff stated that the problems associated with overcrowding could be reduced if they were able to bring in more staff to work at that time.

Several staff referenced a "depopulation procedure" where youth are released as soon as possible to bring down the population and reduce the crowding. A staff member at one of the smaller facilities that houses youth from multiple counties stated that the depopulation procedures for a youth from another county must be approved and coordinated by staff from that county, which can be challenging. Staff at another smaller facility stated that they may try to send youth to another detention center if they have to in order to reduce their population. One staff mentioned having youth sleep in the dayroom on a bunk if there are no available beds. One staff suggested that they are working on several programs with community partners to identify ways to find youth who are in detention for lesser charges (like status offenses) community placements in order to reduce the potential for overcrowding.

Self-Harm

Staff were asked to discuss how incidents of self-harm were handled at their facility. The term "self-harm" was chosen due to the fact that NICRP did not wish to limit the discussion to suicide

only, since cutting and banging heads are common forms of self-harm and should be included. In general, there were a wide variety of incidents shared, but the process of responding seems fairly uniform across facilities. Several staff reported that all self-harm attempts are taken seriously and those youth are evaluated by a mental health professional.

Staff reported multiple mechanisms for self-harm. Incidents included: banging heads against the wall, running into the wall at full speed, punching the wall, jumping off bunk beds onto cement floors, carving on themselves with "*any type of contraband they can find, such as a broken spoon, broken fork, pencil*" or with fingernails, parts of small boxes, or pebbles, and attempted strangulation with sheets, shoelaces or sweatshirts. One staff even reported that a youth had once tried to drown himself in his toilet. Some staff reported more incidents with girls than boys, especially more cutting on their wrists and arms. Several staff reported different behaviors among boys and girls as well.

Staff at one facility stated that they rely on the in-house psychological services department to help out with self-harm situations, and smaller facilities have mental health personnel who are available to come in and do an assessment. In the event of any incident, one staff reported that they "*make a psych referral on the computer and would also call*". Codes are placed on the youth's computer record and the youth would then be treated differently until cleared by a psychological assessment. Supervisors and nursing staff are notified immediately. One staff from a smaller facility reported that they contact probation officers, parents and supervisors and work to find an appropriate facility to provide care. Staff reported taking sheets and blankets out of the room and increasing the frequency of checks to "every couple of minutes". Specific times mentioned for youth on suicide watch ranged from five to seven minutes. Youth may be given special clothing or special bedding as long as they are on suicide watch. Some staff reported that youth are placed in a special room which is called different things at different facilities for suicide watch. Another staff stated that they do not put suicidal youth in their rooms, that they keep them up and talk to them until they can be assessed. One staff related that they work together to decide whether or not to restrain the youth in the restraint chair for their own protection until they can be assessed or transferred to another facility.

One staff stated that "*after an assessment by our psych services staff, that attempt is seen as maybe a cry out for help, but not a legitimate attempt to kill themselves*". Another said they had had a lot of youth "cry wolf" but not very many serious attempts.

Overall, staff seem to understand the procedures for handling self-harm incidents in detention facilities, and to realize the seriousness of the topic.

Welfare

Education

Staff were asked to discuss whether the educational services provided to youth in the facility were adequate and appropriate. Responses varied widely, however the feelings were mixed among staff about whether youth were receiving adequate and appropriate educational services. Several staff felt the education was appropriate considering that it was occurring in detention.

Some particular challenges with this education in detention were highlighted and specific critiques were shared.

Staff seemed very aware that teachers are challenged in developing lesson plans and teaching class by the presence of many grade levels in one classroom. One staff mentioned illiterate youth and those who cannot do arithmetic, and stated "*how do you put a lesson plan together that's going to fit?*", and went on to further compliment the teachers for trying their best. Another staff brought up that due to the challenges of different levels in the classroom, teachers have youth who are intellectually unchallenged and more likely to get into trouble, and those youth who are not able to keep up require different work, and it causes a disrupted and less cohesive classroom environment. Some staff suggested that there be more special education opportunities provided, and one suggested that a teacher's aide might be very successful. Others suggested that grouping youth into two-year increments might make it easier for teachers. Another stated that there is such a high turnover rate in the detention environment that kids do not receive appropriate services, and further that there are high numbers of youth for which English is a second language and the education system in detention is not equipped to handle it.

Staff stated that youth usually go to school as a unit and staff remain in the classroom during school to control behavior. One staff shared that teachers are trained in how to assist staff in controlling a fight, but are not expected to join in. Another staff stated that at one school, the only activities are watching Schoolhouse Rock and other movies and completing handouts or worksheets. One staff stated that all the teacher does is "*pass out worksheets and read the newspaper*", and another shared that "*the problem is, he doesn't communicate and then when he does it's in a monotone*". One staff stated that "*Our teacher's specialty is history, and he does a lot of history. But he doesn't appear to be comfortable in other areas, where I think they need a lot more training, such as English, spelling, grammar*".

One staff mentioned that her facility had a computer program called Plato that is designed for individuals to completed work at their level and still make progress. Another stated that due to the high turnover rate, students cannot get credit for the time they spend being educated in detention because the program cannot show progress from point A to point B as you would in a regular high school. One staff reported that some youth are able to arrange for their probation officers to bring in homework, but that is not a regular occurrence. At one facility, staff reported that the classroom education is supplemented by programs that staff members put on for the youth, plus there is a drug and alcohol program that is integrated into the school curriculum.

Handling Misbehavior

In order to understand how staff deal with youth who are misbehaving, NICRP asked them to generally describe how they approach situations where youth are acting out. In general, most staff reported using versions of a formal graduated sanctions program.

Most staff said their first step was to address the behavior verbally, and possibly do a little counseling. At one facility, staff stated that "*90% of the time it's a verbal reprimand*". One staff reported that "*you pull them aside because if you do it in front of the kids it kind of humiliates them*". One staff reported that "*if you can't seem to counsel them correctly, you might call over*

another staff" to help. If that does not work, staff reported that it might be necessary to pull the youth away from the group and place him in his room for a time out. At one facility, staff reported that they encourage youth to choose that they would like to have some quiet time to calm down in their rooms rather than placing them there. For more severe behavior such as fighting, shoving or threatening they are placed in their rooms for longer periods of time. One staff reported that "*basically what we try to do is talk them down, if they continue, they get squat thrusts or go to the wall for five or 10 minutes at a time, and then we write them up*". Another staff reported that "*since I've been here I've only given one kid squat thrusts and he does them all the time so it's not like I'm picking on him*".

Other staff reported that with more severe behavior such as fighting there is the potential for being pepper-sprayed (CapStun), but only after staff have given youth the option to stop and then commanded them to stop. Staff reported using CapStun only in order to protect youth who are fighting from causing further harm to one another. Staff reported using handcuffs or the restraint chair only in situations where the youth is out of control or in danger of hurting himself or others. One staff stated that "*if it gets out of control, when a kid is trying to hurt another kid he will get cuffed to the bench and they know that*". Several staff reported that they are trained in both verbal and physical de-escalation techniques. One staff reported that "*anytime you put your hands on a kid you better have it written down*" because "*any injuries are the supervisor's fault*". Staff at one facility reported that administrative lockdown is also an option for managing potentially violent situations or potential escape situations.

One staff reported that handling misbehavior is "*a dignity and respect thing. Two of the words we use big time in there. It's not controlling the kid, its managing the kid. To me those are all positives. They give a perception of working with them rather than against them*". Another staff stated "*there's some kids with special needs that have a hard time with impulse and you try to do the same thing with everyone, but some of them you need to give a little bit more chances or try to work with them or maybe have them stand by you in line or something, try to work around it a little ways so you do not try to keep them all the same*.".

Consequences

In the discussion of how misbehavior is handled, NICRP learned a great deal about consequences for misbehavior and how they vary by facility. NICRP focused on this issue particularly to ensure that no rights were being denied as punishment. Essentially, facilities revoke privileges in many instances, and confine youth for violent behavior, but do not seem to be denying rights.

In addition, many facilities utilize a level or points system to manage behavior. Youth who display positive behaviors gain points that earn privileges, and youth who exhibit negative behaviors can have privileges revoked. Points are often docked for negative behaviors. Privileges that can be revoked include loss of movie privileges and loss of free recreation time, as well as not being able to have books or cards in their room. Generally, most staff report no permanent loss of rights, like letter-writing or visits, even though they may be temporarily limited for punishment.

Common consequences include: loss of privileges through points, room confinement for one hour, four hours, or 24 hours. One staff critiqued the system for being too subjective in terms of how long youth can be placed in their rooms, while another staff at the same facility stated that they are moving toward implementation of a new program that will assist staff in being more consistent in the application of discipline.

Policies & Procedures

In order to assess staff understanding of policies and procedures at their facility, NICRP asked about whether or not they had received an orientation when they were hired, whether they thought the policies and procedures gave them appropriate guidance about how to perform the duties of their jobs, whether or not they felt the policies and procedures were regularly followed by staff and administration, and whether or not they felt the policies and procedures were fair and appropriate for both staff and youth.

Orientation

All staff reported that they had received an orientation to their position in the facility, however responses varied on the mechanism for that orientation. Some staff reported that they worked different shifts and observed, then received reading material about the policies and procedures, and then *"that was it"*. Others reported receiving a county-level new employee orientation, and then having a meeting with the supervisor who "*briefly explained the policies and procedures and [the employee] was given a set of keys*". Several staff stated that there is a training checklist that they follow and it is signed off on by the employee and the person who trained him or her. At one facility, staff are required to attend the POST Academy which is a certification that has to be maintained annually. One staff reported that he or she was trained through "*films, sit down and talk, and classes*". Another staff reported a two-week training. One staff stated that "*we receive the policies and procedures binder. We go over it and we do review it periodically*" but went on to say that "*I do wish we had a little bit more*". At another facility, staff stated that "*this facility is a learn as you go type of thing, they don't just sit you down and train you. While you're here you're training the whole time*".

Guidance

When asked whether or not the policies and procedures give them appropriate guidance on how to perform the duties of their jobs, staff responded with mixed feelings. The majority of staff felt that the policies and procedures were appropriate guidance, while there were others who felt that they were more of a minimal guideline which contains a lot of gray areas, which have to be supplemented by experience and judgment. For some staff, they were interested in assistance from administration in the original interpretation and intent of the guidelines, while others recognized that they have to be intentionally vague. One staff expressed that if he or she has a question, it is always answered by administration which is helpful. Some felt that changes that have been made to the policies and procedures at some facilities are more restrictive of staff's ability to make judgments. Some staff felt they were too long, while another stated that he or she does not agree with many of the policies and procedures. Another staff stated that "*none of us are enforcing the rules the exact way because if we did we'd be nit-picking these kids on every tiny little thing*".

Regularly Followed
There were mixed reactions to the question about whether or not policies and procedures are regularly followed by staff and administration. In general, most staff seemed to feel that they are fairly closely followed. One staff was concerned that administration only follows policies and procedures when it is beneficial for them, however this concern only applied to policies relevant to staff and not to youth. Another staff felt that the day-to-day judgment calls that staff are required to make or atypical situations are not usually covered by the policies and procedures and that these are the areas in which staff differentiate in how they are handled. One staff suggested that policies and procedures that are not followed are possibly due to newer staff not knowing some of the set policies, and stated that she felt that most of those violations would be minor. Another staff stated that "*If you don't actually have black and white, you err on the side of caution and you do the best you can*". Policies that staff cited as being loosely followed included being tardy, the dress code, and telephone use - things that relate to staff, not to youth. One staff stated that "*some of the rules of course I don't agree with on our part, because I'm not a robot, I'm human*".

Fair and Appropriate
Nearly all staff interviewed stated that they feel the policies and procedures at their facility were fair and appropriate for youth and for staff. However, some criticisms were brought up by one or two staff. One stated that they were concerned that the gray areas could be cause for liability, and another staff stated that there is some difference in the way the "line staff and upper echelons" follow the same rules, and he felt that was not fair. Another stated that the policies and procedures are in transition because there had been a lot of changes lately, however given time to catch up to themselves, they would be fair and appropriate.

Complaints

Since complaints or grievances are a major focus of this project, NICRP decided to ask the staff if they feel that the youth in their facilities understand the grievance process and feel comfortable using it. For this project, the term "complaint" and "grievance" were used interchangeably by NICRP, and there may have been some misunderstanding based on which term was used.

Staff at most facilities reported a common process for filing grievances, and one or two staff reported that the grievance process has recently changed. Most of them stated that there were locked grievance boxes around the facility – actual locations for the boxes differed by facility – and youth are able to ask for a form, fill it out and place it in the box as needed. Administration is then responsible for checking the boxes on a regular basis and handling the complaints.

One staff stated that they do not give the youth the opportunity to file grievances if they are exhibiting risky behavior, stating "*if they're really angry and acting out, we're not going to hand somebody a sharp pencil. We're going to wait until they calm down*". This staff went on to say "*we're also not going to make a kid serve a 36 hour period of time in the room locked up and then at the end of 36 hours let them file a grievance and have it turn out that their grievance is valid*".

When asked if staff feel youth are aware of the grievance process, nearly all of them said they felt youth were aware of the appropriate process. Several staff stated that youth are provided a copy of their rights upon booking or during orientation, though they were "*not so sure every single detainee reads it*". One or two staff stated that they encourage youth to file grievances to bring issues to the attention of administration, and one staff said "*I just don't know why they don't use it more."*

Retaliation

Staff were also asked to judge how comfortable youth feel filing grievances without fear of retaliation. Some staff seemed to feel that youth were comfortable because they do file grievances. However, there were staff who were cautious about stating that kids are comfortable with it. One staff stated "*probably five, maybe ten percent of kids that come through here … will be a little timid and hesitant in filing one*", and several staff reiterated the feeling that "*a lot of them said they think it's not going to do any good*". One staff stated that understanding the process and feeling comfortable with it is "*a staff training issue, but it's also a kid training issue*". Some staff stated that they themselves feel more comfortable with the grievance process now that there are locked boxes that the grievances go into and they are no longer turned in to staff. Another staff stated that youth sometimes ask for help filling out the grievance form because of low literacy levels, which may cause problems with fearing retaliation.

Response

Staff were further asked to share whether or not they felt that the facility administration does a good job following up on complaints that are filed. The general feeling is that the administration does handle them well, takes them seriously, and addresses them fairly despite some delays. Some staff mentioned that it is a good thing to have administration come talk to the youth about their grievances and provide information back to them about the resolution. Several staff stated that they are generally unaware of the process because it often does not involve them – one staff stated "*most of them are peer-to-peer complaints and that's not something that the grievance process addresses*" while another staff qualified that "*we're not aware of it because everything is somewhat confidential in that … it's dealt with, but we don't know time and manner*". Another staff stated that "*there were times when [his or her administration] could have come back a lot more and at least acknowledge the fact that [they] have it and are reviewing it*", but they felt the process has improved recently. At one facility youth are provided with a written response to their grievances, which staff view positively.

Concerns

Staff were offered the opportunity towards the end of the interview to express any concerns they had about the facility to NICRP.

Concerns included: a lack of resources for youth once they are released from the facility that would reduce recidivism, a reliance on part-time staff who do not have the same level of training and experience as full-time staff, a shortage of staff in general, concerns about the perceived lack of understanding about the serious gang problem that staff are dealing with, difficulties

transitioning to new policies and procedures and frustration at feeling more restricted, an interest in increasing the ethnic diversity of the staff to match the ethnic diversity of the youth, difficulty with a lack of bilingual English-Spanish staff, an increased focus on developing youth literacy and reducing the stigma of low literacy, the lack of adequate nursing staff and difficulties with coverage, a need for OB/GYN services for the pregnant girls who are detained, a concern for staff burnout and stress levels, a concern about women from the city jail working in the kitchen who may not have health cards, an expressed need for more facilities for girls, developing a treatment focus and not a punishment focus in detention, a need for training in child development, a concern about foul language being used by staff when addressing youth, a concern about staff liability for medication and the request for more trained nurses, the length of time kids are left in detention waiting for placement that does not count toward sentencing.

Other

At the end of the interview, staff were asked if there is anything else they would like to share about the facility or how youth are treated there. As expected, there was a wide variety of responses received.

Staff shared that young children who come into the facility should be and are held accountable for their offenses, but that it must be understood that they have most likely been victimized and are modeling the poor behavior of others.

Another staff at a large facility shared that a youth advocate position whose job would be to solely deal with grievances would be beneficial.

Staff reiterated the need for more staff and a bigger budget. Other staff suggested an oversight board to "monitor extensively" the juvenile detention centers, even an internal one would be a good start. Staff requested training on caring for medically fragile youth as well.

Staff suggested gender-specific programming be implemented as well.

One staff suggested that lenient discipline was more of a problem than harsh discipline.

Staff also reiterated the difficulties in working with detainees with mental health problems, from behavior to medication, and suggested there needs to be a better process to get them into the best environment possible.

Another staff recommended the foster grandparent program as a positive tool for youth and for the facility.

Detention - Youth

Demographics for Detention Youth Included in this Study

Total Interviews for Detention Youth N=53
Length of Interview – 10 – 20 minutes

Males = 41
Females = 12
Age: Range 13-19 years
Average Age = 15.9 years
Length of time in the facility:
Range = 1 day to 6 months
Average = 1.3 months

Race/Ethnicity	
White – Non-Hispanic	34.0%
Black Non-Hispanic	20.8%
Hispanic	20.8%
Native American	3.8%
Other	3.8%
Mixed	17.0%

Ever used drugs or alcohol?
Yes = 83.0%

Ever been diagnosed with a mental health disorder?
Yes = 28.3%
Diagnoses included: ADD, ADHD, Bipolar Disorder, Depression, Obsessive Compulsive Disorder, PTSD, or a combination of these.

Receiving Substance Abuse Treatment in the Facility?
Yes = 17%

Receiving Mental Health Treatment in the facility?
Yes = 8.3%

Ever filed a grievance at this facility?
Yes = 17%%

Ever been in another facility in Nevada?
Yes = 41.5%
Facilities included: county detention facilities, other correctional facilities, and mental health and substance abuse treatment centers.

Health

For detention youth, there were some general health issues raised that did not easily fit into one of the categories below, as they were raised in general discussion following the health-related questions in the interview. First, one youth stated that the blankets she was given at intake were unsanitary and had not been washed, only sprayed with disinfectant, and had hairs from a previous user on it. Further, youth stated that socks received have holes in them, and one female complained that since girls are assigned underwear belonging to the detention facility, sometimes they get underwear with menstrual stains on them, despite them being clean and bleached. There were also statements about holes in the boys underwear and shirts. Suggestions were made that

the facility periodically replace clothing that is worn out. Another youth reported that the mattresses at one facility were *"little thin mattresses and it feels like we're sleeping on concrete"*. Another youth alleged that in a particular unit at one facility youth are not allowed to have a pillow or pillowcase. At another facility, a youth requested that the rooms be renovated, because *"they are nasty"*, stating that they should be repainted and the lights should be changed.

Food

In this section youth were asked about what they thought of the food served at the facility, whether they got enough to eat and whether they had any choice in the types of food they ate. The youth were also asked about some examples of typical meals in the facility. Responses were varied. Overall, youth agreed that the food was OK. Some youth stated that sometimes it's good, sometimes it's nasty, it just depends on what they cook, however, some youth reported enjoying the food.

Youth in detention seem to be getting three meals a day, and snacks are provided to supplement meals in some facilities. Some facilities provide one snack per day and others provide more than one. Descriptions of the kinds of snacks demonstrate that healthy snacks are being provided, such as peanuts, fruit and crackers. Most youth reported receiving fruit, vegetables and salad at almost every meal, which suggests that the nutritional guidelines are being followed by facilities. In addition, the types of food mentioned included chicken, tuna and hamburgers, Sloppy Joes, hot dogs, sandwiches, macaroni, pizza, rolls, casseroles, burritos, cereals, pancakes, and waffles. One youth reported finding "*hair and weird objects*" in the food "*all the time*". One youth reported sour milk, one reported food that was not fresh, and another reported receiving cold food.

Youth were specifically asked if they get enough to eat. Many youth reported that the portions are not enough to fill them up and they are often hungry. One youth stated "*Maybe I just eat a lot, but everybody says it doesn't fill you up*." The majority of youth stated that they would like to get larger portions, and several reported that they are unable to go back for seconds if they are still hungry. One youth reported that "*breakfast and dinner are the two meals that we don't get that much*". Another youth wisely noted that the portions are enough "*not to fill us but provide us with the energy we need to make it through the day*". Youth at two out of the seven facilities reported getting enough food, having seconds available, and a salad bar available to supplement the meal tray provided. Overall the general feeling is that not enough food is provided at mealtime despite the availability of snacks, and requests were made for larger portions. The concern is that these youth are growing and may be dealing with health problems. All facilities appear to be providing balanced meals, but may want to consider increasing the portions to combat hunger.

Several youth reported difficulties in receiving accommodations for a special diet. One vegetarian reported losing 20 pounds since he/she had arrived because the facility had difficulty accommodating his/her requests for more vegetables and fruit, and another youth reported that a fellow detainee who was lactose intolerant was often unable to eat the meal provided. In terms of food allergies, one youth reported his/her allergy as unknown to staff and when reported, staff

did not respond to solve the problem. Often, youth reported that the only option if you have food allergies is a peanut butter sandwich.

The majority of youth reported no choice in the foods provided. Several youth suggested that facilities should provide options at mealtime – one youth stated "*they only serve you one thing and if you don't like it, oh well*", and another stated "*what they serve is what you get or you don't eat it.*" The prevailing attitude about choice in foods can be summed up by one youth's statement, "*it's alright, ain't the best, but it's food.*"

Physical Activity

Youth were asked if they participated in any physical activities or sports while in the facility. Most reported playing basketball and football, with others reporting kickball, soccer, volleyball, baseball, and boxing. One respondent shared that they are able to do Tae-Bo inside some days, and another mentioned weight-lifting when staff are able.

Youth reported differences between Physical Education classes (P.E.) which are generally a short period for approximately a half-hour to 90 minutes on a daily basis while youth are in school, and recreation time, which is less structured time and may occur less frequently due to staffing issues. Recreation time is mentioned as lasting between 30 minutes to an hour. One youth reported occasionally having PE inside and watching movies. P.E. activities include jumping jacks, stretching, sit-ups and push-ups. Depending on the weather, physical activities are either conducted outside or in the gym.

Several of the youth discussed restricted status where they are not allowed to participate in the scheduled physical activities due to injury, other medical problems like asthma, behavior problems, or pregnancy, for example. Youth at one facility reported needing a parental waiver to be signed in order to participate in physical activities. One youth reported that boys go out for physical activity more than girls because girls must complete chores.

Overall, it seems that youth in detention are provided with a variety of physical activities to participate in, and that most youth with the exception of those who are on a restricted status are able to participate and do so regularly.

Frequency of Being Outdoors

Overall, it appears that youth are able to be outdoors almost every day. Responses to this question varied greatly from "*never*" to "*every other day*" to "*every day*". One youth reported being out three times a day in summer, though in winter they are not able to go out as much. P.E. classes are generally conducted outside, weather permitting, on a daily basis. Outdoor recreation time on the weekends when school is not in session depends on staffing. Some youth report not getting outside at all on weekends and during times when school is not in session. Some youth report recreation activities happening indoors in special circumstances.

The most often repeated statement in this category is that time outside is restricted for staffing reasons. If there are not enough staff available to take kids outside so that all are adequately supervised, they are not able to go. One might expect that this problem was more common in

smaller facilities, but it was mentioned equally in all detention facilities. Youth report that staff try to get them out as much as possible, but due to the fact that staff are required to supervise anyone left inside on restricted status, there is not necessarily enough time to take the youth out for recreation.

In general, youth seemed satisfied with the amount of time they get outdoors, however some specifically requested to be outdoors more and to be allowed to talk to each other more when they're outside.

Visits to a Doctor or Nurse

Youth were asked whether they had seen a medical doctor or nurse since they had been in detention and whether or not they had ever asked to see the doctor or nurse and been told that they could not. More than half of the participants reported seeing medical personnel during their time in detention. Youth in smaller facilities were less likely to report that they had seen a nurse or physician's assistant (P.A.). For sick call, youth reported filling out a slip requesting an appointment, and seeing the nurse or P.A. within a day or two. Nurses and P.A.'s are able to prescribe some medications which are filled either by the parents or for the facility, and they are able to place youth on bed rest. Nursing staff are also able to refer youth to medical care outside the facility.

Several reported that they were sent to see the nurse after being booked, and some received shots or a tuberculosis test. One youth reported seeing nursing staff for an ankle injury and another reported seeing her for an ear infection. One youth was supposed to receive a pregnancy test, and another had blood drawn. This youth was bruised during the blood draw due to problems with the needle. One youth saw a dentist, and another was transported to see their orthodontist.

One youth suggested that "*some of the kids in here just wanna see the nurse to get out of school so they'll make up some reason*", and it's always the same people. This youth seemed to feel that they are rarely told by staff that they cannot see the medical personnel. No youth reported being denied the opportunity to see the nurse. One youth reported that staff sometimes put you in your room on lockdown if you are sick and wait a while before they call the nurse, stating that the youth should just lay on their bed and rest. If the youth continues to feel ill, they will have the nurse come. One youth reported that you cannot ask the nurse for aspirin or see the nurse for anything because they will restrict physical activity through sports restriction automatically.

Medication

Youth were asked if they were taking medication at the facility and if they were, how their medication was provided to them. Due to the variation in staffing at different facilities, answers varied greatly. More than half of youth reported taking no medication at the facility. At one facility, it is the exclusive duty of the nurse to provide medication to youth who need it, and she completes rounds four times a day. At other facilities, medication is administered by staff. Youth receiving medication report that the nurse comes to them at mealtimes and supervises them as they take it with water so they do not cheek it. Sometimes youth report going to the nurses' office to receive their medication. One youth reported getting a prescription for medication from

a hospital which the facility filled for him/her, and others referenced parents or probation officers filling prescriptions for them.

Several youth reported that the only medication they had taken was over the counter, non-prescription medicine like ibuprofen, and indirectly shared that staff monitor and log how often youth are able to receive over the counter medication with this statement: "*But you can only have it, like, certain hours. Like you can't have two, like you can't have ibuprofen twice in a row in less than an hour. You have to wait a certain amount of time before you can have more*". In general, it appears that over the counter medication is handled by staff.

Some youth reported delays in receiving their medication, however the delay was attributed to the large number of people getting medication. One youth reported that he/she was supposed to be on Ritalin, but was not receiving it. One youth was given medication that he/she did not know what it was, saying "*I don't know what it was called, she gave me something in a cup and I took it*". This youth stated that the nurse probably tried to tell him what it was, but he does not remember.

Mental Health

Youth were asked if they had ever been diagnosed with a mental health disorder, and the majority said they had not. For those who responded that they had a diagnosis, they were asked to share what the diagnosis was and whether or not they were receiving treatment for it. The most common diagnosis was Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder (ADD/ADHD).

One youth stated that he was supposed to be taking Ritalin for his ADD, but he was not receiving it at the facility, and further stated that "*no one wants to counsel me*". One youth reported that "*I had a psychologist come, but that was standard that she come and see me. I haven't received treatment here*".

One resident stated that she was diagnosed with bipolar disorder, and shared that she had "*been in and out of mental facilities and psychiatrics and jail since [she] was 12*". Her feeling was that she was not receiving the same level of mental health treatment at the detention center and that some of the structures in place at the facility interfered with her ability to work on illness management activities such as journaling as she had been taught at a psychiatric hospital. Another youth who did not state that he had severe psychiatric diagnoses and demonstrated disordered thinking during the interview.

One youth stated that he/she had been diagnosed with Obsessive Compulsive Disorder (OCD), bipolar disorder, ADD/ADHD, and Post-Traumatic Stress Disorder (PTSD). These are very serious psychiatric disorders, and when asked about treatment, the youth responded "*No, they don't do counseling…. But if we need to talk to somebody we mention that to staff and staff will bring us out and we can sit and talk.*" It is unclear whether this youth means that staff will do the counseling, or whether they will contact a mental health counselor to talk to the youth. However, unless staff are trained in counseling psychology, this may be a concern when youth suffer from disorders as serious as these, not only for the youth who should receive appropriate

treatment but as a potential liability for the facility. Overall, however, the majority of youth did not report having a mental health problem or requiring treatment or medication.

Safety

Personal Safety

Youth were asked the simple question of whether or not they felt safe at this facility in order to gauge the environment of the facility. Responses were varied, however most youth reported that they do feel safe. Some issues were raised however. One youth stated that she had experienced verbal altercations with other girls in the facility, while another stated that he/she simply feels uncomfortable in the locked-down environment of detention, though he/she does not feel afraid of getting hurt or getting in a fight. One youth reported feeling that he has to "*watch every move in any other kid*" to feel safe. One youth reported getting into a physical fight in the school classroom when staff were out of the room, stating that youth are always trying to "*pump [him] for stuff, trying to take [his] stuff*". He further stated that staff make him feel safe. One youth reported that there are times when big kids pick on little kids, saying "*you're always going to have the little ones come in and the people that are here, you know, they're going to degrade them or something like that. That's normal, stuff like that*". This is a concern because an environment where teasing and degradation are "normal" should not be acceptable to the facility.

One youth reported that the facility was "*just not a safe place to be*". When probed for more information, he/she responded that "*there's some weird people in here. Some whacked out kids that staff really don't pay attention to and don't notice how they are. And some of them … you would never want to be in a room with them or anything like that*". Another youth stated that there had only been "*a few times when kids have gone crazy, but … they'll put us in our rooms where we are safe*". Several youth reported that the single cell rooms at the facility improve their feeling of safety. In addition, one youth reported that having multiple wings helps to reduce conflicts between youth simply because youth having problems can be separated before the problem gets worse.

One youth stated that if there are problems with other kids, for example if another youth was teasing, they feel comfortable pulling staff aside and telling them what's happening, and staff will stop it. Another youth stated that more staff attention to youth behavior would make their environment feel safer, and another youth suggested that having more staff on duty would solve some of the interpersonal problems between kids that are making youth feel unsafe.

One youth reported that he feels safe because "*if I wasn't here right now, I'd be dead*", and another stated that it's "*more safe than living out on the streets*". Another youth stated that "*I like it because …it kept me off the street from doing drugs and doing all those bad things*", which demonstrates that detention for some youth can feel protective and safe, balancing out others who do not feel safe.

Overall, it appears that youth feel safe in the detention facilities. Concerns about safety were expressed in terms of other youth, and clear statements were made about staff keeping them safe. It appears that staff must be extra vigilant about youth-on-youth problems in order to reduce the

feelings of being unsafe. The reference to residents with mental health problems is also a concern, as there may need to be attention paid to their behavior and how it affects other youth, even if it is not reported.

Welfare

School

Youth were asked about whether or not they attended school while they were in detention, and whether they thought the lessons were easy, just right, or hard. Often, they were prompted for more information about their perceptions of the education system. Responses were varied. All youth reported attending school while they were there.

Some youth reported attending adult education classes, and one youth stated that there was no adult education provided for girls, only for boys, and she seemed upset that she was not receiving credit for school, as she had wanted to get her diploma by now. Some youth reported receiving credit for the work completed in detention, and others were frustrated that they were not receiving credit. One youth said "*I was on the honor roll and stuff like that before I came here, and now that I'm here, like, I'm getting behind on my credits because my credits aren't counting here. So I'd like to see our credits actually counting.*"

At one facility, youth get credits after attending school for 15 days. The school day is seven 30-minute classes long. Youth generally reported that most of the teachers were helpful in the learning process, though some teacher get frustrated and yell at the youth for small things. Some youth reported feeling that the teachers do not care and do not put in the effort for the youth to learn.

Perceptions of the level of difficulty of the work were varied. Most youth stated that it was easy, some stated that it was just right, while others found it challenging and reported learning new information and that "*it keeps me thinking*". Some youth reported that some work is harder, some is easier. One youth reported doing worksheets only during class. Several youth were unhappy with the curriculum offered because it consists mostly of videos, worksheets, and problems where the answers are in the back of the book. One youth who had been in detention for some time reported that she helps with grading the work, and feels frustrated that students are not more challenged in school. In addition, other youth stated that the curriculum is repeated over and over. While there are challenges in conducting class for youth with short turnaround times, there must be an effort put in by teachers to challenge the students.

One youth reported learning a lot of things at the detention's school that he had previously missed at his regular school. Another youth was so enthusiastic about the school that he reported wanting to come back to this school even after he has been released, and another youth who has a GED stated that he goes to school "*because it's interesting*". One youth stated that he learns a lot in here, more than he did on the outside.

One youth reported being told to "*sit there until it's done*" by teachers, even though he did not understand, and further said that he was locked in his room for not doing it. Another youth stated

that school is perceived by the kids as a way to get out of their rooms, not as anything they really pay attention to. One Spanish-speaking youth observed that there were no teachers that spoke Spanish, though he did not think that having a bilingual teacher would help him.

Several youth recommended being separated into distinct grade levels so that each student is on the same level as the others. Other youth recommended having more one-on-one time between teachers and students to help the learning process.

Drugs or Alcohol

Youth were asked to share with interviewers whether or not they had ever used illegal drugs or alcohol (at any time in their lives). Over three quarters of the participants responded that they had used drugs or alcohol, and less than 20% reported receiving treatment in detention for substance abuse. In the short-term environment of the detention center, it is understood that it is difficult to present cohesive programs to the residents. However, based on the numbers of youth who have experience using drugs or alcohol, focusing on substance abuse education is a necessity.

Several youth reported that they would like to receive treatment or counseling for their substance abuse, stating that they felt it would help them to have it, while other youth reported that substance abuse counseling would not be helpful for them. Feelings on this issue were mixed. Some felt that substance use is an individual choice and that counseling would not help. Others suggested that some youth would use substance abuse counseling merely as an excuse to get out of their rooms for a while and would not take it seriously. A small number of youth reported that they were receiving or were going to be receiving substance abuse treatment "on the outs".

For those youth who stated that they were receiving treatment or counseling, several of them stated that it was informal discussions with staff. In those instances, youth stated that "*it's not like they're just gonna start asking if you want it, you have to ask for it if you want to talk about it.*" Other youth reported a "drug class", which appears to be positively received by residents for content and delivery mechanism. According to one participant, "*the good thing is that [the teacher] doesn't tell us not to use it or to use it, he just tells us the effects, like what can happen to you, … the consequences of the drug.*" In addition, one or two youth mentioned that the facility offers Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) groups.

Overall, the impression left by these questions is that there is a great need for substance abuse education and counseling at these facilities, and a great interest from the youth in having it. In places where more formal treatment is offered, it is well received. Facilities should consider developing and offering a short-term education program about substance abuse that focuses on outcomes and consequences.

Misbehavior

Youth were also asked to share experiences with "getting in trouble", punishment, and restraints. For those who had been in trouble, they were asked whether or not they felt they were treated fairly by staff.

Youth reported a wide variety of behaviors which could get residents in trouble. For example, they shared things like: talking or whistling when you're not supposed to, trading food, having contraband in the room (in this youth's case, it was magazines), arguing with or pushing peers, yelling gang signs, hugging her boyfriend, cussing at staff, touching staff.

The most common form of punishment is revoking privileges. Examples included getting points docked, not being allowed outside for recreation or to watch the movie, being required to eat lunch in their rooms, getting an early bedtime, or having their phone call or visit taken away. Lock down in youth's room was another common punishment, and the amount of time the youth is in the room varies from one hour to 24 hours based on the severity of rule violation. One youth reported being on lockdown for seven days for fighting. At one facility, youth on room restriction have mattresses and bedding taken away except for one blanket. Gang activity is taken very seriously, and appears to result in an automatic lockdown. Youth appear to understand the Incident Report (IR) process and know that the reports are reviewed by supervisors.

One youth reported that "*kids talk a lot of crap here … to the staff and to each other*" which is a bad thing because it starts fights and punishment for fights is 24 hour lockdown. Another youth reported that punishments are not evenly applied to every youth who violates the same rule.

According to participants, restraints are rarely used. One youth reported being placed in the chair for trying to touch staff, though in context of another youth's report that he had seen a resident be restrained for trying to hit staff, it suggests that the youth might have been underestimating the severity of the "touching". The youth who saw the resident be restrained felt it was justified. One youth returned from the cafeteria in handcuffs one time, though he did not say why. Another youth reported being restrained because he was hitting his head on things. He reported having a helmet placed on his head in addition to being put in the chair. At the time, he said it made him madder, but now that he looks back, he realizes it was for his own protection and felt that he probably would have hurt himself if they had not restrained him. Another youth shared that he was strapped to a bed immediately after intake because he was intoxicated, and he stated "*I was pretty out of hand, that's their job*".

One youth reported feeling that staff "power trip" sometimes. One youth reported that punishments are inconsistent when they occur around shift change, since communication between staff about the punishment is not thorough enough. Another youth reported problems with fellow female residents telling on them for something which she feels is not fair because the youth who told staff usually does not try to resolve the issue before telling staff, and staff do not investigate thoroughly enough to determine guilt or innocence. While some youth feel their punishments were not fair, the overall feeling among youth who have been punished is that they were treated fairly for the behavior they were exhibiting.

Comfortable Talking to Someone

In an effort to understand isolation levels, youth were asked whether or not there was someone at the facility that they felt comfortable talking to if they had any problems. In general youth identified one or two staff members that they felt comfortable talking to. Some youth stated that they do not talk to staff. At one facility, one or two youth stated that the swing shift staff are

mean. According to one youth at a smaller facility, "*everybody's got a favorite staff, everybody's got somebody they can talk to*".

Civil & Other Rights

Complaints

Youth were asked about whether or not they had ever filed a grievance at this facility in order to understand how the grievance process was being used and to understand reasons for not filing grievances. Only 17% of youth had filed a grievance at the facility they were at. If they had not filed a grievance, youth were also asked why they did not file one and if they had any particular fears associated with filing a grievance.

Youth who had filed complaints were asked how they filed them, and many youth stated that they had put them in the grievance boxes, though some understood a verbal complaint to staff as a formal complaint. Youth were also asked if they had received a response from administration, and many said they had not. However, some reported a response within two or three days. Youth reported complaining about food, punishments, lack of follow-through by staff, staff docking token economy points, and negative staff interactions with youth, among others.

When asked whether they knew how to file a complaint, most youth said they did know how. One stated "*I would fill out the grievance thing and if that didn't work I would find somebody*". One or two youth stated that they did not know how to file a complaint.

When asked reasons why they did not file complaints, one youth responded "*I just didn't because I didn't think anything would be done about it*". Another youth stated "*the grievances don't usually work, that's why I've never really done anything*". Her explanations for "*don't really work*" centered on adults being believed over youth and staff fighting the grievance. Despite the fact that most youth report having no fears about filing a grievance, several youth did report having fears about filing complaints, many of which centered around staff "*finding out*" that they had filed one. One youth stated "*if staff gets a grievance and they find out you wrote it, they have a tendency to treat you differently*", and another youth said "*I wouldn't want to tell on staff 'cause that would just make my stay here harder, cause they know I told on them*". This youth went on to say "*I stay away from it, yeah, I stay away from it*". Another youth stated that "*some of the staff do try and hold it over your head, like if you file a grievance, they'll keep you in your room longer*". One youth explained that after another resident had written a grievance, they "*had a little meeting and we got told if you don't like the rules here stay out of jail, so we don't try any more*". This statement exhibits a concerning attitude, however it is unclear who made the statement and why. One staff in a small facility reported that he would not file a complaint against one of the staff because he knows her "on the outs" and fears that she would treat him differently in the facility.

However, to balance the potential negative statements found in this section, several youth reported not filing grievances because staff treat them fairly and they have not needed to grieve anything. In order to qualify grievances that are filed, one youth reported that some kids who

have problems with staff "make up stuff about them and tell on them" using the grievance system.

While NICRP staff used the words "complaint" and "grievance" interchangeably during this project period, there appears to be a different understanding of the word depending on what facility the youth is in. This may have caused confusion for the interviewees and presents a limitation in the information collected.

Unequal Treatment

The question asking if youth had ever experienced unfair treatment during their time at the detention facility was added partway through the site visit process and so there are fewer answers to this question than there might be. Unfair treatment was defined as anything that the youth perceived as unfair, and answers ranged from favoritism to perceived discrimination. Some residents seemed not to understand the questions, and referenced the level system (where privileges are earned based on the level and points accrued for good behavior) as unequal.

Favoritism or unequal access to privileges was the most common report. One youth reported that at his facility "*there's favorites here like every other place, staff always has favorites*". Another youth reported that staff skip him when it comes to allowing residents out of their rooms, and they do not listen when he protests. Some youth referenced kids who "snitch" get treated better than their peers and receive extra privileges for that behavior. Several youth felt that "*other kids get away with stuff*" when they do not.

One youth reported being forced to go to Christian religious programs offered in the facility that were offered while she identifies herself as a Pagan. A Wiccan youth at a different facility shared that a staff member denied her the opportunity to have one of her religious books brought into the facility for her, with the staff stating that it was Satanism. At another facility, one youth stated that there was a staff member who "w*as teasing [other kids] a lot - he would go pretty far, such as homosexuality, religion things like that*." That youth filed a grievance because other kids who were being teased were getting upset, and she stated that the facility handled the complaint and that staff no longer teases the same way.

Many youth report that they have not experienced or seen unequal treatment among the youth at their facility, and that staff are fair in how they treat youth. These youth often state you're your treatment by staff depends on your behavior.

Communication Outside the Facility

Youth were asked several questions about communicating with the outside world. They were asked about whether they were allowed phone calls and visits, and how those processes worked at their facility.

Overall youth report that they are allowed to write letters, make and receive phone calls and have visits. Based on facility, the amount of time allowed and the specific days or times or locations when calls and visits are allowed varied. Some youth reported that they did not have either calls

or visits, but qualified these statements by stating that they had no one to call or who would come, so it was not a denial of rights by the facility.

Common policies across facilities included: phone calls are only allowed to be made to parents or guardians, not friends, and letters are not to be written to or received from people in other detention facilities, or on probation and parole. In some cases, siblings are not allowed in the facility for visits. For phone calls, youth reported that the staff often dial the phone for them. Mail is generally monitored by staff, and phone lists are generally approved by the youth's caseworker or probation officer.

Several youth reported wishing they were able to communicate more often with family, while others wished for more contact with friends. Youth also reported that phone calls are sometimes considered a privilege and can be taken away for punishment. One youth reported that phone calls are taped for monitoring purposes. Another youth reported that after visits, each youth is strip-searched and sent back to his or her room. Another problem reported involves parents who do not have a house phone or who cannot accept collect calls on cell phones, which causes problems with the phone calls from the facility. One youth reported that staff forgot to give him his phone call.

Other Issues

There were three issues raised by youth during the interview process that did not easily fit into one of the categories above. These comments are summarized below.

One youth shared his feelings about the purpose of detention, saying that he felt "*there needs to be more of an emphasis on treatment and getting help instead of punishment. Because some people, they're starting to see kids as bad and I know for a fact no kids are bad, it's just things that we go through and things we've done that have gotten us here*". This youth is expressing a need to return to the original focus of the juvenile justice situation, which is rehabilitation. In a similar idea, another youth stated "*There's a couple of staff that look at us like we're nothing but delinquents. I'm a good kid, I really am, like I look at them and they treat me like I'm crap. I just look at them like, you don't even know who I am. … some of them just need to wake up and realize we're people too.*"

When asked about kids picking on each other, one youth explained "*like they always tell us, you know, we're the worst of the worst of the kids in [location], so you're always going to have the little ones come in and the people that are here, you know, they're going to degrade them or something like that. That's normal, stuff like that*." What is difficult about this quote is that the youth is being told that they (the kids in detention) are the worst of the worst, and that he feels that degradation and teasing is normal.

Two co-ed facilities have gender-specific programs designed for girls, which were received very positively by residents.

Treatment Facilities – Administrators

Position Titles	Education Levels
Clinical Program Manager I	Bachelor's Degree
Executive Director	Some graduate courses
CEO	Master's Degree
Data Coordinator/Substance Abuse Counselor	Doctoral Degree
Director of Clinical Services/Director of Nursing	
Director of Nursing	
Clinical Program Manager II	
Quality Assurance Specialist	
Executive Director	

Total number of participants = 10

Average number of years experience = 19.1 years

Average number of years working in the facility = 5.9 years

As part of the site visits, administrators were interviewed at all facilities included in the study. An administrator was someone who is in an upper management position at the facility. If the administrator was unavailable for an interview on the day of the site visit, NICRP interviewed the person who was designated for us on that day. Additionally, some interviews were conducted with more than one person, as some administrators chose to include their "second in command" in the interview. All administrators were asked the same set of questions. These questions were designed to better understand the purpose, function, policies and daily operation of their facility. Administrators were also given the opportunity to provide NICRP with feedback on any aspect of their facility that was not already asked about. Interviews with administrators lasted between one and two hours.

Health

Administrators were asked about various issues that affect the heath of the youth in their care. These questions included facility policy and practice regarding medication administration and storage, menu development and food preparation, as well as the facility's policy on exercise for the youth.

Medical Care

Administrators were specifically asked about who administers medication, how medication is tracked and logged, and where medication is stored. Many of the facilities included in this section are considered psychiatric hospitals and not simply treatment centers, therefore they follow a set of strict regulations on medication administration and storage that are often imposed

by licensing agencies such as Tri Care and JCAHO. For most of the facilities, only registered nurses are allowed to administer medication to patients. Most administrators reported that only an RN or LPN is allowed to dispense medication. This is especially true for the hospitals, given that their medication administration policies are regulated by various licensing agencies. One administrator specifically noted that the facility has two or three nurses on staff at all times, and one of those nurses is designated to administer medication during that shift. Only three of the facilities included in this section reported that they allowed staff to administer medication. One administrator reported that they do have a nurse on staff during waking hours, but no nurse on staff during the graveyard shift. The other two do not have nurses on staff at all, and medication is administered by staff who have been trained in medication administration. One of these administrators specifically noted that the facility is very careful about medication, and only accept medications that have been prescribed to the child, and it must be clearly labeled with all the pertinent information including administration instructions.

As far as storages of medication is concerned, all facilities reported that they store medication in a locked secured area. Many reported that they have a locked medication room that is often located near the nurse's station. Others stated that they have a pharmacy on-site where all medications are stored and dispensed. The facilities without nursing staff reported storing medications in a locked cabinet that only certain staff have access to. Facilities also noted that any narcotics are stored behind two locks for extra security.

All facilities seem to be very cautious in the tracking of medication administration. All treatment center administrators included in this study reported the use of a medication administration record or MAR. This record contains information about the child as well as the prescribed medication and indications for administration. The record is used to track the medication, as far as when it was given, how much and documents if a child refuses medication. In some facilities the youth are required to sign the MAR indicating that they did receive the medication. Also for additional safety and security, many facilities include a picture of the youth in the log so that the staff or nurse can gain visual confirmation that they are administering medication to the right patient/client. In regard to medication tracking, administrators reported in many cases that a psychiatrist is on site, and this person often prescribes medication to youth after an evaluation, and often these orders are reviewed by the pharmacist before they are dispensed. For the substance abuse facilities, prescriptions come from offsite physicians.

Administrators were asked about medical care for the youth in the facility. All facilities reported that if a child is in need of medical attention they are taken to the local medical center or emergency room, whichever is most appropriate. One facility reported that a specific physician is used for the youth in the facility. Another noted that a doctor is on site daily to handle any medical issues. If youth need medical attention when the doctor is not on grounds, he can be called in and if the youth requires additional care then he provides a referral to an off site doctor. One facility noted that they have a contract with a local clinic for basic healthcare. *"Anything that exceeds general office visits…we have the child taken to the hospital and released to the parents. We feel for two reasons that's necessary, one is common sense and the degree of care needed, but secondly, unrelated, if the kid is sick they cannot successfully participate in*

treatment…we just have them go home on a medical pass until things are cleaned up and they can come back and resume their program."

Administrators were also asked about their policies and practices regarding a resident's insurance status. Many of the facilities included in the study and categorized in this section are privately run for-profit hospitals, and therefore NICRP was concerned that insurance status could be an issue. All facility administrators stated that a youth's insurance status did not affect their health care. The facilities reported that the services are provided in one of a few ways. Many stated that the youth in their care are often Medicaid certified and that covers the cost of their medical care. Others stated that the agency that operates the facility pays for any medical care necessary while in the care of the facility. One administrator explained that the youth in the facility have either Medicaid or qualify under Title XX for assistance and this is how their care is paid for. One administrator did express concern over the difficulty of obtaining Medicaid approval, *"And if it's a Medicaid child, youth have to have Medicaid approval. Which is not easy feat anymore."* Another administrator explained that the facility is funded through a county cooperative and most youth are placed in the facility by the courts for mandatory rehabilitation, however they do not charge the families for the services. It is up to the counties to seek payment from the families. The administrator at this facility explained that they also occasionally accept youth that are not involved in the court system. This can become a problem because according to the administrator, *"…insurance companies won't pay for anything that can be conceived of as detention, so they want a level three [BADA] certification. We're certified level two, we can do three, we've also been offered Medicaid certification, it's crazy the amount of people working that generates though, so we stayed at level two."*

Overall, all facility administrators seem to have a strong understanding of the importance of stringent policies and practices regarding medication and medical care. Administrators were genuinely concerned for the health of the youth in their care and were interested in taking all necessary precautions to ensure that medication is stored, tracked, and administered properly, as well as ensure that youth receive timely adequate health care.

Food

Administrators were asked about menu development and food preparation in their facility. The responses to these questions were somewhat varied. Some facilities reported that they have a registered dietician on staff that is responsible for the development of the menus. Often this person works with the kitchen or "dietary staff" to create these menus. Administrators in a few facilities also reported that the dietician completes a "nutritional screening" for all new patients where any allergies or special medical or cultural dietary needs are assessed. One facility noted *"the nice thing about the dietician is, she's a registered dietician, she's also a registered nurse, so she sees a whole picture…"* Another facility, whose residents have special needs, stated that menu development is *"…a combination of our dietician, who prescribes based on weight and nutritional status. Our speech and occupational therapist also evaluates for swallowing and food texture needs. We do swallowing studies if there is any chance of any problems with aspiration."*

Those facilities that do not have a registered dietician on staff noted that they contracted with a dietician or that their menus were *"approved by the state."* Another facility stated that *"house*

staff are trained in cooking, and they create the menus." Another facility noted that they currently contract with a food service company to deliver meals to the facility. However, the administrator expressed concern about the quality of the food provided. Currently this administrator is working to improve the quality of the meals by meeting with a nutritionist to develop a 14 day menu that the facility could use better address the dietary needs of the residents.

All facilities noted that they do make special accommodation or alterations to created menus for those residents who may have special dietary requirements or restrictions. Reasons for accommodations were listed as; allergies, diabetes, preferences, cultural, vegetarian, lactose intolerance, etc. One administrator expressed concerns about menus regarding his specific population. This administrator noted that the "state approved" menus may need to be supplemented because youth in his facility often have special needs in regards to *"the type of nutrition and hydration needs of a kid in recovery or detox."*

Food preparation across facilities varied. Many had an on-site kitchen and designated kitchen staff that prepared food for the facility. Other reported that food was prepared on site, but by the direct care staff, that there were not specific personnel responsible for food preparation. One facility reported that food was provided through a food service company, but one night a week one of the facility staff prepared the meal in the small kitchen on site. This administrator also noted that *"the kitchen is not up to standards. When you see our facility, nothing is up to standards."* Additionally, it seems that this facility struggles with the adequacy and quality of meals that are prepared by the food service company. This administrator also offered concerns, stating, *"That's an issue. It's horrible! The kids are going to tell you this, it sucks and they are right. That will be one of the complaints. We actually contract with a nutritionist. We are on the federal school lunch and breakfast program. And we contract with a nutritionist. But it doesn't present well. It just doesn't, I don't know, I wouldn't eat it. Sometimes, I would eat it and then sometimes, I am like, Oh, these poor kids. So that's actually one thing I am working on… we are sitting down with the kids and going through all the menus and having them look at the menu. And having them look at ways we can try to get it to look better or be more appetizing or something more that a teenager would like. Because the meals are prepared for people…and we're the only youth program that they serve."*

Overall it seems that administration is concerned about providing appropriate and appetizing food for the youth in their care. All facilities take some measure to ensure that meals are nutritionally balanced with either the used of a dietician or nutritionist or by following state or federal guidelines for meal development. There are some concerns over food in these facilities, but it seems that they are being addressed by administration.

Physical Activity and Recreation

Administrators were asked about the amounts and types of exercise provided for the youth in their facility. This included sports programs, physical education through the education program, and other opportunities for physical activity.

All but one facility administrator reported youth are given structured time for exercise or recreation. For most, this time is a part of the school curriculum, where youth are required to attend a PE class during their school day. Most reported that the requirement is one hour a day in a physical education class.

In addition to the physical activity in school administrators reported that daily schedules often include *"gym time, pool time, and outside time."* Other facilities reported having recreational therapists that develop programming that involves activity therapy. Youth are also afforded a designated amount of free time. This free time can be used at the youth's discretion and they do have the option to be in the gym for their free time. Administrators reported that youth in the facility also have the opportunity to participate in a number of sports or other activities such as; volleyball, tetherball, basketball, flag football, baseball, walks, etc. Most facilities had a gym as well as an outdoor area available for youth to use for physical activity. However, the quality of these facilities varied from facility to facility. One administrator specifically noted that the area available for youth in that facility was not acceptable, stating, *"They have an area out back, which I will show you, which is in horrible shape, I have had two staff and several clients working on it. "*

Safety

Facility administrators were asked a series of questions about policies designed to protect the safety of the youth in their care. Administrators were asked about their staffing patterns and training regimens, the security level of the facility, and precautions taken to protect the safety of residents.

Staffing Issues
Administrators were asked about various issues pertaining to their staff. They were asked about staff training and how they handle being short staffed.

Administrators reported that they provide additional training to their staff on a variety of topics. For many this training is optional for staff, but for others it is mandatory. Some administrators stated that attendance in trainings is strongly encouraged but not required. Others stated that these trainings are a requirement for staff's continued employment. One administrator noted that "annual competencies must be maintained" while others noted that per licensing or certification requirements certain training or continuing education must be offered and attended by staff.

Some of the topics for additional training included nutrition, autism, suicide risk, CPI crisis management/intervention, age competency specifics patient rights, HIPAA, CPR, milieu management, specific mental health disorders, and medication training. Trainings are often designed for different levels of employees. For example in the hospitals some trainings are available to the nurses while others are geared toward the mental health techs.

Administrators also reported that often guests are invited to come in and speak to staff on special topics. One example provided was local service providers that come in and present the various

services that their organization offers so that staff are aware of what's available. Additionally one administrator noted that the facility has a low ropes course that staff have used to promote team building skills.

Administrators were also asked about the procedure used to handle instances where the facility becomes short staffed. A few facilities noted that they maintain a list of on-call staff or nurses that can be called in when necessary. In addition to the on-call staff, administrators stated that if necessary, management staff may fill in or staff are asked to put in overtime. One facility noted the use of a temp agency that has provided mental health techs when necessary.

Safety and Security Measures

Administrators were asked to describe some of the measures taken at their facility to protect the safety and security of the youth in their care.

Administrators indicated that there are many procedures that promote the safety and security of the youth in the facility. One of the measures mentioned was reporting, any incidents that occur on the facility must be reported. Administrators in some facilities explained that for certain units within the facility precautions are taken to protect the safety of the youth. These include not allowing youth to have shoelaces, underwire bras, or jewelry, essentially nothing that the youth could use to harm him/herself or others. Additionally in many facilities all materials provided to youth are counted out and counted back in to ensure that youth do not have items that can be unsafe if used unsupervised.

Many administrators cited policies that are designed to promote a safe environment. One procedure mentioned was 15 minute checks. In some facilities staff log the location of youth every fifteen minutes by doing a walkthrough of the unit and visually identifying the location of every child so that they are accounted for. Several administrators noted that safety was their number one priority.

One administrator noted the physical environment as a way to protect the safety of the resident, citing lighting, locked doors, and bolting beds to the floor to ensure that patients do not have access to anything that they could use to harm themselves or others. Another administrator cited the program itself as a method for promoting safety. This administrator feels that the structure of the programming promotes free and open communication between staff and youth so that tensions do not build up and cause problems. This administrator was very proud of the safety record in the facility noting, *"That's why in six years we have never had a single fight…we have never had an assault, and only one time have we had to put hands on a kid…and that was because he was hitting himself in the face."*

Suicide Precautions

All administrators interviewed were asked how their facility handles attempts at any form of self harm. Many administrators stated very similar polices that are put into effect once a youth is identified as potentially a suicide risk. This identification can be from the youth's behavior or an assessment that has been given upon arrival at the facility.

Administrators noted that when residents begin to exhibit self-abusive behavior special protocols are called into place. These include various restrictions on behavior and access to materials as well as (in extreme circumstances) seclusion or restraint. Administrators reported that youth who are considered to be a higher risk are placed on a "one to one" which means that a staff member is assigned to that patient/client and is within an arm's length of that patient/client at all times. One administrator reported that once a youth is identified as self-harming clinical assessments are often done and a "risk reduction plan" is created. In some facilities when a youth is identified as being "high risk" they are transferred to another facility, or the acute unit of the existing facility, that may be better equipped for handling the needs of this child.

Welfare

Administrators were asked about the various ways in which they protect the welfare of the youth in the care of their facility. In this section administrators were asked about discipline procedures, living conditions, educational and treatment programming.

Discipline Procedures

Administrators were asked about the methods used in the facility to maintain order and control, specifically about what happens if youth misbehave in the facility. This was a sensitive issue in some facilities. The original question asked about discipline and many administrators were uncomfortable with this language. After being corrected by administrators NICRP changed the language in this question to ask about misbehavior and consequences instead of discipline and punishments.

Facility administrators reported various methods that are used to address misbehavior within the facility. Many cited the facility's program and the processes that are built into the program to adjust any maladaptive behavior. These things included level drops, level freezes and loss of an opportunity to earn points or deduction of points. These points or levels often indicate privileges or stages in their program and therefore serve as motivation for youth to progress through the program and earn more freedom and independence. Other administrators reported that verbal "prompting" is often used to get the youth to redirect their behavior on their own. Another facility reported that youth can receive consequences for negative behavior such as doing extra chores or things around the facility.

One facility administrator explained a specific program that is used in the facility. The program is called the "desert program", and essentially the program is designed to address persistent negative behavior. If a youth is placed on a "desert program" all of their belongings are taken from them including their own clothing. Youth are then placed in a hospital gown and spend all their time in an elective time out room. They are isolated and allowed no interaction with other youth. According to this administrator the program is designed to make the youth feel uncomfortable. This program can last for their entire stay in the facility, which can be seven to ten days. This administrator expressed concern about this program, and stated, *"I just don't support it and if I had my way I would do away with it…because it sounds punitive."*

Overall administrators stressed consistency and staff training crucial elements in a successful method of handling misbehavior. Most facilities give a certain level of discretion to staff, however any serious consequences, such as seclusion or restraint, require authorization from an administrator, therapist, or doctor. All administrators mentioned that their facility has a "hands-off" policy and several mentioned their goals to completely eliminate physical restraint as a method of managing youth behavior.

Education

Administrators were asked about the way that the education program was structured, and about their relationship with the local school districts.

In these types of facilities treatment is often designed to be intensive and therefore youth often attend school within the facility. A few of the facilities stated that the youth in their care attend school in the facility that is its own private school within the local school district. These facilities reported that they only work with the school district peripherally and mentioned that the school's name is not associated with the treatment facility to maintain confidentiality of the patients. This way the credits that are shown on a youth's transcript do not indicate that he/she was in treatment at one time.

For the shorter term facilities administrators reported working with "homebound" programs to decrease interruptions in a youth's education. In these programs the school district works with the facility to provide the student with their work while they are in treatment. Other facilities reported the use of online charter schools or in-house teaching staff to provide educational services to youth.

Living Conditions

Facility administrators were asked their opinion about the living conditions within their facility. Most administrators had very positive things to say about the living conditions in the facility. Reporting that their living conditions were *"beautiful, state of the art…[the building] was designed around our clients"* others stated, *"I think they are very good, they eat very well, the rooms are sparkling, they're clean, they have curtains…"* Another administrator noted that conditions were pretty good. This administrator noted that the living conditions were well organized and maintained, and compared to other facilities, *"I think we have a pretty nice clean facility overall."*

Some administrators noted that conditions have improved since recent renovations. One stated, *"Well they have greatly improved because of our remodeling that we are doing. We got some very bright colors and I'll show you those and we are going to put murals up on the children's unit and were going to do some more bright things now that I'm here… The rooms are very safe the doors are very safe the conditions are reasonably clean and well maintained. So in that regard I think we're doing a good job, but we could do better."* Another facility also noted that there were renovations planned, such as painting, tiling, and new furniture, which will all improve the living conditions in the facility. One administrator felt that the living conditions were "fine" stating, *"you know, its not a hotel but its clean, safe, and well staffed."*

Another administrator was negative in assessing the living conditions of the facility. In response to the question, "What do you think of the living conditions in your facility" the administrator replied, *"They're horrible. (What does that mean?) The building is decrepit. I mean its cleaner now compared to what it was when I got here. But, I mean, the building's eons years old, there's septic erupting that we can't get fixed and I'll show it to you. The furniture was all 1960's, it was horrible. We had a huge ant problem. If we didn't spray for it, we did some other things, they did some other things, but I can see we're in need of it again. The water, we can't let the kids drink the water here right now. It just occurred today … it's orange. It's not good, in my opinion. I would question putting my kids here…just because of the condition of the building."*

It seems that administrators focused primarily on the physical surroundings in response to this question. Only one administrator commented that the facility "*practices with integrity, and honesty and professionalism…I wouldn't have any problem ever recommending somebody to bring their child to this environment."*

Facility Programs

Administrators were asked to describe some of the programs available at their facility. This produced a wide variety of responses given the differences among facilities included in this section of analysis.

Some facilities indicated that by the nature of their program, they are intended to be a short term facility focused on stabilization and normalization. So extensive programming is limited. But administrators did indicate that there are still activities with goals and objectives that youth complete in their short six or seven day stay.

Other longer term facilities have a more extensive treatment program that youth complete during their time in the facility. One administrator explained the program as a biopsychosocial model where professionals from different aspects of the child's life (psychiatrist, therapist, education, recreational therapist) work together in a treatment team to address the needs of each child.

Some programs are behaviorally based and others are cognitively based. All administrators reported that programs have some component of therapy and most offer treatment for chemical dependency in either groups, classes or one-on-one treatment. Programming is also dependent on the age of the child and the severity of their condition. For a few of the hospitals, administration reported that the facility maintains acute and residential care units. These units are very different in their purpose and programming. There were also two facility administrators who specifically mentioned their programming for juvenile sexual offenders. These programs are residential and long term.

Additionally many facilities reported a component of outpatient therapy that is available for youth. For some, this aftercare is a part of their treatment upon release from the facility, but there are some youth who participate in these outpatient programs who have not lived in the facility.

A variety of programs and models are used to maintain order within the facility and often guide the protocols for handling misbehavior. These programs are designed to promote treatment goals and build youth social skills in these facilities. In one facility the Boys Town model is used and point cards are kept and "corrective teaching interactions" are used to try and create a fair and equitable system of consequences. Other administrators indicated that they use a system of cognitive restructuring or token economy to maintain order.

Civil and Other Rights

Facility administrators were asked about the ways that they protect the youths' rights, as well as asked to describe their grievance policy. Administrators described the various documentation necessary to ensure that resident's rights are protected, as well as their grievance/complaint process, and finally their facility's policy on data collection and management.

Resident Rights

Administrators were asked about their awareness of resident rights, as well as the measures they take to protect those rights.

All administrators made reference to their facility's patient/client rights and stated that these are provided to youth when they are admitted. Some facilities document this process by requiring youth to sign off stating that they received a copy of their rights. One facility mentioned an "ethics rights committee" that tracks and assesses the facility's compliance in regards to protecting patient rights.

Essentially, administrators state that written policies and effective training and dissemination of those policies to both staff and youth is the most important element in protecting resident rights. However, in addition to policy, many of these facilities also report having a risk manager, performance improvement specialist, quality assurance specialist, or advocacy officer who makes sure that the facility is protecting youth rights.

Complaint Process

Administrators also stated that residents' rights were protected through the grievance/complaint process. Administrators were asked to describe their grievance process.

The process for filing complaints in each facility is slightly different. In most facilities there is a form that the facility uses to capture pertinent information. This form is then turned in to a designated person or location. In some facilities this form goes to designated staff, some it goes into a grievance box, and in others it goes directly to the administrator.

Administrators described the process differently as well. In some facilities the complaint goes directly to the designated person and then they are responsible for delegating any investigation and follow up to appropriate places. The complaint is then investigated and depending on the facility as well as the type of complaint the investigation can look very different. One administrator discussed their process as using root cause analysis to understand how the problem happened in the first place. Some facilities interview parties involved, but all administrators

indicated that if there is any indication of any kind of abuse or neglect authorities are called in to do a formal investigation.

Once the complaint has been investigated some administrators stated that it is filed either electronically or in a paper file. All administrators reported that they do follow up with youth that file grievances but their reported response times varied from 24-48 hours to one facility who stated that they respond in 5-10 working days.

In some facilities complaint resolution was a group effort. One facility stated that these are resolved in their community meetings, and another stated that although a grievance process exists, youth are encouraged to confront staff or youth themselves to solve the problem on their own. This is seen as part of their treatment and is even rewarded with positive points.

Retaliation for Filing Complaints
Administrators were asked about whether or not the staff in their facility treat youth any different after they have filed a grievance.

All administrators reported that any form of retaliation was unacceptable behavior and to their knowledge it was not occurring with youth in their facility. One administrator who heads the youth side of a facility that houses both children and adults discussed some issues of retaliation that were occurring on the adult side and explained how that was handled indicating that similar processes would be used for youth.

Data Collection and Management
Administrators were asked about the types of information that is kept regarding the youth in their care. They were also asked about the security of this information as well as what it is used for.

Administrators reported in all facilities that data and records containing youth's information is kept confidential and secure. These records are stored in a locked location and access is restricted to those personnel that need to see the record for treatment purposes. Many facilities included under this subsection are hospitals and are therefore regulated by HIPAA and its restrictions as far as confidentiality of information.

Many of the facilities also reported having a medical records department that is responsible for maintaining the majority of this information.

When asked about other data that is collected about the children in the facility, administrators reported that only information regarding their treatment or other information that they are required to report is tracked. This information included; name of doctor, age of youth, admission date, discharge date, seclusion and restraint, length of stay, incidents, acuity, religious breakdown, assessment scores, and medication errors. Administrators also reported that all employee files are kept separately from youth records.

Other Information

At the conclusion of the interview staff were allowed to provide NICRP with any additional information that was not previously discussed. The information provided that could not easily be grouped into another category is listed or summarized in this section.

Successes
Administrators were invited to share any particular successes of their facility. One administrator shared a story about a young man who had once been a challenging client in the facility and recently he came back to say that he learned a lot in the facility and the administrator noted, *"…do you help every child? No, because not every child is ready to be helped, but I think we provide the tools that if they choose to use them they can have better life when they leave here."*

Another administrator shared that their residential program has really been a success, *"…we have a good track record, so I'm really, really proud of that. A lot of the infrastructure as far as managers, some of them have been here since it opened, some of them have been here almost as long as I have…we've got nursing staff and mental health technicians that have been here since the facility opened."*

Challenges
One administrator expressed a concern that they are keeping youth too long in their facility stating, *"we are an acute care unit and we are keeping kids for 40 to 44 days, when it should be at least a week less."* Another administrator was concerned about the quality of the staff at the facility, but remained positive about the facility's potential stating "*I find sometimes my nurses are too rigid they're not flexible. Some of them are very good practitioners that provide safe care, but they're not friendly…you know there's a lot of apathy and then I've got nurses here that this is basically their second job so they bring their second level work here and I have techs that I'm concerned about … [My goal this year] is to be one of the best in northern Nevada. So I think we'll be there and I think we do have some good employees here, we don't have any horrible employees there's just some things we've got to fix."*

Recommendations
One administrator stated that (s)he was encouraged by this project because there are always opportunities to improve and (s)he would like to see more studies like this one to make reforms and improve the quality of care and services for youth in Nevada. Another indicated that it is crucial for children to get outpatient therapy once they leave a facility. This administrator also specifically recommended increased funding for more therapists and other individuals that can treat children and youth, the focus and funding has been on case management and this is ill-advised when so many children still need basic treatment. Another administrator indicated that their biggest challenge is dealing with youth in state custody, *"I want to be candid about that. The challenges we face because there are few resources to discharge those kinds of kids to…having enough group homes, having enough foster homes that are appropriate for these kids, those are the challenges that we face."*

Treatment Facilities - Staff

Position Titles	**Education Levels**
Case Worker CD Counselor/Patient Advocate Charge Nurse Clinical Director Clinical Social Worker Director Direct Care Staff Mental Health Tech Program Director Recreational Therapist Teacher Therapist Unit Coordinator Youth Coordinator	High School Some College Bachelor's Degree Graduate Degree
Total number of participants = 23 **Average years experience** = 11.9 years **Average Length of time in Facility** = 4 years	

Health

Physical Exercise
Staff were asked to discuss whether or not they felt the policies and practices with regard to physical exercise were appropriate at the facility.

Staff reported that physical exercise for the youth was "adequate" but still had many suggestions for improvement. One staff member stated that the youth in the facility need more opportunities for exercise. He went on to state that the facility has a recreational therapist on staff that develops a plan for the youth, but this plan is not always followed by staff. He indicated that short staffing was the main barrier to following these plans, because the level of care necessary for one child may be such that they need one to one supervision and so the other youth cannot go to the gym because then staff to child ratios would be off.

Many staff members interviewed, expressed feelings that youth needed more exercise, and cited a myriad of reasons why they were not getting what they needed. Some stated, staffing, others stated the facility's design did not lend itself to exercise outside. Others stated that the facility is not equipped for good physical exercise, one staff interviewed stated, *"We have a gym but it's completely bare…the company should invest more in the kids."*

Staff also reported on the activity that youth do receive while living in the treatment facility. Many stated that youth get their physical activity through the school program. During school youth are required to attend PE class where at least 1 hour a day is spend doing some kind of physical activity. Staff also noted that youth often are involved in activity therapy which may involve playing a sport or game that also keeps them physically active.

Overall, staff reported that youth get adequate exercise, but it is still not enough often suggesting that physical exercise and time outside should be mandated somehow.

Food

Staff were asked to discuss whether or not they felt the policies and practices with regard to nutrition and exercise were appropriate for the facility.

Most staff reported that nutrition policies and practices are appropriate for the youth in the facility. Only one staff member did not state that they were appropriate but she had no opinion on the policies stating, *"I can't answer that, I haven't reviewed them."* Staff responded to this question by stating that the food is *"great", "more than what these kids are used to"*, and that the *"nutritionists and chefs are great."*

Some staff did express some concerns about the meals served in the facility. One stated, *"…the kitchen suffers because of budgets. The company is for profit and this causes them to do only the minimum necessary to meet standards…if the rules said you only have to feed them dog food twice a day, then they would feed the kids dog food twice a day."* Another stated that the food could be improved in terms of taste and presentation.

Overall, staff felt that meals provided to youth are adequate and appropriate, but did offer some suggestions for improving menus.

Medication

Staff were asked how medication administration is handled at their facility, and whether or not they feel it is properly administered to youth in their care. Because many of the facilities included in this sub-section are hospitals, they are held to certain licensing requirements that mandate special rules for medication administration, security, and tracking.

Staff were asked about how they administer medication. In most facilities staff are not allowed to administer any medications because this can only be done by a nurse. There were some exceptions to this rule in these facilities. One staff member noted that if the youth were on an outing with staff that day during the time that medications would normally be administered, the nurse would send it with staff and staff would administer it to the youth. Staff noted that the process was very structured in these facilities and that youth are required to line up and be identified by their name, a picture, and also an identification bracelet. The nurses interviewed in these facilities reported that medication administration and tracking is not their only function within the facility. They noted that they are also responsible for counseling and some behavior

management on the units. One nurse also reported that errors are tracked using a "medication variance report" where nurses self report when any errors have been made.

In two facilities there is no nurse on staff and therefore medication is administered by facility staff. Staff still reported that the process was structured and secure and did not seem concerned with administering medication to youth.

Staff were also asked if they felt medication was administered properly in the facility. Most stated that they felt it was administered properly. Most noted that there have not been any serious incidents that they are aware of and one staff member stated that she is on top of medications and "*if the nurse make mistakes I write an incident report*". She gave an example, of a time when the directions stated that the medications were supposed to be crushed but one nurse was not crushing it. For her this was a training issue and easily resolved. Another staff member discussed medication errors stating *"I've only heard of two or three different incidences where it's happened but not to where it puts the patient in any kind of jeopardy."* Another staff member noted that he was concerned about the policy regulating the medication tracking system. He noted that the policy has changed to try to include a checking system where another nurse always double checks medication orders *"because of the flawed system, they tried to make a double check system…but even with that in place there's really no computer check system, two people can make an error too."*

Finally, staff were asked to provide any suggestions to improve this process. Many of them did provide suggestions and they are listed below.

- Get a nurse on graveyard shift. Staff feel that they are setting themselves up for a "catastrophic event" by not having nurses on duty at night.
- Start to computerize the medication tracking and administration systems to reduce error and increase efficiency.
- Staff need to be educated on the importance of medication and see its proper administration as a priority. For this staff member this is a liability issue but feels that other staff do not think of it that way.
- Medication could be administered in a more timely fashion – to do this the facility would need to hire more nurses.
- One staff reported that the nurses are overworked and the facility needs to hire more to relieve the burden.
- One of the staff in a facility with no nurses requested that a nurse be hired because staff feel that they spend too much time *"chasing prescriptions".*

Safety

Staff were asked about general safety issues at the facility, such as overcrowding and self-harm issues, as well as whether or not they felt safe working at the facility.

Overcrowding

Staff were asked how overcrowding at the facility was handled in an attempt to understand what happens in those situations.

All staff reported that the facility did not admit youth without a place for them to sleep. Most reported that they have never seen any children *"sleeping on the floor"*. One staff member relayed that when the facility is at maximum capacity it starts to reserve beds for incoming youth to be opened immediately after another child is discharged. Another staff stated that he has seen the facility admit a child for a unit that is already full and sleep the child on another unit until a bed in the appropriate unit opens up. In his experience this has happened on only two occasions and the child was placed in the appropriate unit the next day. Additionally in response to this question, one staff member reported that there have been times when she questioned the staffing ratios, but management always accepts requests for additional people when staff feel uncomfortable.

Self-Harm

Staff were asked to discuss how incidents of self-harm were handled at their facility. The term "self-harm" was chosen due to the fact that NICRP did not wish to limit the discussion to suicide only, since cutting and banging heads are common forms of self-harm and should be included.

Many staff reported that they had seen youth commit some form of self harm while working at the facility. Incidents included, youth cutting themselves with various objects, one youth getting inside a dryer, another youth who climbed through the ceiling, and another youth who got a hold of a light bulb and was intending to eat the broken pieces to cut her throat. This incidents were reported as serious, but staff made them sound like they were very common occurrences within the facilities. Staff were asked how these situations were handled and staff stated that redirection was often used to correct this behavior, as well as counseling and in serious incidents physical interventions are necessary. Staff also reported that if a child ever injures themselves they are provided medical attention immediately.

Beyond self harm, staff were asked about the facility's specific suicide prevention protocols. All staff reported that any attempt, or verbal threat of suicide is taken very seriously. If youth indicate at all that they may want to hurt themselves, they are immediately placed on special suicide precautions. These include one to one staff supervision or other constant observation by staff attained by moving the child's sleeping area to a hallway or observation room. Staff even reported that if the facility is not equipped to handle a youth with severe suicidal ideations, that youth will be transferred to a more appropriate facility.

Staff were also asked if they feel safe working in the facility. All staff reported that they did feel safe working in the facility, with many of them noting, *"I wouldn't work here if I didn't feel safe."* A few staff reported that there were instances where they did not feel completely safe. These included issues dealing with acuity of patients and staffing ratios, with one person noting, *"sometimes I think we are kept short staffed just to save money."*

Welfare

Education

Staff were asked to discuss whether the educational services provided to youth in the facility were adequate and appropriate.

Some participating staff reported that the education provided for youth in the facility was adequate and appropriate. Some were enthusiastic about the quality of the teachers stating, *"I think for a small facility [the youth] have an excellent educational opportunity."* Another felt that the education services provided in the facility were the *"best in the county"* because in the facility all classrooms have a teacher and a teacher's aide, which is not the case in the rest of the district.

Other participants were concerned about the education services provided. Many noted that there are special challenges in teaching within the institution and that often youth are of varying ages and educational levels all in one classroom. The challenge becomes managing all these students and creating an environment where all youth can learn. One staff reported improvement in education citing, *"It's better than it used to be…we have a good teacher now."* Another staff that expressed concern was actually a teacher for the facility. When asked if he felt that the education provided was adequate and appropriate he stated, *"No, it really isn't because as I said, I teach all subjects to all grades and I got a pretty good IQ, but that's impossible. You can't do that. I think what I do offer the kids is beneficial and educational. And they do learn and they love me. I make it fun and they do learn things, but here's where I think its deficient. When they go back to their home school, they can tell their teacher, oh, my other teacher taught us about Australian animals, and I did. And we had a film about it and it was great, but they're studying African animals, and I didn't know that, because the school doesn't communicate with me. So that's where its deficient as far as connecting with the same work that is being done with all those different levels of all those different schools, all those different kids. It's impossible."* Another staff expressed concerns noting that he did not feel that the education was *"up to par"* and another noted that in his opinion, *"The teachers here don't give a damn. Individual lesson plans are not issued to youth with special needs."*

Overall there seem to be mixed feelings about education in these facilities from staff, essentially staff feel that the teachers do the best then can with what they have, noting the special issues in designing curriculum for the youth in treatment.

Handling Misbehavior

In order to understand how staff deal with youth who are misbehaving, NICRP asked them to generally describe how they approach situations where youth are acting out.

Staff reported that often discipline (or consequences for negative behavior) was based on the facility's programming used for maintaining order. Most facilities use some kind of points system and often integrate levels that are attained by accumulating points. Therefore if youth are acting inappropriately staff would deduct points from that youth. Additionally other measures are in place to create a system of chances or "opportunities to self-correct." These include

redirection, counseling, verbal prompts, and timeouts. Some staff reported that they did not use a point system, but instead use a consequences sheet to promote positive behavior. One facility reported the use of shirt colors to visually indicate the levels of youth in the facility. Another facility reported using a light system where a stop light is used to indicate the level of the youth in the facility as a whole, green means that the group is doing well , while red means that youth are not doing well in the program and changes need to be made.

All staff reported that physical and medical restraints as well as seclusion are only used as a last resort. One staff member stated that his facility does not use physical management of youth, if a youth becomes aggressive and is a threat and other methods of de-escalation have not been successful, staff call the local police to intervene.

Policies & Procedures

In order to assess staff understanding of policies and procedures at their facility, NICRP asked about whether or not they had received an orientation when they were hired, whether they thought the policies and procedures gave them appropriate guidance about how to perform the duties of their jobs, whether or not they felt the policies and procedures were regularly followed by staff and administration, and whether or not they felt the policies and procedures were fair and appropriate for both staff and youth.

Orientation
Staff were provided orientation in a variety of ways, according to the answers received.

All staff reported some form of orientation to policies and procedures. The content and length of this orientation varied greatly between individuals. Orientations could last anywhere from a couple of hours to three weeks. Staff reported being given the policies and asked to read them, while others reported that a supervisor or human resource staff merely *"went over them"* with the staff. Only a few staff reported their satisfaction with the orientation, one felt it was poorly done and inefficient, while another felt that it was a waste of time because many of the policies reviewed had nothing to do with his particular job function.

Guidance
Staff answers to the question of whether or not policies and procedures gave them appropriate guidance on how to do their jobs appeared to fall on the extremes of the continuum from yes to no.

Staff that felt the policies gave appropriate guidance indicated that hey saw the policies as a set of "guidelines" to follow and not as instructions. One staff member reported using the policy manual as a resource many times.

Other staff expressed concerns about the utility of policies and procedures. One remarked that the policies do not address some of his questions, another reported that *"sometimes it looks good on paper, but in practice you can't be so black and white, you have to be flexible."* Finally

another participant stated that the policies are unclear and there is no guidance for the teacher and how education is to be handled.

Overall it seems that some staff find policies and procedures useful documents that help guide they way they do their jobs, while others do not feel that they are valuable tools or resources.

Regularly Followed
Staff were also asked whether they felt that policies were regularly followed by staff and administration. Responses were varied, but generally staff felt that policies were followed. There were a few staff that indicated that some staff have their own way of doing things, and another indicated that all staff do things a little differently. One staff member was very emphatic in stating, *"Definitely not. When I came here, I was really surprised how people did their jobs, or how they personalized their own care versus what was supposed to be the patient care. That I believe is moving in a better direction, but you have some people who are set in their ways and aren't willing to change."*

Fair and Appropriate
Staff were also asked whether they felt that polices were fair and appropriate for both youth and staff. Most staff reported that policies were fair, however some felt that some of the *"gray areas"* in decision making cannot be eliminated, but sometimes the administration *"goes overboard"* in terms of trying to be fair. Staff also felt that the facilities could do a better job of informing youth of their rights and explaining them at intake. Another staff specifically had issue with policy and procedure regarding the staff. This person felt that administration does not respect staff and often do not appropriately communicate with staff. This person felt that the attitude of the facility was one where staff are expected to just, "*shut up and do as you're told."*

Staff also reported that they did receive updates to changes in policies and procedures in the following ways; e-mail, hard copy, annually sent to staff, memos, signs, meetings, direction from supervisor, or a newsletter.

Complaints

Since complaints or grievances are a major focus of this project, NICRP decided to ask the staff if they feel that the youth in their facilities understand the grievance process and feel comfortable using it. For this project, the term "complaint" and "grievance" were used interchangeably by NICRP, and there may have been some misunderstanding based on which term was used.

Staff felt that youth were aware of the grievance processes at the various facilities. Staff indicated that they had seen youth use the process and others just stated that they were sure that the youth are aware of the process. Staff reported that often grievances could be expressed either verbally or in writing, and one facility reported tracking complaint information in quarterly reports to capture trends in the number, type and unit of complaints to better understand dynamics within the facility.

Retaliation
When staff were asked about whether youth were afraid of retaliation, responses indicated that this was a possibility, but not because of the facility environment or policies. Some stated that they felt that youth had no fears noting that they have seen many youth write grievances. Others indicated that youth may be afraid to file a complaint because of what they have been though at home. Staff were concerned that youth may worry about getting staff in trouble, others stated that in youth's history they may be used to getting in trouble for voicing complaints. Another staff member stated, *"I think any kid will have a fear of retaliation, I mean, they're here because they have issues with communication, they have those issues and stuff. Hopefully they overcome it and they are objective, but as a whole, though, as a whole, they are comfortable from what I've seen, and that depends on your relationship with them and how comfortable they are with you."*

Response
Staff were also asked to share whether or not they felt the facility does a good job following up with complaints.

Staff reported that they felt that the *"facility was as timely as possible"* and that the facility *"acts immediately"* in following up with complaints. Only a few staff members felt that administration did not do a good job of following up with complaints. One respondent stated, *"Administration automatically assumes that staff are guilty and this immediately puts you on the defensive…you always have to defend the way you're doing your job."*

Concerns

Staff were offered the opportunity towards the end of the interview to express any concerns they had about the facility to NICRP.

Staff in these facilities had a number of concerns and these are listed below.

- Staff reported that the facility needed more male staff because it is inappropriate for female staff to be checking in on boys.
- Staff expressed concern over having no nurse on staff during the graveyard shift.
- Staff stated that there was a lack of therapists in the facility.
- Staff was concerned over a lack of funding that affects every level of care.
- One person indicated that therapists need more support – as there was a lot of therapist turnover in the last year in this facility.
- Staff was concerned over administration cutting the budgets by decreasing staff.
- *"The only issue we have, and I think it's a big issue, we take kids, we're forced to take kids who we know have no good alternative for placement. And then we can't get rid of them. We have a kid on the acute unit now, 4 months, we have another one, I don't know how long she's been there, longer than 4 months. That to me is a violation of rights."*

Other

At the end of the interview, staff were asked if there is anything else they would like to share about the facility or how youth are treated there. As expected, there was a wide variety of responses received. These responses are primarily recommendations for how to improve treatment in Nevada.

- Youth need more sunshine and fresh air.
- Need more staff – it is a safety concern to not have enough staff on a unit, staff reported that this suggestion came from a letter from a child who was once in the facility.
- Staff reported a need for mental health services and placements.
- Staff reported a lack in state services. Staff stated that there is no transition for youth when they leave the facility – there are problems with the continuum of care.
- Another staff recommended additional training and education on mental health and psychiatric disorders for both parents and schools so that they will be aware of problems as they develop and can recognize signs sooner.
- One staff member noted, "*basically we need more mental health treatment facilities that are good."*
- Staff noted that Nevada is lacking in statistics and would like to see some kind of mandated statistics tracked statewide so that we can start to address all the youth that *"fall through the cracks"*. In line with this suggestion another staff member stated that she would like to see a way to track and evaluate youths' progress after they leave care, because currently there is no good way to do this.

Treatment Facilities - Youth

Demographics for Treatment Youth Included in this Study

Total Interviews for Treatment Youth N= 34
Length of Interview – 10 – 20 minutes

Males = 19
Females = 14
Age: Range 13 – 17 years
Average Age = 15.6 years
Length of time in the facility:
Range = 15 days to 9 months
Average = 3.8 months

Race/Ethnicity

White – Non-Hispanic	52.9%
Black Non-Hispanic	2.9%
Hispanic	17.6%
Asian	2.9%
Native American	2.9%
Other	11.8%

Ever used drugs or alcohol?
Yes = 91.2%

Ever been diagnosed with a mental health disorder?
Yes = 73.5%
Diagnoses included: ADD, ADHD, OCD, Bipolar Disorder, Conduct Disorder, PTSD, Depression, Polysubstance Abuse, Anger Problems, Oppositional Defiance Disorder, Hearing Voices

Receiving Substance Abuse Treatment in the Facility?
Yes = 64.7%

Receiving Mental Health Treatment in the facility?
Yes = 61.8%

Ever filed a grievance at this facility?
Yes = 35.3%

Ever been in another facility in Nevada?
Yes = 41.2%
Facilities included: Clark County Juvenile Detention, Elko County Juvenile Detention, Jan Evans Center, West Hills, Montevista, Don Goforth, Desert Willow, Spring Mountain Treatment Center, Stateline Juvenile Detention, NYTC

Health

Youth included in this study were asked a series of questions pertaining to their general health. Youth were asked about the food they were provided, time for physical activity or exercise, how often they were allowed to go outdoors, visits to the doctor or nurse, and medication policies and practices. The responses to these questions are summarized below.

Food
In this section youth were asked about what they thought of the food served at the facility, whether they got enough to eat and whether they had any choice in the types of food they ate. The youth were also asked about some examples of typical meals in the facility.

Responses varied on the quality of food at the facility. Most of the youth in the treatment facilities reported the quality of food as "*edible*" or "*okay*." It seemed that the youth's opinion of food coincided with their personal preferences. The main complaint was that the food was too fattening or greasy "*like the sausage, most people put it in our napkins to get the grease off and the napkin is like full because they deep fry-them*." One youth reported "I've gained *40 pounds since I've been here and I've only been here 2 months*" because the food is too greasy.

For the most part, the youth are receiving enough food to eat. One facility reportedly serves seconds. Some youth felt that the portions were too small, only "*half a fist*" sized portion. Some youth stated that they were hungry soon after a meal and were given snacks, however, the snacks only consisted of "*apples*" and some kids do not like apples.

Most youth felt that they did not get a choice in what food they were served. Vegetarians were not given a special meat-free diet. One youth reported that only a doctor could put you on the list of people to receive a special meal plan. Some facilities gave a survey to youth to see what foods the preferred and what foods they did not like. Some accommodations were made after the survey. One facility polls youth about a food they would like to have and once a month they prepare the food that was the most requested. One facility has a salad bar with "*salads and sandwiches*" for those who do not like what is being served that day. The majority of the youth stated that they were not given a choice of what they ate but there was a decent variety of food served.

Overall, the youth seem to have minimal complaints about the food, mainly that it can be too greasy, they like the food served. Although the youth feel that they do not receive a lot of choice in what is being served, they do receive a variety of food. The youth reported that a vegetarian diet was not accommodated for.

Physical Activity
Youth were asked whether or not they participated in any physical activities while the have been in the facility.

All of the youth reported participating in some sort of physical activity while at the facility. The youth reported playing games like volleyball, basketball, football, and going to the gym. The frequency of these activities were not stated, however, one youth stated "*we go to the gym every night like if people are being good, but if not we don't. So it's mostly everyday, but it depends on us.*"

The youth reported that physical activities were sometimes mandatory and at other times the youth received points for participating. Overall, the youth receive physical activity as often as possible, given the behavior of youth. The youth reported that they receive adequate exercise.

Frequency of Being Outdoors
In conjunction with the last section youth were asked about how often they were allowed to be outdoors.

Most of the youth reported being able to go outdoors at least once a week. In some cases, being outdoors was a rare occasion "*like once every month*." Most youth reported the amount of time spent outdoors depended on the youth's level within the program. The higher the youth's level, the more frequently he/she could go outdoors to play. When an escape or attempted escape occurs, youth in the facility may not be able to go outdoors as much as they normally would. "*Recently, we've been going outside very little, because we had some kids who ran and they came back to our unit, but lately we've been going out like at least every day almost, in the last week*."

Youth reported being able to go outdoors at least once a week, with a few youth stating that going outdoors was once a month or rare.

Visits to a Doctor or Nurse
In keeping with the theme of the youth's health while in these facilities, we asked the residents if they had seen medical doctor or nurse since coming to the facility, and also whether they had ever asked to see a doctor or nurse and been told that they were not allowed to see one.

Many of the youth reported seeing a doctor or nurse while at the facility. Some reported only seeing a doctor or nurse at the time of intake. Most of the youth reported being able to see the doctor or nurse whenever they ask. Few of the youth reported asking to see a doctor and being told they were not allowed to and of those none were told why they were not allowed to see a doctor or nurse. One youth reported having headaches frequently and was supposed to see a specialist, however, the nursing staff never scheduled him to see the specialist.

Medication
Youth we also asked about medication protocols while in the facility. They were asked if they currently are taking any type of medication, or if they ever had taken any medication while in the facility, whether or not they were taking the medication before they were admitted into the facility, and how they received their medication.

All the youth interviewed stated that they received medication by a nurse. Some reported they go to the nurses desk while others reported that the nurse comes to the unit in the mornings to give medication. Of those questioned about medication errors, none reported being given the wrong medication. Most facilities have a process to check for "cheeking" medication where the youth holds the medication in their cheek so they do not have to take it. Many youth reported being prescribed new medication during their stay at the facility "*they like find out what your problem is and what your dealing with in the first three days and then they you know kinda experiment like I tried one antidepressant didn't' do anything and then they slowly took me off of it like littler and littler until it was gone and then I took a you know a different kind and then they just*

go until it works kinda thing." Many youth reported having been prescribed medication only upon arrival, not having taken the medication before being in the facility.

Mental Health
In this section we asked youth if they had been diagnosed with a mental health problem, and if so what was the diagnosis. We then followed –up with that and asked whether or not they were receiving and treatment or counseling, and if so did they feel that it was helpful. Obviously if youth responded that they had not been diagnosed with a mental health problem, then the rest of the questions in this section were skipped.

The treatment facilities had most youth reporting having been diagnosed with a mental health disorder. Of those interviewed who reported having a mental health diagnosis, all but one youth stated that they are receiving some sort of treatment for their disorder. Many youth found that the treatment they receive is helpful. Only one youth reported that the treatment was completely not helpful whatsoever. Most of the facilities have one-on-one therapy and also group therapy. The youth can meet with a doctor and a therapist at most facilities.

Overall, the mental health treatment needs of the youth are being met with only a few youth feeling as though the treatment is not enough or is not sufficient for their needs.

Safety

Youth were asked several questions about their general safety at the facility and how they felt about their own safety in the facility.

Personal Safety
Participating youth were asked about their personal safety in the facility. Specifically they were asked if they felt safe in the facility, and also what made them feel safe or made them feel unsafe.

Most youth felt safe while at the facility. One youth felt unsafe because of stealing "*I have feel like I have to put my guard on and watch my stuff because it reminded me when I used to steal and there stealing like I said and I have to watch my stuff and I feel like I want to close my door again because yesterday there was an incident of stealing so again numerous times so I don't know what to do so I have to tell my therapist or talk to the head boss again …because this is getting way ridiculous something needs to happen to this peer or this needs to end.*" Another youth feels unsafe because he/she shares a room with another youth.

The youth who felt safe at the facility said that they feel safe because the staff really cares about them and are trying to help them. One youth said "*I feel pretty safe here it's like I don't want to leave honestly because it's like my safety blanket because I know I'm safe here*."

Overall, the youth feel that a supportive staff creates a safe environment for them. If youth reported feeling unsafe, this was usually because of their peers and this was reported as occurring only occasionally.

Welfare

Several different questions were asked to the youth included in this study to assess their general welfare. NICRP asked the youth about whether or not they attended school and how they felt about the education provided within that facility. Additionally you were asked about protocols for misbehavior as well as how comfortable they feel talking to the staff at the facility.

School

Participants were specifically asked whether or not they attended school while in the facility, and if so what they thought about school. If necessary youth were prompted and asked specifically about their daily lessons and whether or not they felt that they were too difficult, too easy, or just right.

All but one of the youth interviewed stated that they attend school. The one youth stated that he/she can get schoolwork but it is optional. The rest of the youth reported that they attend school regularly.

Most of the youth felt the schoolwork was too easy *"[the work is] like 6th grade work. It's real easy to get credits here, a lot of kids are just lazy about it.*" One facility tests youth upon intake to find out their educational level, then the schoolwork is given to them at that level. The youth in this facility mostly said the work was just right for them. One youth was preparing to take the G.E.D. and the teaching staff was assisting him/her.

Substance Use

Youth were asked whether or not they had ever used illegal drugs or alcohol, and if they said yes they were asked about any treatment for substance abuse that is offered in the facility.

Most of the respondents stated they have used illegal substances and/or alcohol. Of those respondents only a few reported not having a treatment program and those same youth stated that they did not want to be in treatment because they did not have a problem. Most youth reported having a treatment program. Of those in the treatment programs, a vast majority reported that the treatment was helpful to them. The treatment programs which included therapy and group therapy seemed to be viewed as the most useful to youth. *"…the counselors here take you step by step and they have workbooks they have, the certificates that I have right now in my room (I have two of them) and they help you so much and it's like something that rewards me and makes me want to maintain my sobriety.*" The treatment programs where the youth watched movies and learned why substance use is bad but had no therapy or group sessions felt that the treatment was only slightly helpful "[*the treatment is not very helpful] cause they just tell you how to say no and they show you examples for it*." One youth said *"[I] kind of I just wish that we would be able to talk about our problems instead just sitting there and learning what's bad. Because we watch movies on like people recovering from drugs or alcohol and stuff like that so I think it's pretty good but I would like to you know talk about what why've done and what affects it's had and all that stuff.*"

Misbehavior
In this section youth were asked about what happens when someone in the facility misbehaves. Specifically youth were asked if they had ever been in trouble in the facility, and if so what happened, and then asked if they felt that it was fair.

Most of the youth interviewed stated that they had been in trouble while at the facility. Those youth mainly had consequences such as level drop/freeze or privileges/points taken away. Most of the youth felt the punishment was unfair while some of the youth felt that since their actions broke a known rule, they deserved the punishment. None of the youth interviewed had ever been restrained.

Comfortable Talking to Someone
Participants were asked whether or not there was someone in the facility that they felt comfortable talking to about any problems that they had.

Only a few youth stated that they did not feel comfortable talking to staff about problems. The majority of youth felt they could speak freely with staff and their therapists.

Civil and Other Rights

Youth were asked a set of questions pertaining to their civil and other rights. Youth were asked about the facility's grievance process and whether they had utilized that process, if they had either experienced or witnessed any unequal treatment

Complaints
Youth included in the study were asked if they had ever filed a formal grievance before. If they had they were asked about how the process worked and how they felt about it. Youth who had not filed a grievance were asked, if they knew what the procedure was to file a grievance, and also if they would have and fears associated with filing the grievance.

Many of the youth have filed a formal grievance in the past. Many of the youth who had not filed a grievance, knew how to file a grievance. Two of the youth did not feel comfortable filing a grievance for fears that they would get made fun of by peers or that staff would not like them anymore. Of the youth who had filed a grievance, most stated that nothing happened from the grievance, no one talked to them, nothing changed, nothing happened as a result.

Unequal Treatment
Youth were asked about whether they had either experienced or witnessed any unequal treatment from staff in the facility.

Most of the youth said that they had experienced unequal treatment while at the facility, of those youth all stated that staff have favorite youth and treat them a little better than the other youth. One youth stated that those treated better (aka favorites) are treated that way because they are really trying with their program and are actually putting effort into changing while the other

youth do not try to put effort in their program. Only a few youth stated that everyone is treated fairly.

Communication outside the Facility
Youth were asked about their ability to communicate with people outside the facility.

All but one youth stated that they communicate with family outside of the facility, and the exception chose not to communicate with his/her family. Most facilities allowed phone use but limited to one or two ten minute phone calls per week to family on the "call list" only. One facility allowed phone calls to anyone and as many times as the youth wanted to call. All the facilities allowed visits. There are designated people (those on the call list) and times that visits may take place. Most of the youth receive visits regularly. One youth has parents out of town and accommodations are made for more time when the parents can visit. Some facilities have passes the youth can earn to leave the facility for a specified time with family.

Other Issues/Recommendations

There were some issues that came up during the course of the interview that did not easily fit into one of the other pre-existing categories.

Most of the youth did not have anything else to add to the interview. Those who did have other issues discussed favoritism with staff and the youth being too gossipy. Some youth felt that staff was just there to earn a paycheck and did not really care about the youth in the facility. The youth also wanted better food and more time outside.

Prior to entering the current facility many youth had been in other facilities in Nevada, including: mental health and detention facilities.

Child Welfare Facilities – Administrators

Position Titles	**Education Levels**
Administrative Director Manager of Shelter Services	Graduate Degree
Total number of participants = 2 **Average years experience** = 6.25 years **Average length of time in facility** = 20.75 years	

As part of the site visits, administrators were interviewed at all facilities included in the study. This person was someone who is in an upper management position at the facility. If the administrator was unavailable for an interview on the day of the site visit, NICRP interviewed the person who was designated for us on that day. Additionally, some interviews were conducted with more than one person, as some administrators chose to include their "second in command" in the interview. All administrators were asked the same set of questions. These questions were designed to better understand the purpose, function, policies and daily operation of their facility. Administrators were also given the opportunity to provide NICRP with feedback on any aspect of their facility that was not already asked about. Interviews with administrators lasted between one and two hours.

Health

Administrators were asked about various issues that affect the heath of the youth in their care. These questions included facility policy and practice regarding medication administration and storage, menu development and food preparation, as well as the facility's policy on exercise for the youth.

Medical Care

Administrators were specifically asked about who administers medication, how medication is tracked and logged, and where medication is stored. All administrators reported policies regarding medication administration. The administrators reported having some kind of medical professional available to see ill or injured children. Depending on the facility, this may be a registered nurse, nurse practitioner or a physician assistant. If the youth needs to see a physician, then either the youth is transported off facility grounds or the youth will see a physician during scheduled site visits. Some facilities have special residential areas for medically fragile youth and infants, where they receive specialized care and are more closely monitored.

Medication is dispensed by a physician, nurse practitioner or physician assistant. Depending on the facility, medication is logged and administered either by the medical staff or the staff supervisors on duty. Administrators reported that medication is stored a variety of locations, but it is always in a secured area such as the nurses office and in locked cabinets. Additionally, the facilities log all medication when it enters the facility and then when it is dispensed to the youth.

In addition to youth's physical health, the facility is also responsible for the youth's mental health. One facility reported having a psychologist on site three days a week for three hours and a psychiatrist that comes to the facility once a week for three hours to assess youth and monitor any youth who are currently prescribed psychotropic drugs.

All the administrators interviewed assured NICRP that a youth's insurance status has no effect on their medical care. The administrators stated that most of the children are Medicaid eligible; however, if a child cannot qualify for Medicaid and has no insurance, the facility assumes the cost of their medical care. This includes any medical care the youth may need including dental care.

Food

Administrators were asked about menu development and food preparation in their facility. All facilities reported that they use the Federal Hot Lunch Program as guidelines for menu development, which regulates calories, content and portion sizes. Meals are prepared on a four week rotating menu. All administrators indicated that the food/meal menus developed for the youth meet guidelines for nutrition and are approved by a nutritionist. Depending on the facility, the food is either brought in by a vendor (heat and serve) or is prepared in an on-site kitchen. One administrator also said that the youth are provided with healthy snacks. Accommodations are made for special diets for children with food allergies and diabetes. Nurses review and approve all the special diet and diet changes. Some administrators indicated that they also try to accommodate non-medical special diets such as vegetarians or diets based on religious/cultural requirements.

One administrator indicated that the food guidelines may be too strict or not appropriate when dealing with abused and neglected children. In many cases the youth may have been denied food as a form of abuse. In these cases, having the refrigerators locked or not being able to have access to food may cause these youth to hoard food while in the facility. The same administrator also indicated that the guidelines for meals and snacks may be insufficient for growing teenagers, who express discontent over the amount of food they are given and find ways to cheat.

Physical Activity and Recreation

Administrators were asked about the amounts and types of exercise provided for the youth in their facility. This included sports programs, physical education through the education program, and other opportunities for physical activity. Administrators reported that youth are provided with an opportunity to exercise through their Physical Education (P.E.) classes in school. One administrator stated that youth are encouraged to participate in school sports programs, such as track and field, etc. The administrators stated that staff will organize an activity such as having the youth run or walk around in a circle, bike riding, or playing kickball. Another stated that they

try to work with local companies to organize outings, such as hiking trips. The administrators did not indicate that there was a required amount of time that youth should be outside or in physical activity or recreation. One administrator indicated that the facility will begin an organized wellness program in July 2006.

Safety

Facility administrators were asked a series of questions about policies designed to protect the safety of the youth in their care. Administrators were asked about their staffing patterns and training regimens, the security level of the facility, and precautions taken to protect the safety of residents.

Staffing Issues

All administrators stated that employees receive a basic component of mandatory training at the time they are hires which includes first aid, CPR, infection control, emergency procedures, and some type of behavioral reinforcement training. Additionally, staff may volunteer for additional training in youth skill development and other job related topics. One administrator indicated that additional training is provided in specific techniques and processes for the use of restraints as well as in advanced child care. This administrator also indicated that staff is identified for invitation to additional training based on their commitment to the facility as an employee.

Administrators indicated that the staffing mix of the facilities include full-time, part-time and per diem or "on-call" employees. Due to fluctuating census within these facilities, all of the administrators stated that adequate staffing was a major concern. To ensure there is enough staff to appropriately supervise youth, part-time and on-call staff are scheduled to supplement the full-time staff. If these options are not available or are inadequate, full-time staff may be requested or required to work overtime. One administrator indicated that it is very difficult to hire and retain on-call staff due to the variability and inconsistency of scheduled hours. This administrator stated that evening shifts, weekends, and certain times of the year, such as summer and school breaks were especially challenging from a staffing perspective.

One administrator also indicated a need for a more equitable gender mix in staffing. This administrator indicated that approximately 98% of the staff was female; however, more male staff was desired to provide good male role models for the youth. This administrator believed that low pay and a stigma or stereotype of males abusing young children were responsible for the paucity of qualified male applicants to work in the facility.

Safety and Security Measures

Administrators were asked to describe some of the measures taken at their facility to protect the safety and security of the youth in their care. All administrators indicated that their primary mission and focus is the safety and security of youth in the facility. A variety of measures are employed to ensure the physical security of the youth such as locked and secured entries, exits and residential areas. All visitors to the facilities must be authorized. Some facilities conduct bed checks every 15 or 30 minutes during the overnight hours to ensure safety of the youth. Procedures are also enacted to ensure that youth are also protected from abuse or mistreatment

within the facility. One administrator indicated that to protect youth from each other, a child will be moved to different residential areas for safety or emotional reasons. Another administrator states that any kind of claim, from any source, that a child has been hurt, abused, or mistreated is immediately reported to a hotline and the police department is called out to conduct an investigation. Staff is mandated to report other staff members if they see them doing something inappropriate. Logs are kept on all complaints and signage is posted throughout the facility regarding the need to report problems to the hotline.

Suicide Precautions
All administrators interviewed were asked how their facility handles attempts at any form of self harm. All administrators indicated that the protocol for the prevention of self-harm includes a psychological screening and assessment by qualified mental health professionals at the time the youth enters the facility. At any time during their stay in the facility, youth in immediate danger of self harm will be taken to the local emergency room where the youth will receive further evaluation and possible transfer to a psychiatric hospital. If a child makes a suicide statement or gesture, he/she is immediately put on suicide watch, which consists of continuous monitoring by staff until a psychological evaluation is conducted for the child.

Welfare

Administrators were asked about the various ways in which they protect the welfare of the youth in the care of their facility. In this section administrators were asked about discipline procedures, living conditions, educational and treatment programming.

Discipline Procedures
Administrators were asked about the methods used in the facility to maintain order and control, specifically about what happens if youth misbehave in the facility. Administrators reported that there are various levels of authority when it comes to assigning consequences for negative behavior. Front line staff is often allowed the freedom to assign certain consequences, such as deducting points, taking some privileges, or placing the youth in room confinement for a short period of time. One administrator stated that runaways are placed on a 30 day restriction and personal items are taken away, such as shoes and clothing, which are then slowly returned over the restriction period based on positive behaviors by the youth. In this facility, youth are also required to provide designated hours of community service for skipping school or getting kicked off of the bus.

While line staff is allowed to make these decisions, in most facilities these decisions are reviewed by the supervisor on duty or the administrator. One administrator stated that if a child is extremely upset and in danger of causing harm to himself or others, staff are authorized to use physical restraint. However, management must be immediately notified either prior to or immediately following the use of restraint.

Some facilities reported using a point system which progresses youth through the program and allows them to gain privileges. In these facilities negative behavior can result in deductions of points which in turn, affect the youth's standing in the program. Other facilities do not use

points, and instead take privileges away for negative behavior. One facility developed a combination of systems based on age. For example, teenagers participated in the point system. Pre-teens worked on a level system where each higher level afforded more privileges. Younger children received tokens for good behavior and toddlers received stickers. According to the administrator, *"If you see stickers all over them, they're having a good day."*

Administrators were also asked about consequences for negative behavior and how these consequences could be tailored for youth with special needs. All administrators reported that programs can be tailored and usually are adjusted for youth with special needs. For example those youth who are younger or are developmentally delayed, may accumulate points on a daily basis as opposed to weekly basis because this allows them to set shorter term goals that are more realistically attainable for their developmental level.

Education

Administrators were asked about the way that the education program was structured, and about their relationship with the local school districts. Facilities either had their own school on site, including a pre-school with teachers provided by the school district, or students were placed in the same school they were attending prior to coming to the facility. One administrator stated that all the youth wear school uniforms that are purchased by the facility. All the administrators responded that it was considered very important for the children to see positive teachers and to have a regular school routine for the time they are in the facility. One administrator had dedicated a one-hour time slot for doing homework every day. If some of the children do not have homework, they are required to read a book during the hour.

For the administrators who do work with the local school district for educational services, NICRP asked how they felt about their relationship with the school district. All administrators stated that they felt they had a good working relationship, and that the facility staff and the teaching staff all work together to help the youth in the facility become successful. These relationships are not perfect; one administrator mentioned that relationships with some schools are better than others and that they are trying to improve those relationships. This administrator also indicated that a lot of effort is put into communicating with the school administration and school counselors to keep track of homework and grades. The administrator stated, *"I think we've done better this year on schools and homework than in past years, that still is an area I cannot do as well as a foster home can, so I work it very, very hard."*

Living Conditions

Facility Administrators were asked their opinion about the living conditions within their facility. All administrators stated that the living conditions were very good at their facilities and that tremendous effort was made to ensure that the facilities were well maintained. One administrator stated that the health department and fire department inspects the facility frequently and any maintenance or construction problems are immediately addressed by the real property management department of the county, which give the facility priority in all their tasks. The administrators did acknowledge that some buildings were older and required more costly maintenance. One administrator stated, *"You see that some of the flooring buckles in some of the*

older cottages. It's on order and it's going to be done, but sometimes they delay it until the next fiscal year based on appropriations and that kind of thing."

Crowded conditions were the biggest concern for the administrators. One administrator indicated that every building on the campus suitable for habitation had been taken over to provide a place for the youth. Another administrator stated that one of the buildings housing youth is of temporary, modular construction. The building is 2,100 square feet and is licensed for 20 youth. This administrator states, *"And so even though it's the worst building by far, and when you look in the bedrooms, you're going to go "my God" because they're small and I'm supposed to have four kids in there and there is no storage at all..."*

Facility Programs

Administrators were asked to describe some of the programs available at their facility. All the administrators stated that the youth who come to their facilities are either abused, abandoned, or neglected. Therefore, programs are designed to provide as much normalcy as possible in terms of socialization, recreation and entertainment, given that the youth are in protective custody. Various visitation programs were described, ranging from supervised on-site visits to overnight stays with the parent(s). Administrators described the importance of the role of the facility in working with families, child protective services and the legal system with regard to permanent placement of the youth either in foster care or reunification with the family. Administrators also took this opportunity to talk about vocational, recreational and treatment programs at the facility. Administrators also discussed the type of behavior modification programming used in the facility.

Vocational and Recreational Programs

Administrators listed various on campus and even off campus activities that are available to youth. Some facilities provided an art room, gym, and/or an exercise room for the youth. All administrators stated that occasional special activities are planned for all of the youth such as festivals and barbeques provided on facility grounds. Many activities are reserved for youth exhibiting positive behaviors. These include participation on school competitive sports teams, intramural sports on campus, as well as outings such as movies, plays, and trips to go shopping. Some facilities provide special programs for small children to develop motor skills and provide age appropriate exercise. One administrator stated that the facility also provides physical and recreational therapy for youth who have been severely injured or who have physical disabilities.

Behavior Modification Programming

All of the child welfare programs have some type of behavior modification program. These include the use of point, level, or token economy systems that are designed to promote positive behaviors. One administrator mentioned a program designed to teach youth social skills. According to the administrator, *"They learn pro-social behavior. They know how to get what they want without having to act up. They know how to ask for permission, how to follow instructions, how to make friends."*

Treatment Programs
All facilities have access to mental health staff to develop treatment programs for individual youth. One administrator mentioned that the psychologist contracted with the facility provides individual counseling, family counseling in certain situations such as reunification, and conducts group therapy with the older kids twice a week. All of the administrators stated that youth who come into the facility and appear to have substance abuse issues are redirected to treatment facilities either out in the community or with a private vendor. All of the administrators expressed concern that as the population increases, more teenagers are brought to the facilities with substance abuse problems and it is very difficult finding places for treatment. According to one administrator, *"…as we have increased our teenage population, we've probably had a couple of situation where I've had some drug usage in here, we've brought the dogs over a couple of times…"* An administrator also mentioned that cigarette smoking was an issue. Youth are placed under the supervision of the nurse who may provide nicotine gum to assist the youth to quit, however, the nurse is very cautious about dispensing nicotine aids to youth.

Civil and Other Rights

Facility administrators were asked about the ways that they protect the youths' rights, as well as asked to describe their grievance policy. Administrators described the various documentation necessary to ensure that resident's rights are protected, as well as their grievance/complaint process, and finally their facility's policy on data collection and management.

Resident Rights
Administrators were asked about heir awareness of resident rights, as well as the measures they take to protect those rights.

Both facilities addressed the issue of resident rights. One facility administrator stated "*we teach the kids what their rights are. They're taught that also in school.*" This administrator discusses rights with the children who believe their rights have been violated. Another facility administrator states that the youths' rights are protected by "*our policies and procedures that we have in place and by the way that we follow those, they automatically are taking care of the civil rights…*" This administrator wants to put a policy in place that posts rights for kids so that the youth know what they are but so far that has not happened.

Complaint Process
Administrators also stated that residents' rights were protected through the grievance/complaint process. Administrators were asked to describe their grievance process.

Both child welfare administrators addressed the issue of the complaint process. One facility administrator stated that the youth can file a grievance by discussing concerns with anyone at the facility and/or parents. From there, documentation is created and reviewed by the facility administrator and followed up on within 24 hours. Employees may file grievances against co-workers and a role-play session is followed. The complaint is not documented in the employees record but "*they're documented and followed up on*." Another facility administrator states that the children ask if they can call their social worker and that is how complaints are dealt with. On

some occasions the child will be asked to write the complaint down formally if the social worker says "*I can't answer crazy questions, dumb questions and so forth…*" The facility administrator goes on to say that it is a rare occasion where he/she is the one to follow up on the complaint because usually the social workers handle the complaints.

Retaliation for Filing Complaints

Only one facility administrator was asked about retaliation for filing complaints and that administrator stated that the youth who file a complaint are not treated any differently than the other youth.

Data Collection and Management

Administrators were asked about the types of information that is kept regarding the youth in their care. They were also asked about the security of this information as well as what it is used for.

Both facilities reported on records and management of records of the youth. One facility administrator stated that only the case worker and the case worker's supervisor has full access to the youth's records. The staff in the youth's unit have access to observation notes "*which means the things that happen here every day*." The only data collected at this facility is "*population stuff*." The facility administrator states that they do not collect data on the youth because *"…that's not a good use of the kids here. That's not what they came here for."* Another facility administrator states that the records of youth are located in an office and then *"…they rotate from the office to a kind of dead pile in the office, and then rotate into this closet here, and then we have a bunch of boxes out in some locked outdoor cabinets*." The office that the records are in are not locked but "the office is relatively secure." Staff who need to know something about the child and are a trained supervisor or substitute supervisor have access to the records. The facility administrator stated "*could a staff go in there and look at something they're not supposed to look at? Probably, it could be done."* The youth records include everything in the day to day activity, including problems, punishments, medication errors, how much the child gets paid, etc.

Other Information

At the conclusion of the interview administrators were allowed to provide NICRP with any additional information that was not previously discussed. The information provided that could not easily be grouped into another category is listed or summarized in this section.

One facility administrator clarified county regulations over the facility and where the children end up after the facility (i.e. foster care, another facility, back home, etc). This administrator also stated that each new hire employee goes through an extensive background investigation and drug tests. The youth at this facility may earn money and can buy personal hygiene products once a month. The facility pays for school trips as well. This facility has a high turnover rate for employees with the exception of management. This facility has had an increase in population and a change in population due to many reasons, over the past four years.

Child Welfare - Staff

Position Titles	**Education Levels**
Supervisor Child Development Specialist Program Supervisor Supervisor Trainee	Some College Bachelor's Degree
Total number of participants = 4 **Average years experience** = 12.25 years **Average Length of time in Facility** = 10.67 years	

Health

Physical Exercise
Staff were asked to discuss whether or not they felt the policies and practices with regard to physical exercise were appropriate at the facility.

Half of the participants reported that they would like to see children and youth receive more exercise. One staff stated that the amount of exercise is often up to the staff, and clarified by stating that the kids could get more exercise but they have limited exercise facilities. Another staff stated that there is a schedule for getting kids outdoors, and that on her shift she insists the teenagers spend at least one hour outside. One staff stated that in the winter when it's harder to be outside they try and get the kids involved in indoor recreation to keep them busy and reduce fights.

Types of exercise specifically reported were basketball, running, and riding bikes.

Food
Staff were asked to discuss whether or not they felt the policies and practices with regard to nutrition were appropriate for the facility.

All staff stated that the nutrition is adequate, and most of them referenced the facility's participation in the NutriKids program. One staff stated that there should be more done with food though, despite the clear guidelines of the program in terms of portion sizes. Another staff expressed frustration that food is not allowed to be used as a reward, although it was unclear whether that was a facility policy or program guidelines. One staff stated that the portions were appropriate as well.

One staff shared that if a youth is not hungry when food is served, it cannot be given to anyone else, because each youth must be served specific portions according to guidelines. According to this staff, a lot of food is wasted following this policy.

Medication
Staff were asked how medication administration is handled at their facility, and whether or not they feel it is properly administered to youth in their care.

At one facility, staff supervisors are responsible for administering medication, and at the other facility there are nurses that administer medication to children. Staff reported that nurses make rounds several times a day to administer medication, but that staff have access to a first aid kit on the cottage. In situations where medication must be administered often, staff reported that there is a medical memo posted on the cottage with information for staff who will then administer it. At the facility where staff are responsible for medication, staff reported that they work with a medication log book which has all the dosage information plus space to write in time and date of administration. Staff reported that there is a specific form to fill out if they missed medication, and reported that most staff are honest about it when it happens, though it happens rarely. Usually when it does happen, that staff reported that it happened at shift change time.

Staff shared that the nursing staff is extremely busy, but they do the best they can. One staff stated that it would likely be harder to administer medication for smaller, non-verbal children than for older children who can speak. The same staff member also shared that in the child welfare environment, especially for non-verbal children, that the facility staff does not always know their medical history or whether they have allergies, or if they have medication needs they do not always come in with them, which can be a challenge.

Other issues having to do with the provision of medical care in this environment that were shared by staff included daily sick call, staff has immediate authorization to call an ambulance if needed, an immunization program, a program through which girls are taken to see an OB/GYN for sexually transmitted disease screenings and pregnancy tests, as well as vision and dental examinations. One staff stated that ""*what they are basically trying to do when they come in … is get their health care back to where it should be*".

Safety

Staff were asked about general safety issues at the facility, such as overcrowding and self-harm issues, as well as whether or not they felt safe working at the facility. All staff felt very safe working at these facilities. One staff mentioned that there are situations when the older teen boys can feel intimidating, but that "*we are so well trained*" that it does not make him or her feel unsafe.

Overcrowding
Staff were asked how overcrowding at the facility was handled in an attempt to understand what happens in those situations.

At one facility, staff reported utilizing community placements as much as possible, but also, depending on the cottage that the youth is placed in, they will use trundle beds or couches as temporary sleeping areas. They can also put mattresses on the floor. In addition, staff reported being able to call in part-time hourly employees to supplement the full-time staff in order to maintain appropriate staffing ratios for safety.

Staff at the other facility reported never having more children in the facility than there were beds to sleep in due to licensing requirements.

Self-Harm

Staff were asked to discuss how incidents of self-harm were handled at their facility. The term "self-harm" was chosen due to the fact that NICRP did not wish to limit the discussion to suicide only, since cutting and banging heads are common forms of self-harm and should be included. Overall, staff stated that if there are statements of suicide ideation, they generally call for a psychological evaluation.

For incidents of self harm, staff reported handling it just as they would handle any other crisis, by calling nursing staff, calling an ambulance, and calling someone to come in and counsel the youth. One staff reported that self harm attempts are common in the teen girls cottage, especially cutting. That staff further stated that "*we get a lot of kids who have attempted before we get them, but a lot of them have attempted because it's situational*", and felt that serious suicide attempts were rare in that facility. In addition, staff reported that peers will often report problems with suicide ideation or cutting to staff for early intervention. Another staff reported that they can use the MANDT hold to restrain the child until counselors can come evaluate the situation and speak with the youth. Another staff stated that supervisors and administrators are notified immediately.

Welfare

Education

Staff were asked to discuss whether the educational services provided to youth in the facility were adequate and appropriate. These two facilities handle education differently – at one facility there is a school on site and youth do not attend their regular schools while they are staying in the facility, and the other facility works to ensure youth attend their regular school while maintaining the privacy of their residence in the child welfare facility. .

While most staff seemed to feel that education services were adequate, one staff stated that it was very difficult particularly for older kids who are being pulled out of high school and are unable to receive credit for school attended at the facility. That staff further stated that it is difficult to have children from multiple grades in one classroom and have each child make adequate progress. One staff stated that he/she would like to see more cooperation between the facility's school and the school district in terms of credits for academic work and attendance. Another staff shared that he/ she feels the facility's school is good.

One staff stated that they felt very positive about the school district's efforts to keep the youth in their regular schools. According to this staff, the school bus comes to the facility first thing in the

morning and takes them to school then returns them to the facility in the afternoon. Another staff reported that the staff spends an hour with the youth working on homework after school.

Handling Misbehavior
In order to understand how staff deal with youth who are misbehaving, NICRP asked them to generally describe how they approach situations where youth are acting out.

Staff at one facility reported that they use a point system for youth to earn privileges. One staff shared that a lot of behavior is controlled informally through peer pressure and revoking group privileges based on one person's behavior. Other staff shared that level of discipline depends on behavior. One staff stated that the first step in discipline is to talk to the kids and see if they listen. Staff explained that they try to teach older youth strategies for coping and handling different situations, manners and other life skills. One staff stressed the importance of respect and relationship-building in managing behavior of the youth. One staff stated that all staff at his or her facility are trained in restraint holds if necessary, but that restraints are used only as a last resort if there is a danger for the child or to another child. Another staff stated that with toddlers, they use short time outs for behavior, and then "*just be patient with them and redirect them, teach them*". For older children, staff mentioned time in their rooms or time outside to calm down and separate from the situation.

Policies & Procedures

In order to assess staff understanding of policies and procedures at their facility, NICRP asked about whether or not they had received an orientation when they were hired, whether they thought the policies and procedures gave them appropriate guidance about how to perform the duties of their jobs, whether or not they felt the policies and procedures were regularly followed by staff and administration, and whether or not they felt the policies and procedures were fair and appropriate for both staff and youth.

Orientation
Staff were provided orientation in a variety of ways, according to the variety of answers received. Several staff at one facility have been working there for many years, and referenced outdated procedures due to agency reorganization. One staff reported reading manuals and having training sessions about Nevada laws. Another reported receiving the employee handbook and a new hire packet to read through. That staff reported that new hires are usually started in the nursery where things are slower so they have a chance to learn the rules and gradually move up to supervising pre-school and school-aged kids.

Revisions to the policies and procedures manual are often provided to staff via email or in hard copy form. One staff stated that they are required to sign off on new policies and procedures as they read them.

Guidance
Staff answers to the question of whether or not policies and procedures gave them appropriate guidance on how to do their jobs and whether they were clear and understandable varied. Overall, staff felt that the policies and procedures were appropriate guidelines.

One staff stated that the policies and procedures are a "baseline" for how to do the job, but that "*there are all those little gray areas about your job that could never be written down*". That staff further stated that the policies and procedures were being revised and updated to be clearer as well.

Another staff stated that at her facility, the staff were working on a handbook to accompany the policies and procedures. That staff stated that the manual was "very legalistic", so they decided to work on the handbook to describe more of the practical application of the policies and procedures and explain jargon and day to day practices at the facility.

Regularly Followed
All staff stated that the policies and procedures are regularly followed by staff and administration at their facilities. One staff expressed that the majority are followed, but chose not to provide additional explanation when asked.

Fair and Appropriate
Staff stated unanimously that the policies and procedures are fair and appropriate for staff and youth at their facilities.

Complaints

Since complaints or grievances are a major focus of this project, NICRP decided to ask the staff if they feel that the youth in their facilities understand the grievance process and feel comfortable using it. For this project, the term "complaint" and "grievance" were used interchangeably by NICRP, and there may have been some misunderstanding based on which term was used.

Staff expressed that they feel youth are definitely aware of the process for filing formal grievances, and stated that youth have the option to speak with staff or administration if they feel they have not been treated fairly. One staff explained that youth have unstructured groups in their cottages where they "*discuss issues, complaints, concerns*". Another staff stated that complaints are not as big of an issues in child welfare facilities, but when they are encountered this staff stated that he or she passes them on to his her supervisor. This staff stated that sometimes there are problems with angry parents, but those are handled by supervisors. One staff stated that complaints are largely verbal at her facility, rather than written.

Retaliation
Staff were asked to state whether or not they felt youth felt comfortable filing a grievance without fear of retaliation from staff. In general, staff expressed no concerns about staff retaliation on youth for grievances filed.

Response
Staff were also asked to share whether or not they felt the facility does a good job following up with complaints. Overall, staff stated that they felt that their facilities did a really good job at following up and responding to complaints.

Concerns

Staff were offered the opportunity towards the end of the interview to express any concerns they had about the facility to NICRP. Staff seemed willing to share ideas as well as concerns.

Concerns expressed included: overcrowding, difficulties with staffing ratios at the facility, difficulties finding shelter and foster placements in the community, problems with overworked staff working overtime shifts, trouble accessing services for the children and youth, the difficulties accessing services for youth who are "*technically homeless while they are in the shelter here*", a lack of transitional services for older youth who may not need or want a foster home, inappropriate placements of youth with mental health problems and difficulties with medications, difficulties with behavior problems in overcrowded situations, youth coming in with substance abuse problems and an inability to provide treatment, childhood sexual perpetrators, and trouble keeping sibling groups together.

Other

At the end of the interview, staff were asked if there is anything else they would like to share about the facility or how youth are treated there. As expected, there was a wide variety of responses received.

One staff shared his feeling that the staff at his facility were wonderful people who sincerely cared about the kids they care for. This staff stated "*I think it's a credit to the staff and to people who support us, whether it be the community or whoever, that we can do such a good job under these conditions with the kids*". Another staff shared that they appreciate the way the staff works together and enjoys the opportunity to learn from other staff. One staff stated that she appreciated the level of involvement from supervisors and administration in safety efforts, and particularly mentioned the fact that staff have radios to foster communication.

Staff stated that there needed to be a better mechanism for providing health care in these facilities. Because of privacy requirements like HIPPA, often the immediate caretakers are kept in the dark about the child's medications and then cannot pass along the information to medical providers who may need it. Another issue raised was that if a staff takes a child to the hospital and the time that they are out crosses shift change, then there are difficulties staffing the cottages. Finding providers that take Medicaid was also a problem.

One staff suggested that another child welfare facility similar to the one in existence should be built on the opposite side of town to broaden the agency's ability to provide emergency shelter care.

Child Welfare - Youth

Demographics for Child Welfare Youth Included in this Study

Total Interviews for Child Welfare Youth N= 5
Length of Interview – 10 – 20 minutes

Males = 2
Females = 3
Age: Range = 13 – 17 years
Average Age = 14.8 years
Length of time in the facility:
Range = 15 days to 5 months
Average = 2.25 months

Race/Ethnicity

White – Non-Hispanic	40%
Black Non-Hispanic	0%
Hispanic	40%
Other	20%

Ever used drugs or alcohol?
Yes = 40 %

Ever been diagnosed with a mental health disorder?
Yes = 60 %
Diagnoses included: Depression, Personality Distress Disorder

Receiving Substance Abuse Treatment in the Facility?
Yes = 0 %

Receiving Mental Health Treatment in the facility?
Yes = 60 %

Ever filed a grievance at this facility?
Yes = 0 %

Ever been in another facility in Nevada?
Yes = 60 %
Facilities included: BoysTown, McGee Center, Washoe County Juvenile Detention

Health

Youth included in this study were asked a series of questions pertaining to their general health. Youth were asked about the food they were provided, time for physical activity or exercise, how often they were allowed to go outdoors, visits to the doctor or nurse, and medication policies and practices. The responses to these questions are summarized below.

Food
In this section youth were asked about what they thought of the food served at the facility, whether they got enough to eat and whether they had any choice in the types of food they ate. The youth were also asked about some examples of typical meals in the facility.

Most of the youth interviewed stated that the food was "all right" to "good". They shared that they received a good variety of food, and were able to make some choices about what they ate. All youth reported getting enough to eat. One youth stated that they are not forced to eat the food if they are not hungry or do not like it, but they have to sit down at the table with the group for 5 minutes. Another youth shared that sometimes they are able to go on outings and get pizza afterwards.

Examples of meals prepared included: burritos, spaghetti, lasagna, fish sticks, hamburgers, Chinese food, cereal and fruit in the morning, sandwiches, and salads.

Physical Activity
Youth were asked whether or not they participated in any physical activities while the have been in the facility.

All youth reported participating in physical activity. One youth stated that they play "*all different kinds of sports*" like soccer, football and basketball. Another youth stated that they "*organize their own games*" and often play basketball, while one referenced kickball and dodge ball. Another youth shared that her facility is implementing a new mandatory participation requirement and they go to the parks to play games and play in the grassy area in front of the buildings.

Frequency of Being Outdoors
In conjunction with the last section youth were asked about how often they were allowed to be outdoors.

Overall, youth reported having the freedom to go outside daily. One reported that they are allowed to go outside on breaks and another said after school. Different amounts of time were referenced as well.

Visits to a Doctor or Nurse
In keeping with the theme of the youth's health while in these facilities, we asked the residents if they had seen medical doctor or nurse since coming to the facility, and also whether they had ever asked to see a doctor or nurse and been told that they were not allowed to see one.

All youth stated that they had seen a medical doctor since they had been in the facility, with one stating that "*when you first come in, you get a check-up*". Another stated that she was taken to the ER for a sprained ankle. No youth reported being denied a medical visit.

Medication
Youth we also asked about medication protocols while in the facility. They were asked if they currently are taking any type of medication, or if they ever had taken any medication while in the facility, Whether or not they were taking the medication before they were admitted into the facility, and how they received their medication.

All youth interviewed reported taking medication. At the facility where there is a nurse on duty, those youth reported that they received their medication from the nurse when she does her daily rounds. At the facility where staff administer medication, those youth reported being "*called over for meds*" at a set time every day. At that facility, medications are taken in the office and both youth stated that they keep it locked so no one "*can use it for drugs*" or "*try to overdose*".

Mental Health
In this section we asked youth if they had been diagnosed with a mental health problem, and if so what was the diagnosis. We then followed –up with that and asked whether or not they were receiving and treatment or counseling, and if so did they feel that it was helpful. If youth responded that they had not been diagnosed with a mental health problem, then the rest of the questions in this section were skipped.

Only one youth reported never being diagnosed with a mental health disorder. Of the three youth who reported a diagnoses, two of them reported being in counseling at the moment, while the other reported counseling three years ago. Both youth receiving counseling stated that it was helping them. One youth stated that he *"wasn't sure"* if he had ever been diagnosed.

Safety

Youth were asked several questions about their general safety at the facility and how they felt about their own safety in the facility.

Personal Safety
Participating youth were asked about their personal safety in the facility. Specifically they were asked if they felt safe in the facility.

All youth reported feeling safe in the facility. One youth mentioned an incident recently where people came in a truck and were knocking on the windows, but she stated that staff handled it.

Welfare

Several different questions were asked to the youth included in this study to assess their general welfare. NICRP asked the youth about whether or not they attended school and how they felt about the education provided within that facility. Additionally, youth were asked about protocols for misbehavior as well as how comfortable they feel talking to the staff at the facility.

School
Participants were specifically asked whether or not they attended school while in the facility, and if so what they thought about school. If necessary youth were prompted and asked specifically about their daily lessons and whether or not they felt that they were too difficult, too easy, or just right.

Because the two facilities provide education differently, NICRP received different answers. The youth attending school on campus reported that they do go to school and they felt the teachers

were helpful as they learned, but they also reported the lessons as being difficult for them, because they were learning skills "*to meet [their] levels*". At the other facility, both youth reported having previously dropped out of school and working to get back into school.

Substance Use
Youth were asked whether or not they had ever used illegal drugs or alcohol, and if they said yes they were asked about any treatment for substance abuse that is offered in the facility.

Two youth reported prior substance abuse and three did not. Of those reporting prior substance abuse, one reported prior treatment for substance abuse several years ago, and one reported that she was not receiving treatment because she did not think it was necessary for her.

Misbehavior
In this section youth were asked about what happens when someone in the facility misbehaves. Specifically youth were asked if they had ever been in trouble in the facility, and if so what happened, and then asked if they felt that it was fair.

Two youth reported no prior misbehavior that would cause them to lose points, and two youth reported that they had been in trouble before. One youth stated that it was only for minor things such as arguing, and the result was that her level had been docked. As a result of that level dock, she had lost some earned cash that is associated with her level and had been assigned to some "community service" at the facility. She felt that she had been treated fairly. The other youth reported being placed on a 30 day facility restriction for running away once. Both youth who stated that they had prior misbehavior reported that they had never been restrained.

Comfortable Talking to Someone
Participants were asked whether or not there was someone in the facility that they felt comfortable talking to about any problems that they had.

All youth reported that there was someone at the facility that they could talk to. One reported his or her counselor, and the other three specifically named staff members that they felt close to. One youth referenced the staff psychologist and the administrator as well.

Civil and Other Rights

Youth were asked a set of questions pertaining to their civil and other rights. Youth were asked about the facility's grievance process and whether they had utilized that process, if they had either experienced or witnessed any unequal treatment

Complaints
Youth included in the study were asked if they had ever filed a formal grievance before. If they had they were asked about how the process worked and how they felt about it. Youth who had not filed a grievance were asked, if they knew what the procedure was to file a grievance, and also if they would have and fears associated with filing the grievance.

Both youth at one facility reported that they had never filed a grievance and did not feel they needed to. Neither youth reported any fears associated with filing a complaint, and both stated that they did know how to file one if they wanted to.

At the other facility, none of the youth reported filing formal grievances, but they reported speaking with administration about specific issues. The one youth reported speaking to staff about favoritism and differential treatment from staff. She reported that youth receive differential punishments based on whether staff has a friendship with particular youth. This youth chose not to specifically report names to administration, so nothing was resolved, but she stated she wanted to make him aware of the situation. She said she did not report names because she did not want the staff to be mad at her. Another youth reported complaining to administration that there is a particular young staff member who tries too hard to fit in with the teenagers instead of acting in an appropriately supervisory manner.

Unequal Treatment
Youth were asked about whether they had either experienced or witnessed any unequal treatment from staff in the facility. This question was added to the questionnaire after the visit to one of the child welfare agencies, so there are only two answers.

Both youth stated that despite some people feeling like it was not fair, that everyone is treated the same. One stated that the differences in treatment were due to higher levels of responsibility.

Communication outside the Facility
Youth were asked about their ability to communicate with people outside the facility through phone calls and visits.

All youth reported being able to communicate with family members outside the facility by phone. Some youth reported having visits, and others reported *"phone time"* where youth receive or make a 10 minute phone call with someone on an approved contact list. Some youth reported having the phone answered by staff and outgoing calls dialed by staff. In addition to visits at the facility, one youth reported "off-shelter" times where kids can leave campus for one to two hours and go home to visit or go *"hang out."*

Other Issues/Recommendations

There were some issues that came up during the course of the interview that did not easily fit into one of the other pre-existing categories. These comments from youth reflect positively on the facility for providing a positive environment for kids in difficult situations.

One youth reported that feeling very comfortable at the facility because all the staff are nice and everybody gets along well "*unless a girl comes in with attitude*".

Another youth stated that even though the kids get into arguments, they consider each other family and are very close to each other. This youth stated that the staff feel like family members, and the other kids have nicknamed them Mom or Grandma, and call each other sisters and brothers.

Group Homes – Administrators

Position Titles	Education Levels
Clinical Program Manager I Clinical Program Manager II	Graduate Degree

Total number of participants = 2

Average years experience = 17.5 years

Average Length of time in Facility = 5 months

As part of the site visits, administrators were interviewed at all facilities included in the study. If the administrator was unavailable for an interview on the day of the site visit, NICRP interviewed the person who was designated for us on that day. Additionally, some interviews were conducted with more than one person, as some administrators chose to include their "second in command" in the interview. All administrators were asked the same set of questions. These questions were designed to better understand the purpose, function, policies and daily operation of their facility. Administrators were also given the opportunity to provide NICRP with feedback on any aspect of their facility that was not already asked about. Interviews with administrators lasted between one and two hours.

Health

Administrators were asked about various issues that affect the heath of the youth in their care. These questions included facility policy and practice regarding medication administration and storage, menu development and food preparation, as well as the facility's policy on exercise for the youth.

Medical Care

Administrators were specifically asked about who administers medication, how medication is tracked and logged, and where medication is stored.

One facility indicated that teaching staff administer medication and a part-time nurse administers clinical medication. This facility also has a psychiatrist on staff that sees youths once a month. This facility indicated that the medication is stored in a locked cabinet which is only unlocked during the time of administration. Both facilities have a master log which is initialed when medication is administered. One facility indicated that they use an additional form for doctors appointments, so the doctor my make comments and changes, specifically for dosages. One facility indicated that incident reports are filled, parents/guardians, and the manager are notified

immediately in the case of medication error or missed medication. One facility indicated that they try to assign a primary care physician when referrals come in. One facility indicated that all child welfare cases receive regular screening. One facility indicated that legal parent/guardian or social worker is responsible for filling medication and bringing it to the facility, where it is logged. One facility stated that they do not have a medical doctor on site. Therefore, if there is a medical emergency the youth would receive care through a quick care, a hospital emergency room, or a primary care physician.

Both administrators interviewed assured NICRP that a youth's insurance status has no effect on their medical care. If a child has no insurance, then the facility assumes the cost of their medical care.

Food

Administrators were asked about menu development and food preparation in their facility.

One facility indicated that they work with a contracted dietician and a food service director. This facility indicated that trained staff prepare meals. The dietician and the director create a menu for breakfast and dinner, and then staff decides the dinner menu. However, menus are posted ahead of time so youths know what they are going to receive. One facility indicated that at times youth help in menu and meal preparation. Both facilities assured that accommodations are made for residents with special dietary needs such as low sodium, sugar, and even vegetarians.

Physical Activity and Recreation

Administrators were asked about the amounts and types of exercise provided for the youth in their facility. This included sports programs, physical education through the education program, and other opportunities for physical activity.

One facility indicated that they do not have a formal exercise program. However, this facility does allow for recreational time. One facility indicated that youth have access to basketball courts and bicycles. This facility indicated that there are some structured activities outside and that they take the kids on outings.

Safety

Facility administrators were asked a series of questions about policies designed to protect the safety of the youth in their care. Administrators were asked about their staffing patterns and training regimens, the security level of the facility, and precautions taken to protect the safety of residents.

Staffing Issues

Administrators were asked about various issues pertaining to their staff. They were asked about staff training and how they handle being short staffed.

One administrator indicated that they have a wait list because they never take more residents then what they are licensed for. One administrator indicated that there is one on-call clinician

who rotates outpatients for the whole agency. One administrator indicated that staff is trained on Crisis Prevention Response (CPAR) on an annual basis. This facility indicated that nurses must have CPR training. Both facilities indicated a range of possible training such as: wrap-around process, Boys Town, MATs, seclusion/restraints, and first aid. One administrator indicated that they have additional training in conjunction with another facility. One administrator indicated clinical training such as range of diagnostic, medication training, how to deal with specific mental disorders. One administrator indicated that some training requirements are mandated as part of the job. One administrator indicated that staff turnover rate is not very high. One facility indicated that their staff work 40 hours a week and are required to work one 24 hour shift in which they are allowed to sleep for eight hours. One administrator indicated that they have 18-19 staff for 5 homes.

Safety and Security Measures
Administrators were asked to describe some of the measures taken at their facility to protect the safety and security of the youth in their care.

One administrator indicated that residents fill out a personal safety assessment when they come to the facility. One administrator indicated that they promote a violence free community. This administrator indicated if staff cannot control a youth the police are called, although, this rarely occurs. One administrator indicated that they try to intervene "hands-on", rather than using restraints. One administrator indicated that youths are always monitored. This administrator stressed the use of constant teaching and supervision.

Suicide Precautions
All administrators interviewed were asked how their facility handles attempts at any form of self harm.

One administrator indicated that if they have "cutters" they create a safety plan with the youth to identify risk factors. One administrator indicated that there is not a statewide suicide risk assessment or a suicide policy. One administrator indicated that the psychiatrist, the therapist, the legal guardian would be informed. One administrator indicated that they would have a clinician assess if the youth should be hospitalized. One administrator indicated that they have high supervision therefore they do not have many incidents of self harm. One administrator indicated that they document all incidents and accidents. One administrator indicated that they intervene before it gets to the point of self harm.

Welfare

Administrators were asked about the various ways in which they protect the welfare of the youth in the care of their facility. In this section administrators were asked about discipline procedures, living conditions, educational and treatment programming.

Discipline Procedures
Administrators were asked about the methods used in the facility to maintain order and control, specifically about what happens if youth misbehave in the facility.

When asked about decisions on disciplining residents, one administrator indicated that consequences are driven by "the model." Another administrator stated that it depends on the seriousness of the incident. Some incidents are punished by a point deduction. One administrator indicated that staff have constant communication therefore, no one person makes disciplinary decision. However, all incident and accident reports are sent to this individual in the interview. One administrator indicated that they meet with youths and discuss consequences so the youth can understand the situation and take responsibility for their actions. One administrator indicated that they have different disciplinary procedures for individuals who are developmentally delayed. Adjustments to the program are made so they do not have additional frustration. However, the facility wants them to do the program and be accountable, but how they get there may be adjusted.

Education
Administrators were asked about the way that the education program was structured, and about their relationship with the local school districts.

Only one facility provided information for this question. This facility indicated that residents attend school off site. They also have a day treatment program that is run by an early childhood program. This administrator believes that they have a good relationship with the school district.

Living Conditions
Facility Administrators were asked their opinion about the living conditions within their facility.

When one administrator was asked about the living conditions s/he indicated that s/he has OCD and therefore expects everything to be spotless. This administrator stated *"…well people can be poor, but they don't need to be dirty.*" One administrator indicated a need to make the facility homier. One facility has had issues with the following: sewage backup, mold in the showers, carpeting, and peeling paint. One administrator indicated that the living conditions could be better, however funding is an issue. Anther administrator indicated that their facility is safe and clean. One administrator indicated that the community would not donate to the facility.

Facility Programs
Administrators were asked to describe some of the programs available at their facility.

One administrator indicated the use of an educational model where residents earn their levels. The educational model is supported by rewards and consequences. One administrator indicated that they do not offer substance abuse treatment, but would find a treatment program for a youth if necessary. Another administrator indicated that they can provide treatment/referrals for substance abuse or partner with other agencies. One administrator indicated that they have follow-ups after the youth leaves the facility. One administrator indicated a recreational piece where youths participate in various activities such as fishing or swimming. However, these activities are limited by funding.

Civil and Other Rights

Facility administrators were asked about the ways that they protect the youths' rights, as well as asked to describe their grievance policy. Administrators described the various documentation necessary to ensure that resident's rights are protected, as well as their grievance/complaint process, and finally their facility's policy on data collection and management.

Resident Rights
Administrators were asked about their awareness of resident rights, as well as the measures they take to protect those rights.

Both facilities indicated that residents' rights are discussed upon entrance into the program. Both facilities indicated that rights are constantly re-enforced. One facility stated that there has never been a violation of civil rights.

Complaint Process
Administrators also stated that residents' rights were protected through the grievance/complaint process. Administrators were asked to describe their grievance process.

One facility indicated that verbal complaints are documented and resolved at community meetings. If the complaint was not resolved then it is filed. One facility indicated that the youth has to write down vocalized complaints prior to the community meeting. One administrator stated that complaints are dealt with in a timely manner, that day or the next. One facility indicated that they have a DCFS statewide policy and posters regarding complaints. At one facility, the administrator indicated that when a child has a complaint they advise their frontline staff and it goes "up the chain" to the supervisor. One facility has a child and family team where they can voice complaints.

Data Collection and Management
Administrators were asked about the types of information that is kept regarding the youth in their care. They were also asked about the security of this information as well as what it is used for.

Both facilities indicated that resident records are stored in locked filling cabinets. One administrator indicated that all staff has access to records but therapists are only able to access information about the youth on their caseloads. Another administrator indicated that outside the home, only the therapist and the case manager has access to records. One facility indicated that they are going to collect data on educational outcomes, child welfare, repeated maltreatment, and placement movement. One facility looks at percentages and types of diagnoses that are most common.

Other information

At the conclusion of the interview staff were allowed to provide NICRP with any additional information that was not previously discussed. The information provided that could not easily be grouped into another category is listed or summarized in this section.

Successes
One facility indicated that the neighbors do not complain about having mentally ill children in their neighborhood. One facility indicated that their program is better now than it was before. One facility indicated that their successes come through teaching. Both facilities indicated strong commitment by staff. One administrator plans to implement a child and family team process which will have monthly team meetings. One administrator indicated that a clinical team decides if residential care is appropriate for the child.

Challenges
One administrator indicated the need for a higher food budget. One administrator indicated that they are serving the toughest of the toughest in the community. One administrator needs preauthorization from Medicaid before a child is admitted.

Group Home - Staff

Position Titles	**Education Levels**
Coach Counselor Mental Health Counselor Program Manager Supervisor Teaching Parent Teaching Parent Coordinator	Some College Bachelor's Degree Graduate Degree
Total number of participants = 6 **Average years experience** = 14.8 years **Average Length of time in Facility** = 9.8 years	

Health

Physical Exercise
Staff were asked to discuss whether or not they felt the policies and practices with regard to physical exercise were appropriate at the facility.

Most staff members were in agreement that the exercise policies are adequate to ensure the patients' safety, health, and well-being. The staff members stated that exercise policies were focused on recreational activities rather then strict exercise. Patients do run laps before many of these activities, but the focus of the facilities are toward experiential sports such as skiing, camping, fishing, and back packing. Despite the fact that the patients did have some equipment such as bikes, roller blades, and scooters, a staff member believed that money for a gym facility would be beneficial.

Food
Staff were asked to discuss whether or not they felt the policies and practices with regard to nutrition and exercise were appropriate for the facility.

Most staff members were in agreement that the nutrition policies are adequate to ensure the patients' health and well-being. The staff members stated that there were nutritional guidelines that allowed for low portions and healthy meals. One staff member stated there was an on-staff nutritionist to make menus and guidelines. Accommodations are made for those with special needs such as patients with diabetes or patients who are on medication that causes weight gain.

Medication
Staff were asked how medication administration is handled at their facility, and whether or not they feel it is properly administered to youth in their care.

Overall the staff believed that the medication is properly administered to children at the specific facility. The staff stated that the children are administered their medication three or four times daily depending on the prescription. The staff try to teach the children to understand what medication they are taking, how many times a day to take it, and what time of the day to take it in order to increase responsibility. The children also have an option to refuse the medication, but if they decide to take the medication the staff must make sure the patients actually take it. One staff member stated there are a lot of checks and balances to make sure the children are receiving the appropriate medication which has reduced most errors. There is also a monthly medication review in order to decide if the medication for each child is working properly, the medication needs to be reduced, or the medication needs to be changed. Staff also meets with the doctor every two weeks to discuss changes in medication.

Safety

Staff were asked about general safety issues at the facility, such as overcrowding and self-harm issues, as well as whether or not they felt safe working at the facility.

For the most part, the staff feels safe at the facility the work at. One staff member did state that when violent kids are patients at the facility there are a few safety issues, but the staff member was more concerned for the safety of other children in the facility rather than his own.

Overcrowding
Staff were asked how overcrowding at the facility was handled in an attempt to understand what happens in those situations.

All staff members stated that there has never been an issue with overcrowding, since all facilities follow proper licensing policy.

Self-Harm
Staff were asked to discuss how incidents of self-harm were handled at their facility. The term "self-harm" was chosen due to the fact that NICRP did not wish to limit the discussion to suicide only, since cutting and banging heads are common forms of self-harm and should be included.

Overall staff members agreed that children have committed or attempted self –harm and the appropriate procedures have been used to reduce this or control it. Most staff members begin with using corrective teaching with the patient or safety assessment. If the child does not control the behavior, then they may be put into a basket hold or a two person hold. Other staff members stated the facility provides observation, and if conditions do not improve the child is moved to another facility for 24 hour supervision.

Welfare

Education

Staff were asked to discuss whether the educational services provided to youth in the facility were adequate and appropriate.

The staff members felt that the facility itself provided adequate and appropriate education services, but they were unsatisfied with the school system. Most staff members stated that improvement in the school system and more involvement from the primary caregiver or the parent is necessary for the children to do well in school.

Handling Misbehavior

In order to understand how staff deal with youth who are misbehaving, NICRP asked them to generally describe how they approach situations where youth are acting out.

Staff stated that they used preventative measures in order for the patients to communicate their feelings rather than misbehaving.

Consequences

In the discussion of how misbehavior is handled, NICRP learned a great deal about consequences for misbehavior and how they vary by facility. NICRP focused on this issue particularly to ensure that no rights were being denied as punishment.

The staff consistently stated that they all used various procedures to deal with children who misbehave. Many of them begin by confronting the child that is misbehaving and use corrective and preventative teaching along with a safety plan. Some staff member stated using negative consequences, level system, time outs, and taking away privileges. The staff has also mentioned transporting children to other facilities using police escort.

Policies & Procedures

In order to assess staff understanding of policies and procedures at their facility, NICRP asked about whether or not they had received an orientation when they were hired, whether they thought the policies and procedures gave them appropriate guidance about how to perform the duties of their jobs, whether or not they felt the policies and procedures were regularly followed by staff and administration, and whether or not they felt the policies and procedures were fair and appropriate for both staff and youth.

Orientation

Staff were provided orientation in a variety of ways, according to the answers received.

All staff verified that they received some sort of orientation and most responded by stating that they were required to read a manual explaining all policies and procedures. Some staff also met with Human Resource department personnel, while others attended three days of eight-hour

training and 24 hours to keep up with all certifications. Memos were sent out when updates were made and all staff was required to sign the update to verify that they received it.

Guidance
Staff answers to the question of whether or not policies and procedures gave them appropriate guidance on how to do their jobs appeared to fall on the extremes of the continuum from yes to no.

The staff believes the policies and procedures give appropriate guidance on how to perform the duties of their job. Many staff members believe that learning procedures was easily done during interactions with the children. Updates are given through emails.

Regularly Followed
Most of the staff believes the policies and procedures are regularly followed. However, a staff member did state that older staff has a problem adjusting to updated policies. Also, the staff will refer to the manual when they are not sure of a procedure.

Fair and Appropriate
The staff all agreed that policies and procedures are fair and appropriate for both staff and children.

Complaints

Since complaints or grievances are a major focus of this project, NICRP decided to ask the staff if they feel that the youth in their facilities understand the grievance process and feel comfortable using it. For this project, the term "complaint" and "grievance" were used interchangeably by NICRP, and there may have been some misunderstanding based on which term was used.

Most staff stated that the children were aware of the process for filing complaints or grievances. One concern was that some children have come from several other facilities and they may not be aware of the current facilities' procedures.

Retaliation
The staff believes that the children feel comfortable filing a complaint without fear of retaliation, and only one staff member can recall one child threatening staff with a complaint.

Response
Staff were also asked to share whether or not they felt the facility does a good job following up with complaints.

Most of the staff believed that the facility and/or administration do a good job in following up with complaints and responding in a timely fashion. One staff member felt the complaint process was fairly new and was not sure how quickly the complaints are responded to.

Concerns

Staff were offered the opportunity towards the end of the interview to express any concerns they had about the facility to NICRP.

Most staff member did not have any concerns with the facility. One staff member did state that a higher pay is of concern in order to have more adults since there is not very much security.

Other

At the end of the interview, staff were asked if there is anything else they would like to share about the facility or how youth are treated there.

There was one staff member who has worked in another facility in Nevada that houses children and a staff member who has not. The staff members both enjoyed the facility they worked at and did not think there was any information that would be helpful in conducting this study.

Group Homes - Youth

Demographics for Youth in Group Homes Included in this Study

Total Interviews for Group Home Youth N= 5
Length of Interview – 10 – 20 minutes

Males = 4
Females = 1
Age: Range = 12-17 years
Average Age = 13.8 years
Length of time in the facility:
Range = 21 days – 2.5 years
Average = 10.9 months

Race/Ethnicity

White – Non-Hispanic	80%
Black Non-Hispanic	20%
Hispanic	0%
Other	0%

Ever used drugs or alcohol?
Yes = 0 %

Ever been diagnosed with a mental health disorder?
Yes = 100%
Diagnoses included:. ADHD, Bipolar Disorder, or a combination of the two

Receiving Substance Abuse Treatment in the Facility?
Yes = 0 %

Receiving Mental Health Treatment in the facility?
Yes = 100%

Ever filed a grievance at this facility?
Yes = 20%

Ever been in another facility in Nevada?
Yes = 100%
Facilities included: Desert Willow Treatment Center, Montevista Hospital, Kids Kottage, Family Learning Homes, Rite of Passage Silver State Academy, Washoe County Juvenile Detention, McGee Center, Northeastern Nevada Juvenile Services, various foster homes and group homes

Health

Youth included in this study were asked a series of questions pertaining to their general health. Youth were asked about the food they were provided, time for physical activity or exercise, how often they were allowed to go outdoors, visits to the doctor or nurse, and medication policies and practices. The responses to these questions are summarized below.

Food
In this section youth were asked about what they thought of the food served at the facility, whether they got enough to eat and whether they had any choice in the types of food they ate. The youth were also asked about some examples of typical meals in the facility.

Youth were asked about the quality of meals at all facilities. Only one respondent felt that the food was "*so-so*." Generally, youth reported having enough to eat with the exception of one youth who reported "*maybe so and maybe not.*" Some of the youth reported that they have some choice in what they eat, for example, in one facility youth decide in their groups what they would like to eat. Youth in one facility reported that they are required to drink a full glass of water at every meal and then they are free to drink whatever they want after that initial glass of water.

Overall, the youth seem satisfied with meals provided in these facilities. Youth reported that although the amount of food provided is adequate, they would like more choices in the types of food that they eat.

Physical Activity
Youth were asked whether or not they participated in any physical activities while the have been in the facility.

All the youth reported being involved in some sort of physical activity. One youth reported that they go outside to play and another youth reported going outside to play chess. Other youth included in the study reported playing basketball, rollerblading, skateboarding, "scootering" and playing baseball. Youth also reported being allowed to ride bikes and walk laps outside. One child was excited about learning the rules of football, *"One staff is teaching the rules of football now because he played for the UNLV football team."*

It seems that youth are being allowed adequate time for physical activity and exercise on a regular basis.

Frequency of Being Outdoors
In conjunction with the last section youth were asked about how often they were allowed to be outdoors.

The youth reported being able to go outdoors frequently. One youth reported not being able to go outside because of his current medications. Youth stated that they are able to go outside but often this is only when weather permits and the youth complete required tasks such as chores, homework, homework, etc. Youth stated that they go outside almost everyday or everyday.

Overall, the youth reported that they are allowed to spend adequate amounts of time outdoors to play games and have exercise.

Visits to a Doctor or Nurse
In keeping with the theme of the youth's health while in these facilities, NICRP asked the residents if they had seen medical doctor or nurse since coming to the facility, and also whether they had ever asked to see a doctor or nurse and been told that they were not allowed to see one.

Most of the youth had not seen a doctor or requested to see a doctor while at the facility. One youth reported seeing a dentist since he had been in the facility. All of the youth reported that if they had asked to see a doctor they would be allowed.

Medication
Youth we also asked about medication protocols while in the facility. They were asked if they currently are taking any type of medication, or if they ever had taken any medication while in the facility, whether or not they were taking the medication before they were admitted into the facility, and how they received their medication.

Approximately 60% of youth interviewed from group homes reported taking some kind of medication while in the facility. All the youth currently taking medication reported that staff administers the medication and that they were taking the medication before they moved in to the group home.

Youth seemed informed and satisfied with the medication administration process, no errors were reported in the interviews.

Mental Health
In this section NICRP asked youth if they had been diagnosed with a mental health problem, and if so what was the diagnosis. Youth were also asked whether or not they were receiving and treatment or counseling, and if so, did they feel that it was helpful. If youth responded that they had not been diagnosed with a mental health problem, then the rest of the questions in this section were skipped.

All youth interviewed from group homes had been diagnosed with a psychiatric disorder. Additionally all youth interviewed reported receiving some form of treatment or counseling for this disorder. Most youth reported seeing a therapist or counselor on a regular basis and that this treatment was helpful. Only one youth did not feel that treatment was helpful, *"No I don't think the treatment is helpful. I hate counseling."*

It seems that mental health issues are a problem for many of the group homes included in the study. Interviews with these youth were often more difficult than those with other youth in the study because they had the most difficulty focusing on the questions and providing coherent responses. In one facility a staff member was present for the NICRP interview because the child was otherwise uncomfortable. This was the only facility where a child requested the presence of another adult for the interview.

Safety

Youth were asked several questions about their general safety at the facility and how they felt about their own safety in the facility.

Personal Safety
Participating youth were asked about their personal safety in the facility. Specifically they were asked if they felt safe in the facility, and also what made them feel unsafe.

Most youth reported that they did feel safe in the facility. There were some youth that stated they only felt safe some of the time. One youth reported that he felt unsafe when staff were *"breaking my agreements…my agreements were, when angry don't come near me. Cause, like, every time they come near me, I told them I want to go back to detention, and I don't think they care about that."* Another youth reported feeling unsafe when there were not enough staff around.

Overall, youth in the group homes seem comfortable with their surroundings and feel safe within the homes.

Welfare

Several different questions were asked to the youth included in this study to assess their general welfare. NICRP asked the youth about whether or not they attended school and how they felt about the education provided within that facility. Additionally youth were asked about consequences for misbehavior as well as how comfortable they feel talking to the staff at the facility.

Education
Participants were specifically asked whether or not they attended school while in the facility, and if so what they thought about school. If necessary youth were prompted and asked specifically about their daily lessons and whether or not they felt that they were too difficult, too easy, or just right.

All youth reported attending school off campus. Many reported that they liked school, but responses dealing with the difficulty of lessons varied greatly. Some reported that the lessons were too easy, while others stated that certain subjects were too hard. One youth stated that he did not like school and when asked about his teachers stated, *"I hate two of my teachers."* Another reported that school is difficult because, *"…there are other kids with behavior problems and I get into it with them."*

Overall, youth report that they are provided education and feel that it is satisfactory.

Substance Use
Youth were asked whether or not they had ever used illegal drugs or alcohol, and if they said yes they were asked about any treatment for substance abuse that is offered in the facility.

None of the youth interviewed reported using drugs or alcohol, and therefore were not asked the follow up question about receiving treatment for substance abuse.

Misbehavior
In this section youth were asked about what happens when someone in the facility misbehaves. Specifically youth were asked if they had ever been in trouble in the facility, and if so what happened, and then asked if they felt that it was fair.

Most of the youth reported having "been in trouble" at some point during their stay in the group homes. These instances ranged in severity from throwing and kicking things to cussing at staff to smoking a cigarette.

Consequences for this misbehavior also varied. Youth reported losing points, being grounded, and being regressed in their program. One youth reported that he had been restrained before, but corrected our language stating, *"Yeah, I was restrained…we call that physical management here."* All youth felt that they were treated fairly in these situations.

Comfortable Talking to Someone
Participants were asked whether or not there was someone in the facility that they felt comfortable talking to about any problems that they had.

All youth reported that there was at least one person that they felt comfortable talking to about their problems. This person was often a staff member or therapist. Only one youth stated that he was uncomfortable talking to anyone.

Civil and Other Rights

Youth were asked a set of questions pertaining to their civil and other rights. Youth were asked about the facility's grievance process and whether they had utilized that process, if they had either experienced or witnessed any unequal treatment

Complaints
Youth included in the study were asked if they had ever filed a formal grievance before. If they had they were asked about how the process worked and how they felt about it. Youth who had not filed a grievance were asked, if they knew what the procedure was to file a grievance, and also if they would have and fears associated with filing the grievance.

Only one of the participants reported ever having filed a grievance. The youth who had never filed a grievance stated that they knew how if they wanted to and would not be afraid. These youth stated that they were, *"not the type to complain"* or that they simply resolved the situation informally by speaking to staff directly and not filing a grievance. The only youth who reported

filing a grievance stated that he was not satisfied with the process and stated that he would not file a grievance again because he did not feel that it helped.

Group homes are much smaller facilities, and therefore the formal grievance process does not seem to be as utilized as in some of the larger facilities. This may be because with a smaller group youth are better able to deal with issues one-n-one as they arise so they do not make it to the level of a formal grievance.

Unequal Treatment
Youth were asked about whether they had either experienced or witnessed any unequal treatment from staff in the facility.

Only one youth reported feeling that he had experienced unequal treatment while living in the group home, stating, "*…like you're the one who is always causing problems, which I am not. It's the other two boys, and I'm always the one getting in trouble.*"

Unequal treatment did not seem to be a problem for youth in group homes.

Communication outside the Facility
Youth were asked about their ability to communicate with people outside the facility.

Most youth reported being allowed to use the phone and communicating with friends and family through visits and letters. Many reported that communication with friends and the number of phone calls allowed is restricted by your level in the program. In some facilities it seems that phone calls are granted freely. One youth stated that youth are allowed to make phone calls, *"Anytime you want unless you're out of control."*

Only one youth reported not communicating with family or friends at all, not even his mother. This youth reported that there was no long distance phone calls allowed, and that the phone is *"difficult to get a hold of."* Upon follow up with staff about this youth's comments NICRP learned that this particular youth did not have contact with family because that environment was very negative, and family presence had a negative impact on the youth's progress.

Other Issues/Recommendations

There were some issues that came up during the course of the interview that did not easily fit into one of the other pre-existing categories.

When asked if there was anything else that youth wanted to share, NICRP received a number of responses. These are listed below.

One youth wanted to state that he has a cat that he is allowed to have in his room and the cat sleeps with him. Another youth expressed concerns that staff were not following their agreements. Youth in this facility complete agreements with staff for various issues and these are contracts that both parties sign. This youth stated that many things in his contract are being

violated, such as his time in his room, medication issues, his feelings, which to him feel like all the rules that they set up in the contract. The youth feels that he will only cause problems if he talks to staff about it so he does not. One youth wanted to specifically mention that he felt everyone was treated fairly in the facility.

Finally, at this point in the interview one child brought up a concern about a roommate. This child stated that the roommate was inappropriately touching this child. This issue had come up before, but staff thought that it was resolved. Luckily this was also the same child that requested the staff member be present for the interview, so staff were immediately notified of the situation and staff assured NICRP that it would be addressed.

COMPLAINT SUMMARY ANALYSIS

Methods

During the project period, three types of complaints or grievances were collected from participating facilities: past, forwarded and current. At the beginning of the project, facilities were contacted and a request was made for all complaints/grievances filed between January 1, 2000 and December 31, 2005. Facilities were asked to make copies of these grievances and mail the copies and their associated responses to NICRP. These were called Past Complaints. Facilities were also asked to provide NICRP with copies of grievances and responses for all grievances filed in the facility during the project period of January 1, 2006 through September 30, 2006. These were the Forwarded Complaints. Also, during the project period posters were placed in each facility to let people know that complaints could also be filed through NICRP by calling a toll free number, using a website, mailing a letter, or faxing a complaint. These were called Current Complaints. Complaints made directly to NICRP were forwarded on to the facility administrator for investigation or follow up, and then the facility was asked to provide NICRP with a written response or resolution to each complaint.

These three methods indicate the ways that NICRP obtained the grievances analyzed in this report. Because all facilities have a unique way of handling complaints, as well as unique formats in which complaints are collected, NICRP created a method to standardize these complaints. For each complaint NICRP completed two summary forms. The first form summarizes and categorizes information about the complaint and its response, as well as descriptive information about the complainant themselves. A second form was completed which attempted to further categorize the elements of the complaint, as well as whether the response to that complaint was action-oriented or explanatory. Each complaint was analyzed by two different people to ensure reliability of the information. Copies of these two summary tools are located in the Appendix.

Once the forms were complete all complaints were entered into a statistical software database. Data was then cleaned for errors and then analyzed. Analysis of complaints was conducted in the same manner that analysis of both interviews and policies and procedures was conducted. Findings and discussion are organized by the type of facility, and then under each type of facility, complaints concerning Health, Safety, Welfare, Treatment, Civil and Other Rights are each discussed.

Complaint data was further divided within these larger categories by elements which were included on the second review form. Elements included Physical Harm, Lack of Supervision, Inappropriate Verbal Contact – Staff, Inappropriate Verbal Contact – Youth, Inappropriate Physical Contact – Staff, Inappropriate Physical Contact – Youth, Sexual in Nature, Disagreement with Staff/Administrative Decision, Medical in Nature, Differential Treatment by Staff, and Unsatisfactory Physical Environment. A sample of complaints and responses were included to describe the types of complaints that had been categorized as such. The complaint and responses were not matched in the report, as they were independently selected to protect

confidentiality. The categories were not mutually exclusive and analysts were able to select more than one category, hence percentages will not add up to 100%.

For quantitative data, frequencies and cross-tabulations were used in analysis. In addition a chi-square statistic was used to assess the statistical significance of the relationships illustrated by cross tabulations.

Summary Sheets – Second Review Form

The second summary sheet contains 11 potential elements that a complaint may contain. Complaints were reviewed and for every element present in that complaint the box was marked "yes", if it was not present in this complaint the box was marked "no". For those cases where the complaint was not attached or it was illegible, then "unknown" was selected. The chart below provides a brief definition for each element included on the summary sheet. All selections from this sheet were determined by analysis of the complaint itself, consideration was not given to the resolution. This was done to get a summary analysis of the allegations or circumstances as the complainant sees them, to accurately represent the types of issues that complainants feel are important. In the analysis by section percentages are presented for complaints coded in these categories. The percentages represent the number of complaints that contained that element. Complaints have the potential to be coded "yes" for all 11 elements or coded "no" for all of the elements, therefore percentages will not add up to 100%, as each element's percentage is calculated individually.

Physical Harm - These complaints contained an element of physical harm – the youth's complaint mentioned that he/she was physically harmed.
Lack of Supervision - These are complaints that came up because staff was not properly supervising children. These may arise when a youth is complaining about another youth and it is a situation that could have been prevented with appropriate staff supervision.
Inappropriate verbal contact by staff – Complaints that indicate that staff were verbally abusive or just inappropriate.
Inappropriate verbal contact by another youth – Complaints mentioning that another youth was allowed to be verbally abusive or inappropriate.
Inappropriate physical contact by staff - These complaints include allegations that youth were inappropriately physically touched by staff. (These are not necessarily sexual in nature)
Inappropriate physical contact by another youth – These are complaints that allege that another youth had physical contact with the complainant. (These are not necessarily sexual in nature)
Sexual in nature – This includes all complaints that mention some element of sex or sexuality. These may include everything from allegations of sexual abuse to sexual harassment. These complaints are not necessarily allegations of sexual abuse.
Disagreement with staff/administrative decision – This is the most common element found in complaints. This element includes anything that a youth may disagree with, from points assigned that day to any consequences or punishments given, or with facility policies or practices.
Medical in nature – This element includes anything having to do with medications, doctors visits, injuries, etc.
Differential treatment by staff – These include complaints that allege favoritism of any kind including racist treatment.
Unsatisfactory physical environment – This includes the youth's physical surroundings only. This includes building, clothing, room, facility location, suitability of food, etc.

Descriptive Statistics

The following information summarizes all complaints included in this study

Complaints Filed January 2000 through September 30, 2006 by Facility		
	Count	**Percent**
Summit View Correctional Center	684	16.7%
Nevada Youth Training Center	273	6.7%
Caliente Youth Center	816	19.9%
China Springs Youth Camp/Aurora Pines	76	1.9%
Spring Mountain Youth Camp	28	0.7%
Rite of Passage (Silver State Academy and Q House)	6	0.1%
Carson City Juvenile Detention Center	9	0.2%
Clark County Juvenile Detention Center	247	6.0%
Douglas County Juvenile Detention Center	6	0.1%
Elko County Juvenile Detention Center	4	0.1%
Humboldt County Juvenile Detention Center	29	0.7%
Mineral County Juvenile Detention Center	0	0%
Washoe County Juvenile Detention Center	677	16.5%
Adolescent Treatment Center	6	0.1%
Desert Willow Treatment Center	16	0.4%
West Hills Hospital	14	0.3%
Willow Springs Treatment Center	6	0.1%
Montevista Hospital	33	0.8%
Spring Mountain Treatment Center	1002	24.5%
Eagle Valley Children's Home	1	0%
Western Nevada Regional Youth Center	23	0.6%
Sage Wind Treatment Center	1	0%
Family Learning Homes (1,2,3)	6	0.1%
Palmer Home	1	0%
Achievement Place West	0	0%
Kids Kottage	73	1.8%
Child Haven	56	1.4%

Demographic Information on All Complaints/Complainants

Average Response Time = 6.1 days					
Facility Type	**Percent**	**Complainant**	**Percent**	**Responder Title (Top Five)**	**Percent**
Detention	23.7%	Child in Facility	94.0%	Assistant Superintendent	17.9%
Corrections	46.0%	Person on Behalf of a Child in a Facility	5.8%	Patient Advocate	16.8%
Mental Health	27.0%	**Gender of Complainant**		Supervisor	16.5%
Treatment	3.2%	Male	62.9%	Manager	16.1%
Group Home	0.2%	Female	33.3%	Other	8.9%

Elements of Complaints

	Percent	**Count**
Physical Harm	3.3%	135
Lack of Supervision	2.6%	107
Inappropriate Verbal Contact - Staff	16.7%	683
Inappropriate Verbal Contact - Youth	6.3%	256
Inappropriate Physical Contact - Staff	4.5%	183
Inappropriate Physical Contact - Youth	4.0%	162
Sexual in Nature	2.9%	118
Disagreement with Staff/Administrative Decision	61.6%	2532
Medical in Nature	5.9%	241
Differential Treatment by Staff	15.3%	628
Unsatisfactory Physical Environment	8.1%	333

Response to Complaints

	Percent	**Count**
Action Oriented	31.4%	1285
Explanatory	53.0%	2171
Unknown	15.6%	637

All complaints were initially categorized into one of the seven primary categories used in this study, Health, Safety, Welfare, Civil and Other Rights. During the course of analysis several complaints were identified as not fitting into one of those categories, and therefore two additional categories were created, Privileges and Other. They type of response was determined by reading the facility response and determining whether or not the facility took any action regarding the complaint. Those responses that indicated that someone did something as a result of the complaint were coded as "action oriented." Those that indicated an explanation for a situation, or quoted a policy as the reason for a decision were coded as "explanatory."

The information presented below indicates the type of response received for each category of complaint. If either the category of complaint, or the type of response were unknown those cases were excluded from the analysis.

Category of Complaint by Response Type

	Action Oriented	Explanatory
Health	14.6% (187)	11.8% (254)
Safety	10.8% (138)	6.2% (134)
Welfare	48.6% (621)	54.7% (1181)
Treatment	4% (51)	5.5% (118)
Civil and Other Rights	6.8% (87)	7.8% (168)
Privileges	6.4% (82)	8.2% (177)
Other	8.7% (111)	5.9% (128)
Total (% of Response Type)	100% (1277)	100% (2160)

** These differences are statistically significant at p=.000*

The table indicates that overall, regardless of the category of the complaint, most responses from facilities are explanatory in nature. According to the counts provided, only 37.2% of responses were considered action oriented as compared to 62.8% of responses which were explanatory. Additionally there are some small, but statistically significant, differences between the type of response and the type of complaint. Health, Safety, and Other complaints elicited a more action oriented response, while Welfare, Treatment, Civil and Other Rights and Privileges received more explanatory responses

The following table represent the elements of the complaint and how they relate to they type of response received. Each element is presented in the table below and indicates the type of response given to those complaints with each specific element. Those that have a statistically significant relationship between the element of the complaint and the type of response are

indicated with an asterisk. Those complaints in which the response was unknown were eliminated from this analysis.

Complaint Element by Type of Response

	Action Oriented	Explanatory
Physical Harm*	58.3% (63)	41.7% (45)
Lack of Supervision*	70.2% (59)	29.8% (25)
Inappropriate Verbal Contact – Staff*	46.5% (259)	53.5% (298)
Inappropriate Verbal Contact – Youth	41.3% (85)	58.7% (121)
Inappropriate Physical Contact – Staff*	52.8% (84)	47.2% (75)
Inappropriate Physical Contact – Youth **	49.2% (58)	50.8% (60)
Sexual in Nature*	58.7% (61)	41.3% (43)
Disagreement with Staff/Administrative Decision*	30.7% (677)	69.3% (1530)
Medical in Nature*	48.2% (110)	51.8% (118)
Differential Treatment by Staff	34.0% (190)	66.0% (369)
Unsatisfactory Physical Environment*	49.3% (137)	50.7% (141)

**Relationship is statistically significant at p=.000*

*** Relationship is statistically significant at p=.01*

Discussion

Some elements of complaints were more likely to elicit action oriented responses than others. For example, those complaints containing an element of lack of supervision, i.e. the incident would not have occurred if youth were properly supervised, were more likely to receive an action oriented response (70.2%). However other elements in complaints were more likely to receive an explanatory response. Almost three quarters (69.3%) of complaints involving a disagreement with a staff or administrative decision received explanatory responses. This would be logical given that the majority of complaints did disagree with a staff or administrative decision and often these things were misunderstandings that once explained the youth was more likely to accept the decision.

The remainder of the section on complaints provides counts and examples of complaints by type of facility. Each type of facility has a section which provides information on all complaints for that facility type, then counts and examples of complaints by type of complaint. For example, the first section is a summary of complaints from Correctional facilities. The first page describes all complaints for this facility type; the following page begins a discussion on all complaints filed within correctional facilities that were coded as "Health" complaints. In this section information on the complainant is provided as well as which "second reviewer" elements were selected for these complaints. Additionally a random sampling of complaints and responses for each type of complaint are provided to help the reader gain a better understanding of what complaints and responses actually were. These complaints and responses are not matched to protect confidentiality of complainants.

Corrections

All complaints received by included facilities from January 2000 until September 30, 2006 are included in this analysis. Complaints were summarized and categorized by NICRP and the results of those summaries are presented below. If a complaint was received without a response or a response received without a complaint or if the complaint was illegible, that response or complaint was coded as "unknown." The following section provides information on complaints received from correctional facilities. These include; Nevada Youth Training Center, Caliente Youth Center, Summit View Correctional Center, China Spring/Aurora Pines Youth Camp, Spring Mountain Youth Camp, Rite of Passage Silver State Academy.

Descriptive Information – Total Complaints = 1883

Average Response Time: 5.7 days	**Complainant information:**	
	Child in Facility	98%
Top Five Responder Titles	Parent	0.3%
Assistant Superintendent	Youth Advocate	0.1%
Supervisor	Friend	0.1%
Superintendent	**Gender of Complainant**	
Manager	Male	74.6%
Staff	Female	23.0%
	Unknown	2.4%

Elements of the Complaints

	Percent	**Count**
Physical Harm	2.0	38
Lack of Supervision	1.1	20
Inappropriate Verbal Contact - Staff	14.2	268
Inappropriate Verbal Contact - Youth	4.2	80
Inappropriate Physical Contact - Staff	4.5	85
Inappropriate Physical Contact - Youth	2.0	38
Sexual in Nature	1.9	36
Disagreement with Staff/Administrative Decision	69.4	1307
Medical in Nature	6.1	114
Differential Treatment by Staff	18.1	340
Unsatisfactory Physical Environment	6.5	123

Complaint Response

	Percent	**Count**
Action Oriented	38.1	717
Explanatory	56.3	1061
Unknown	5.6	105

Health

The following section will describe all corrections complaints that were categorized as "Health" complaints.

Descriptive Information – Total Complaints = 233

Average Response Time: 5.3 days	**Complainant information:**	
	Child in Facility	99.6 %
Top Five Responder Titles	Parent	0.4 %
Assistant Superintendent		
Supervisor		
Other	**Gender**	
Superintendent	Male	67.0 %
Staff	Female	32.6 %
	Unknown	0.4%

Elements of the Complaints

	%	**Count**
Physical Harm	1.3	3
Lack of Supervision	0.9	2
Inappropriate Verbal Contact - Staff	4.3	10
Inappropriate Verbal Contact - Youth	0	0
Inappropriate Physical Contact - Staff	0	0
Inappropriate Physical Contact - Youth	0.4	1
Sexual in Nature	0	0
Disagreement with Staff/Administrative Decision	69.1	161
Medical in Nature	35.6	83
Differential Treatment by Staff	5.2	12
Unsatisfactory Physical Environment	18.0	42

Complaint Response

	Percent	**Count**
Action Oriented	47.6	111
Explanatory	49.8	116
Unknown	6.0	2.6

Discussion

The majority of "Health" complaints filed involved a Disagreement with Staff/ Administrative Decision. Complaints involved:

- Denial of over-the counter medication such as Advil or Tums, or Vaseline
- Staff denied youth soap for hand-washing

- Denial of the opportunity to see the doctor, nurse or dentist or waiting too long on the list to see medical personnel
- Feels forced to eat lunches that are cold or that don't provide enough food
- Forced to sleep on a mattress that someone urinated on
- Trouble getting clothes washed due to staff limitations
- Staff making youth wait to use the bathroom
- Staff did not allow youth to wear sweaters or coats in school or in the cottage
- Youth needs to shave but razors are dirty and dull and shared among youth
- Requests for sanitary covers for the toilets
- Requests for more time outside

Responses included: Discussed with cottage senior, youth must ask for Advil at appropriate times, discussed with nurse, explained federal food and nutrition guidelines, nursing instructed to begin a dental list, only one student can use the bathroom at a time, youth should have unrestricted access to the bathroom, staff have been informed that youth must be appropriately dressed for the weather, staff instructed to provide adequate soap and not conserve it, will have nurse speak with staff.

One fifth of the "Health" complaints filed were Unsatisfactory Physical Environment. Complaints involved:

- Children are not provided adequate jackets for cold weather
- Food is not nutritious and there is not adequate exercise.
- Have been waiting almost a month for personal hygiene products.
- Kitchen staff does not wash cups as a form of discipline.
- There is always milk and food on the tables in the dining hall.
- Trash sits for days and toilets are not cleaned right.
- Youth only has 4 pairs of socks and has to wear dirty socks 3 days of the week.

Responses included: twice a week shirt changes are all that are permitted, youth must get toilet paper prior to going to his room, meals are strictly monitored for nutritional qualities and portions, food is cold because the youth is getting to dinner too late, employee was told that sweaters are allowed when it is cold, youth should bring dirty utensils to the attention of kitchen staff, and that coats are permitted as long as hoods are off indoors.

A small percentage (5.2%) of the "Health" complaints were Differential Treatment by Staff. Complaints involved:

- Youth was not allowed to wear his sweater when another youth was allowed to.
- Some kids get more food than others.
- Confinement youth should get the same food as the non-confinement youth.

Responses included: confinement youth get nutritional food, food quality and quantity is constantly monitored, sweaters are allowed in the halls.

A little more than a third (35.6%) of "Health" complaints filed were Medical in nature. Complaints included:

- Staff members refused to give youth medication
- Has not seen the nurse for a month since her request was put in
- Child was denied to see the doctor numerous times
- No staff was nearby to put a sick child on bed rest
- Tooth pain and was not treated for it
- Infected tooth and was not allowed to see the dentist
- Nurse is not responding to youth with special diet needs.
- Nurse gave youth wrong medications.
- Staff would not give youth gloves to handle waste.
- Youth needed lotion for his peeling skin.
- Razors are dirty and are shared among many people.
- Youth requests to go back on medication.
- Youth is allergic to fish and was not offered a different kind of dinner.

Responses Included: allergy lists are updated frequently, child must ask for medication at the right time or might be denied, staff is instructed to allow youth to use the bathroom as needed except when behavior would not allow it, lotion will be provided when a medical need is assessed by the nurse, medications were refused because of a pending review by the doctor in charge, dental visits are based on need, staff is instructed to make sure other foods are offered in case of an allergy, and staff reminded of proper precautions when dealing with waste.

Safety

The following section will describe all corrections complaints that were categorized as "Safety" complaints.

Descriptive Information – Total Complaints = 105

Average Response Time: 5.9 days		**Complainant information:**	
		Child in Facility	93.3 %
Responder Title		Other	3.8 %
Assistant Superintendent		Friend	1.9 %
Supervisor		Child Advocate	1.0 %
Other		**Gender**	
Superintendent		Male	71.4 %
Manager		Female	26.7 %
		Unknown	1.9 %

Elements of the Complaints

	%	**Count**
Physical Harm	25.7	27
Lack of Supervision	6.7	7
Inappropriate Verbal Contact - Staff	13.3	14
Inappropriate Verbal Contact - Youth	22.9	24
Inappropriate Physical Contact - Staff	31.4	33
Inappropriate Physical Contact - Youth	15.2	16
Sexual in Nature	15.2	16
Disagreement with Staff/Administrative Decision	50.5	53
Medical in Nature	4.8	5
Differential Treatment by Staff	7.6	8
Unsatisfactory Physical Environment	1.0	1

Complaint Response

	Percent	**Count**
Action Oriented	44.8	47
Explanatory	49.5	52
Unknown	5.7	6

Discussion

The majority of "Safety" complaints filed were Disagreement with Staff/Administrative Decision. The complaints involved:

- Staff member planned a fight between 2 youths.
- Because a youth is on suicide watch, he cannot play baseball.
- Staff would not let youth eat dinner because he refused to take medication.
- Youth is uncomfortable having male staff in dorm while showering

- Youth is accused of stealing toothpaste, so youth lost privilege to have paste in room.
- Youth had a wound and could not wrap it for an hour.
- Child was punished by staff because child wanted to fill out a grievance against staff.
- Improper and unsafe staffing ratios and administration is unwilling to resolve this issue.

Resolutions Included: Administration feels staff was justified and youth behavior was inappropriate, charges will not be pressed and matter has been resolved, issue has been address with staff and should not happen again, staff member was given a one day suspension, will address issue with night staff about assisting youth when they are asking properly, and will talk to senior about staff investigating incidents before consequences.

Approximately a third of "Safety" complaints were Inappropriate Physical Contact by Staff. The complaints involved:

- A Staff member pulled youth's hair.
- Complainant got into a physical altercation with a staff member.
- Staff member took the complainant into a back room and "dipped" him down and "plugged his nose."
- Staff member was waving a knife in youth's face.
- Youth was inappropriately restrained by staff.
- Staff member is flirting with youth and touches his butt.
- Staff put a youth in a choke hold.
- Staff hit youth on the head with his fist, and then hit his knuckles with a ruler.
- Youth states that staff struck his chest then pulled his shirt to move him backwards.

Responses included: Staff member was informed of the inappropriateness of action and bad judgment, youth's behavior and actions were out of control and staff took appropriate steps to protect her and state property, facility called in Metro Police to investigate claim, insufficient evidence to proceed with case, instructed a staff member to conduct an investigation on the matter, Superintendent will talk to staff regarding juvenile concerns, staff member was given a one day suspension, teacher was reprimanded and complainant was positively reinforced for using grievance process.

A quarter of the "Safety" complaints were Physical Harm. Complaints involved:

- Youth almost choked on a bone in the fish.
- Another youth smashed this youth's fingers in the door, and other youth was not punished.
- Staff yanked youth's keychain which was around youth's neck.
- Youth was jumped and kicked and punched while walking around the track.
- Someone slammed the youth on the ground and almost made youth black out.
- Staff member left two youths alone near the medication cart while taking others to the field and one youth ingested medications.

Responses included: Staff and youth's statements were attached to complaint stating grievance was an attempt to get the staff fired, statements from all staff involved were read and all

altercations were appropriate, matter is being looked into, staff will take steps to prevent any further action, staff members involved were placed on administrative leave pending investigation of the incident; youth will remain on meds and psychiatrist will evaluate youth, and will talk to staff about looking into situations further.

A little more than a fifth of the "Safety" complaints were Inappropriate Verbal Contact from Youth. Complaints involved:

- A youth at the cottage is sexually harassing him.
- Youth is making sexual comments towards this youth.
- Youth threatened to kill a youth if he did not give up his cake, and then tried to steal the cake.
- Youth was told that 4 youths are planning to physically assault him.
- Youth wants help for a dorm change because he feels like he is being persecuted by peers and staff within that unit.
- Youth does not feel safe in his current unit, being threatened by other youth, and wants to be moved.

Responses include: Dorm changed, no guarantee that youth will not have problems, but will follow policies and procedures to maintain safety and security, concerns are warranted and this issue will be addressed, facility is at capacity and cannot move youth, staff will also be instructed to look into situations carefully before accusing youth and to always maintain professionalism, will discuss with assessment team and refer to mental health, and staff will investigate thoroughly before giving consequences.

Welfare

The following section will describe all corrections complaints that were categorized as "Welfare" complaints.

Descriptive Information – Total Complaints = 1013

Average Response Time: 5.8 days		**Complainant information:**	
		Child in Facility	99.2 %
Responder Title		Other	0.9 %
Assistant Superintendent			
Supervisor			
Other		**Gender**	
Manager		Male	73.9 %
Unknown		Female	25 %
		Unknown	1.1 %

Elements of the Complaints

	%	**Count**
Physical Harm	0.8	8
Lack of Supervision	0.9	9
Inappropriate Verbal Contact - Staff	21.7	220
Inappropriate Verbal Contact - Youth	4.6	47
Inappropriate Physical Contact - Staff	4.9	50
Inappropriate Physical Contact - Youth	1.8	18
Sexual in Nature	1.8	18
Disagreement with Staff/Administrative Decision	71.6	725
Medical in Nature	2.1	21
Differential Treatment by Staff	25.3	256
Unsatisfactory Physical Environment	3.3	33

Complaint Response

	Percent	**Count**
Action Oriented	35.9	364
Explanatory	59.0	598
Unknown	5.0	51

Discussion

The majority of "Welfare" complaints filed were Disagreement with Staff/Administration. Complaints involved:

- Staff made youth stand outside in the cold as a punishment.
- Youth asked for 2 envelopes and was denied them.
- Youth asked for band-aid and was denied.
- Youth asked if he could wash his clothes and staff said no.

- Youth asked staff for pencils to do his homework and was denied.
- Staff would not let youth contact counselor.
- Youth was kicked out of class by his teacher and wants to be in a new class.
- Youth was put in time out for talking.
- Staff took all pillows and blankets because one person was acting up.

Responses included: pillows and blankets returned to youth, plan was developed in order for her to earn this privilege back, staff can send all students to their room to maintain order and security, staff training in awareness and supervision over the next month, youth can still go outside with group-grievance is valid, grievance is unfounded because youth did not receive an incident report for talking, plan was developed with complainant, and two staff helped complainant achieve group two.

A quarter of "Welfare" complaints were based on Differential Treatment by Staff. Complaints involved:

- Staff member does not like certain group members and treats them with disrespect.
- Staff takes "Mexicans and Blacks" out to play football, but not the Whites.
- Staff is making youth do push ups to make up points, it's unfair treatment.
- Youth alleges verbal and physical abuse and racism, unsafe environment and poor treatment.
- Youth feels he is discriminated against because of his past gang affiliation.
- Teacher made a remark to youth "there are enough Black people in prison."
- Staff members are rude towards youth and give better treatment to other youths.

Responses included: meeting with staff to discuss professional behavior, after talking with other supervisor complaint not supported, discussed with staff about being appropriate, claim could not be confirmed or denied issue will be sent to unit manager to monitor closely, more evidence is necessary, and no minor report has been completed upon investigation by administration.

A fifth of "Welfare" complaints were based on inappropriate verbal contact by staff. Complaints involved:

- Staff yells and curses at youth.
- Staff makes negative comments to youth.
- Staff member tells youth they are "worthless" and "nothing" and calls them "punks."
- Staff member is always raising her voice at youth.
- Staff member is disrespectful, changes all the rules, and gets on power trips.
- Staff member lied about youth and makes her feel low.
- Staff member picks sides and yells at girls.
- Staff member verbally assaulted youth about his weight, religion and sexual orientation.
- Staff made fun of youth.
- Staff commented on youth's appearance by using foul language and made sexual comments towards youth.
- Teacher calls youth "Taliban."
- Staff questioned youth about being in a gang and racist.

- Youth feels he is unfairly treated by a staff member.
- Youth has ADHD, staff asked "why do you always act like a spasmodic idiot?"

Responses included: meeting will be set with the staff member and youth and supervisor, employee was made to use more professional behavior, unit supervisor will speak with the staff, already dealt with issue, if it persists then youth should complain again, cottage senior will address this issue but no rights were violated, counseling to reassure the youth that he will be treated fairly and examine why he felt as he did, explained that staff are not violating rights if they get upset, found that staff did make the rude comment-staff was reprimanded and counseled, investigated staff-found no basis for grievance, referred for investigation and confirmed for inappropriate language, requesting demotion from youth counselor supervisor to youth counselor, resolved the issues with staff.

A small percentage (4.9%) of "Welfare" complaints involved inappropriate physical contact by staff. Complaints included:

- Staff member kicked youth.
- Staff called you inappropriate names and pushed youth against lockers.
- Youth feels he has been racially discriminated against and sexually harassed by staff member.
- Grabbed youth's arm and told her to face the wall.
- Staff handcuffed youth and then choked him till he could not breath.
- Staff inappropriately used physical force and mechanical restraints on youth.
- Staff sprayed youth with "yellow flash" to get her away from desk.
- Staff member touched butts of youth and saying sexually explicit things to youth.
- Staff pulled pubic hair from pubic region while getting searched.
- Staff inappropriately yelled in youth's face and grabbed youth's neck.
- Staff member put him down, screamed at him and slammed youth into wall.

Responses included: meeting will be set with staff member, youth and supervisor, altercations were a result of student's behavior and discussed with staff better ways of dealing with it, counslors may use their hands to stop youth from running, grievance denied, staff did not purposely hit youth, investigating grievance, physical contact is not allowed, staff is doing pat down in an inappropriate manner, staff member was given letter of reprimand, staff member was suspended from duty for one day, staff member terminated, talk with staff on being more patient when dealing with youth.

Treatment

The following section will describe all corrections complaints that were categorized as "Treatment" complaints.

Descriptive Information – Total Complaints = 83

Average Response Time: 6.4 days		**Complainant information:**	
		Child in Facility	97.6 %
Responder Title		Other	2.4 %
Supervisor			
Principal			
Assistant Superintendent		**Gender**	
Other		Male	91.6 %
Vice Principal		Female	6.0 %
		Unknown	2.4 %

Elements of the Complaints

	%	**Count**
Physical Harm	0	0
Lack of Supervision	0	0
Inappropriate Verbal Contact - Staff	3.6	3
Inappropriate Verbal Contact - Youth	3.6	3
Inappropriate Physical Contact - Staff	0	0
Inappropriate Physical Contact - Youth	0	0
Sexual in Nature	0	0
Disagreement with Staff/Administrative Decision	92.8	77
Medical in Nature	3.6	3
Differential Treatment by Staff	13.3	11
Unsatisfactory Physical Environment	1.2	1

Complaint Response

	Percent	**Count**
Action Oriented	38.6	32
Explanatory	60.2	50
Unknown	1.2	1

Discussion

The majority of "Treatment" complaints filed involved Disagreement with Staff/Administrative Decision. Complaints included:

- Cannot graduate due to continual lockdowns.
- Youth feels that a teacher is regularly marking his points down unfairly- he wants to be taken out of class.
- Youth feels that the change in programming to cognitive restructuring is not helping kids

- Feels his counselor is not helping him and would like a counselor that will help him.
- Grievant would like to be put on daily grading.

Responses involved: "ACP" is based on a "total" of behaviors not just one incident, youth discussed issues with staff members and no longer wishes to continue with grievance, following a review of his progress notes-the weekly rating was changed to yellow, points were corrected, request denied.

Thirteen percent of "Treatment" complaints filed involved differential treatment by staff. Complaints involved:

- Another youth who came into the program after this youth was released before him.
- Youth feels teacher always singles him out because he was the only one checked after using the restroom.
- Youth states teacher does not help when he asks for help, but helps others.

Responses include: conference with teacher and youth to make strategies to earn the points youth deserves, issue has been corrected, students are transferred based on progress.

A small percentage of "Treatment" complaints filed included inappropriate verbal contact by staff. Complaints involved:

- An "accidental" interaction with peers caused an intervention by staff that caused youth to loose points and not be released from R&C which is unfair.

Responses include: youth told staff he was justified in how the incident was handled and loss of points will stand.

A small percentage of "Treatment" complaints filed were based on inappropriate verbal contact by another youth. Complaints involved:

- Another youth called this youth a "nigger."

Responses include: reviewed grievance with youth and was informed that staff did address the issue with other youth and believes it is no longer an issue.

A small percentage of "Treatment" complaints filed were Medical in Nature. Complaints involved:

- Staff would not provide youth with Calamine lotion despite nurses orders.

Responses include: The child asked for lotion at an inappropriate time and later received it.

Civil and Other Rights

The following section will describe all corrections complaints that were categorized as "Civil and Other Rights" complaints.

Descriptive Information – Total Complaints = 122

Average Response Time: 6.4 days		**Complainant information:**	
		Child in Facility	99.6 %
Responder Title		Parent	0.4 %
Supervisor			
Assistant Superintendent			
Superintendent		**Gender**	
Other		Male	67 %
Vice Principal		Female	32.6 %
		Unknown	0.4 %

Elements of the Complaints

	%	**Count**
Physical Harm	0	0
Lack of Supervision	0.8	1
Inappropriate Verbal Contact - Staff	13.9	17
Inappropriate Verbal Contact - Youth	4.9	6
Inappropriate Physical Contact - Staff	1.6	2
Inappropriate Physical Contact - Youth	1.6	2
Sexual in Nature	.8	1
Disagreement with Staff/Administrative Decision	71.3	87
Medical in Nature	0.8	1
Differential Treatment by Staff	25.4	31
Unsatisfactory Physical Environment	10.7	13

Complaint Response

	Percent	**Count**
Action Oriented	39.3	48
Explanatory	60.7	74
Unknown	0	0

Discussion

The vast majority of "Civil and Other Rights" complaints filed were based on disagreement with staff/ administrative decision. Complaints involved:

- Youth asked for grievance and was denied.
- Mail being held and not given to youth.
- Youth wants to participate in religious activities and has not been allowed to.
- Youth was held back from school because he had no clothes to wear.

- Staff is saying the call to his PO counts as his monthly call.
- Youth does not want to have to cut his hair because of his cultural beliefs.

Responses included: youth spoke with superintendent and required no further action, explained phone policy to youth, food should never be withheld as a consequence and this issue has been addressed with staff, youth had right to go to church at any level however if he is having a behavioral problem it becomes a security issue, principal spoke to youth, encouraged him to take advantage of the educational opportunity, discussed incident with youth and is now allowed to speak by phone with that person and the staff has been advised of that right, staff will be notified that toilet paper cannot be used as punishment or discipline.

A quarter of "Civil and other Rights" complaints filed included differential treatment by staff members. Complaints involved:

- Staff member told the child that her religion is not allowed.
- Allegations of racism against Hispanic child.
- Complainant alleges retaliation and unequal treatment from teacher involved.
- Discrimination based on religion.
- Youth feels other staff members are frequently putting down African American youths.
- Youth complains that he was unfairly placed in room confinement by a particular staff who has Nazi tattoos and often makes racist remarks to youth.
- Youth feels differential treatment of himself and another youth in a certain female teacher's classroom is causing difficulty.

Responses included: explanation of privileges based on group standing, grievant discussed issue with staff member and wishes to rescind the grievance, it was explained that all staff are going to have their own small rules and ways of doing things, it will be discussed that WICCA is acceptable, complainant informed me that he discussed this grievance with staff member and required no further action or follow up, there is not proof that youth is of Islamic background-his parents denied he was of this faith as well, will have senior instruct staff on proper grievance procedure and that youth should not have to ask staff for one unless due to behavior.

Fourteen percent of "Civil and Other Rights" complaints filed were based on Inappropriate Verbal Contact by Staff. Complaints involved:

- Staff member raises her voice all the time.
- Youth feels his rights were violated by staff member because he was threatened by staff.
- Youth got yelled at by staff because youth was getting a drink of water before bed, and staff said he would pee his pants.
- Youth requested grievance after being corrected and staff said youth would be punished if a grievance is filled out.
- Staff told youth that he cannot send information concerning college because youth will not get into college.

Responses included: a memo written to all staff to ensure that all staff respects grievance policy, discussed with youth and staff about issue, youth discussed issue with staff member and wishes to rescind the grievance, retaliation is not tolerated and this will be reiterated to staff.

Ten percent of "Civil and Other Rights" complaints were based on Unsatisfactory Physical Environment. Complaints involved:

- Youth did not get his shirts back from laundry.
- Youth complained that her underwear is always missing.
- Youth is complaining because the staff plays music when he is trying to sleep.
- Youth is complaining that she is missing socks.
- Youth feels that her shoes were ruined in the wash.
- Youth is upset because the manual states he can have access to the library but there currently is no library.

Responses included: unit supervisor will find clothing or issue new clothing, administration states that the library is being started and should be finished during the next school year, marks on the shoes are from normal wear and washing, music will only be allowed in unit bubble and during waking hours.

Privileges

The following section will describe all corrections complaints that were categorized as "Privileges" complaints.

Descriptive Information – Total Complaints = 121

Average Response Time: 1.6 Days		**Complainant information:**	
		Child in Facility	99.4%
Responder Title		Other	0.6%
Manager			
Superintendent			
Supervisor		**Gender**	
Assistant Superintendent		Male	17.2%
		Female	82%
		Unknown	0.8%

Elements of the Complaints

	%	**Count**
Physical Harm	0%	0
Lack of Supervision	0%	0
Inappropriate Verbal Contact- Staff	1.8%	3
Inappropriate Verbal Contact - Youth	0%	0
Inappropriate Physical Contact - Staff	0%	0
Inappropriate Physical Contact - Youth	0%	0
Sexual in Nature	0%	0
Disagreement with Staff/Administrative Decision	83.0%	142
Medical in Nature	0%	0
Differential Treatment by Staff	10.5%	18
Unsatisfactory Physical Environment	0.8%	1

Complaint Response

	Percent	**Count**
Action Oriented	32.7%	56
Explanatory	58.5%	100
Unknown	8.8%	15

Discussion

It must be noted that for the Elements of Complaints table, the categories were not mutually exclusive and analysts were able to select more than one category, hence percentages will not add up to 100%. In addition, responses were not connected to their original complaints for this analysis.

The vast majority of "Privileges" complaints filed were Disagreement with Staff/Administrative Decision. Complaints involved:

- Staff read his entire personal letter.
- Youth is upset because he does not get his packages when they arrive.
- Does not get 30 minutes of TV time.
- Does not think it is right that parents can no longer bring snacks.
- Mother was upset because rules were unclear and she was told she could bring goods to her son, but was then told they were not allowed.
- Staff do not acknowledge the privilege of additional calls earned through earned incentive program.
- Youth would like to know why they are not allowed to use phone cards anymore.
- Youth had a magazine sent to him and he wants to know where it is.
- Youth has not been allowed to cash a check.
- Youth was not allowed to call his mom on her cell.
- Youth has not been allowed to go to storage to get his pictures.

Responses included: all magazines must be approved, all youth needs to do is attach a canteen slip to letters, an aunt/uncle can be considered immediate family and allowed to visit, at times it may not be possible for youths to receive full 10 minutes, youth should be allowed in gym, talked with unit supervisor and he assures that the youth get what they are entitled to, phone cards are not allowed because they can be misused by residents, mothers cell phone number needs to be added to list.

Ten percent of the "Privileges" complaints filed involved differential treatment by staff. Complaints involved:

- Another unit is getting more privileges than other units for no reason.
- Youth feels boys are getting more privileges and the girls are unfairly treated.
- Youth's unit does not get to play field recreation and thinks its unfair.

Responses included: boys are not treated as special and get no more privileges than girls, it will be suggested to administration that the same privileges be permitted for all residents, and recreation is not a grieveable issue.

Other

The following section will describe all corrections complaints that were categorized as "Other" complaints.

Descriptive Information – Total Complaints = 121

Average Response Time: 1.5 days		**Complainant information:**	
		Child in Facility	99.2%
Responder Title		Other	0.8%
Manager			
Superintendent			
Assistant Superintendent		**Gender**	
Supervisor		Male	86.5%
		Female	12.3%
		Unknown	1.2%

Elements of the Complaints

	%	**Count**
Physical Harm	0%	0
Lack of Supervision	0.8%	1
Inappropriate Verbal Contact - Staff	0.8%	1
Inappropriate Verbal Contact - Youth	0%	0
Inappropriate Physical Contact - Staff	0%	0
Inappropriate Physical Contact - Youth	0.8%	1
Sexual in Nature	0.8%	1
Disagreement with Staff/Administrative Decision	51.2%	62
Medical in Nature	0%	0
Differential Treatment by Staff	3.3%	4
Unsatisfactory Physical Environment	24.8%	30

Complaint Response

	Percent	**Count**
Action Oriented	42.1%	51
Explanatory	49.6%	60
Unknown	8.3%	10

Discussion

It must be noted that for the Elements of Complaints table, the categories were not mutually exclusive and analysts were able to select more than one category, hence percentages will not add up to 100%. In addition, responses were not connected to their original complaints for this analysis.

The majority of "Other" complaints filed included a Disagreement with Staff/Administrative Decision. Complaints involved:

- Youth does not think it is right that someone stands over him while he is going to the bathroom.
- Youth should be able to exchange clothing and receive packages from parents.
- Kitchen crew would like to wear sweats instead of jeans.
- After a month, youth's mother's number has yet to be programmed in the blue phone.
- Youth has no clean clothes for the shower.
- Staff cut youth's shower time as a punishment.
- Staff took youth's clothing out of dryer before they were dry.
- Trash bag was leaking all over youth's pants.
- Youth would like a pen or pencil in room.

Responses included: all youth are to be in uniform for school, bag should have been double bagged, youth does not have the right to privacy in room, "this" strategy can be used by staff and it does not violate youth's rights, pens and pencils need to be signed out and used when time permits, policy only allows jewelry or bands that are religious in nature, clothing has been returned, youth did not let the other clothes dry before taking them out.

A quarter of "other" complaints filed were considered unsatisfactory physical environment. Complaints involved:

- Child is missing socks.
- Clothes are missing in laundry.
- Youth is missing underwear.
- Youth only has 3 uniforms which does not allow for a clean uniform on Mondays.
- Razor does not work properly.
- Shower is not working properly.
- Youth was given medium clothing although he needs a size large.
- Youth was not allowed to put his name on his socks and they were stolen.

Responses included: apology for the loss of underwear, senior is aware of missing items and will look into finding them, maintenance to check the shower, clothing was found in laundry room, need to know exact laundry procedure to respond correctly, missing items will be replaced, will discuss heating and cooling with school personnel.

A small percentage of "Other" complaints filed involved differential treatment by staff. Complaints involved:

- Youth says that it is unfair that some girls get to wear baggy pants while others cannot.
- Youth has filled out several grievance forms that have not been returned.

Responses included: complaints unsubstantiated and grievance appeals are denied, will discuss with cottage senior.

Detention

All complaints received by included facilities from January 2000 until September 30, 2006 are included in this analysis. Complaints were summarized and categorized by NICRP and the results of those summaries are presented below. If a complaint was received without a response or a response received without a complaint or if the complaint was illegible, that response or complaint was coded as "unknown." The following section provides information on complaints received from detention facilities.

Descriptive Information – Total Complaints = 972

Average Response Time: 4.5 days	**Complainant information:**	
	Child in Facility	98.1 %
Top Five Responder Titles	Other	0.9 %
Manager	Parent	0.7 %
Unknown	Youth Advocate	0.1 %
Other	**Gender of Complainant**	
Supervisor	Male	59.8 %
Director	Female	38.0 %
	Unknown	2.3 %

Elements of the Complaints

	Percent	**Count**
Physical Harm	1.6	16
Lack of Supervision	0.3	3
Inappropriate Verbal Contact - Staff	20.6	200
Inappropriate Verbal Contact - Youth	4.0	39
Inappropriate Physical Contact - Staff	2.0	19
Inappropriate Physical Contact - Youth	2.1	20
Sexual in Nature	1.1	11
Disagreement with Staff/Administrative Decision	64.3	625
Medical in Nature	4.7	46
Differential Treatment by Staff	17.0	165
Unsatisfactory Physical Environment	12.4	121

Complaint Response

	Percent	**Count**
Action Oriented	19.7	191
Explanatory	66.6	647
Unknown	13.8	134

Health

The following section will describe all detention complaints that were categorized as "Health" complaints.

Descriptive Information – Total Complaints = 138

Average Response Time: 4.5 days		**Complainant information:**	
		Child in Facility	97.8 %
Responder Title		Parent	0.7 %
Manager		Youth Advocate	0.7 %
Supervisor			
Other		**Gender**	
Unknown		Male	53.6 %
Nurse		Female	44.9 %
		Unknown	1.4 %

Elements of the Complaints

	Percent	**Count**
Physical Harm	0	0
Lack of Supervision	0	0
Inappropriate Verbal Contact - Staff	4.3	6
Inappropriate Verbal Contact - Youth	0	0
Inappropriate Physical Contact - Staff	0	0
Inappropriate Physical Contact - Youth	.7	1
Sexual in Nature	0	0
Disagreement with Staff/Administrative Decision	35.5	49
Medical in Nature	26.1	36
Differential Treatment by Staff	2.9	4
Unsatisfactory Physical Environment	54.3	75

Complaint Response

	Percent	**Count**
Action Oriented	29	40
Explanatory	55.8	77
Unknown	15.2	21

Discussion

It must be noted that for the Elements of Complaints table, the categories were not mutually exclusive and analysts were able to select more than one category, hence percentages will not add up to 100%. In addition, responses were not connected to their original complaints for this analysis.

More than half (54%) of the "Health" complaints filed in detention centers had elements of unsatisfactory physical environment involved. These complaints involved:

- Broken air conditioning making it hot, inadequate heating.
- Inadequate clothing – boxers with fecal stains, underwear with menstrual stains, clothes with holes, socks with holes.
- Cafeteria workers serving without wearing gloves, not wearing hairnets.
- Utensils dirty, cups smell and taste of bleach.
- Bugs and hair in food.
- Food undercooked, not warm, rotten fruit.
- Soap causing skin to break out, no soap in one dorm.

Responses included statements that the complaints had been passed to the kitchen manager, that cups were sanitized according to health department requirements, repairs made to A/C and heat, and boxers/socks replaced on an as-needed basis.

More than one third of the complaints involved the youth disagreeing with a Staff/Administrative Decision (35%). These complaints involved:

- Waiting four days to see the nurse, denial of medical care.
- Youth sprained his ankle and was not given ibuprofen by staff as the nurse had instructed.
- Portions of food served are too small and the amount of time given to eat in is not enough.
- Hair in food, rotten milk, fly in food.
- Disagreement with sports restriction status and requests for more time outside.

Responses included "will talk to staff", "forwarded to kitchen staff" and explanations that portions are controlled by FDA guidelines for nutrition.

Slightly more than one quarter (26%) were Medical in Nature, relating to medication, medical appointments or health care. These complaints involved:

- Medications make complainant sleepy – requesting change.
- Shampoo is making complainant's hair fall out.
- Nurse not responding to nursing slips about pain in complainant's feet due to no arch supports in shoes.
- Youth wanted dental floss.
- Mother upset that nurse was not providing her son his medication.
- Complainant upset about spiders in his room and getting spider bites.

Responses included statements that medication was not in a proper container and therefore could not be administered to youth, maintenance has sprayed youth's room for spiders, floss will be provided, nurse is investigating the shampoo issue.

The complaints involving inappropriate verbal contact by staff included:

- Three complaints about mental abuse.
- Two complaints about allergies that were mishandled by the kitchen or by the staff.
- One complaint that a staff yelled at the complainant when he or she asked for extra lip balm.

Facility responses included statements that no abuse was found, that respondent will monitor the situation, two apologies for misunderstandings, and a statement that the nurse must write a special note for youth to have extra lip balm.

Finally, the complaint referencing inappropriate physical contact by youth involved another youth stealing the complainant's toothbrush and using it. The youth was requesting assigned toothbrushes. The facility responded by saying they were working on finding a satisfactory method for dealing with toothbrushes.

Safety

The following section will describe all detention complaints that were categorized as "Safety" complaints.

Descriptive Information – Total Complaints = 52

Average Response Time: 3.85 days		**Complainant information:**	
		Child in Facility	84.6 %
Responder Title		Other	9.6 %
Manager		Parent	5.8 %
Unknown			
Director		**Gender**	
Other		Male	57.7 %
Supervisor		Female	38.5 %
		Unknown	3.8 %

Elements of the Complaints

	%	**Count**
Physical Harm	25.0	13
Lack of Supervision	3.8	2
Inappropriate Verbal Contact - Staff	28.8	15
Inappropriate Verbal Contact - Youth	19.2	10
Inappropriate Physical Contact - Staff	23.1	12
Inappropriate Physical Contact - Youth	11.5	6
Sexual in Nature	5.8	3
Disagreement with Staff/Administrative Decision	32.7	17
Medical in Nature	1.9	1
Differential Treatment by Staff	11.5	6
Unsatisfactory Physical Environment	5.8	3

Complaint Response

	Percent	**Count**
Action Oriented	30.8	16
Explanatory	50.0	26
Unknown	19.2	10

Discussion

It must be noted that for the Elements of Complaints table, the categories were not mutually exclusive and analysts were able to select more than one category, hence percentages will not add up to 100%. In addition, responses were not connected to their original complaints for this analysis.

Nearly one third of complaints in this category involved a disagreement with staff or administrative decision. Complaints involved:

- Youth requesting pencils in their rooms.
- Staff who are mean, rude and make the youth feel unsafe.
- Staff moved youth to a pod with rival gang members making him feel unsafe and staff does not care.
- Staff do not consistently apply the rules.
- Would like to have pencils in their rooms with staffs approval.
- Youth is being threatened – staff will not move youth and told youth s/he does not have the right to safety.
- Staff not doing their job and talking on cell phones – ignoring youths.
- Staff are inconsistent in the application of rules.
- Youth does not understand why s/he is still on orientation.

Responses included: staff has the right to make room changes as they see fit, supervisor should be notified if staff are talking on cell phones and being inconsistent with the rules while on duty, staff did not act appropriately and this is not staffs normal behavior, this type of behavior is not tolerated from staff or youth in the facility, and youth are not allowed to have pencils in their rooms and staff should not allow it.

Slightly less than one third of complaints in this category involved inappropriate verbal contact by staff. Complaints involved:

- Harassment and intimidation.
- Inappropriate racial comments.
- Verbal threats of physical violence.
- Antagonizing a youth to kill himself.
- Staff threatened to "kick my ass."
- Swearing and threatening remarks.

Responses included: respondent will talk to staff about these issues, the staff member was counseled on professional conduct, the staff did not act appropriately and this is not their normal behavior, and one facility did not respond.

One quarter of complaints in this category involved physical harm. Complaints involved:

- Allegations of assault by staff (4).
- Bruising due to staff takedown after a verbal altercation.
- Allegations that detention officer grabbed youth by the throat and shoved him against the wall.

Responses included: full investigation by sheriff's department and Department of Social Services, unsubstantiated due to appropriate restraint techniques, staff on administrative leave pending investigation, staff counseled on professional conduct.

Slightly less than one quarter of complaints in this category involved inappropriate physical contact by staff. Complaints involved:

- Physical and verbal abuse.
- Juvenile was tackled and punched.
- Use of inappropriate escort technique causing youth to black out and injure his face.
- Arm broke during inappropriate restraint.
- Pushed (and then fell) on a wet floor.

Responses included: social services investigated and no abuse was found, staff member was counseled on professional conduct, one apology, juvenile was blamed for incident and proper restraint tactics were used, one facility investigated and substantiated the abuse, and staff member resigned rather than face disciplinary action.

Slightly less than one fifth of complaints in this category involved inappropriate verbal contact by youth. Complaints involved:

- Threats to youth and youths family.
- Threats of physical abuse.
- Threats of sexual assault.
- Forced to perform oral sex.
- Sexual harassment.
- Threatened and excluded because of his mental disability.

Responses included: one facility notified the police and two youths were arrested for sexual assault, two respondents discussed moving youth, and staff will try to make sure youths are behaving.

Welfare

The following section will describe all detention complaints that were categorized as "Welfare" complaints.

Descriptive Information – Total Complaints = 492

Average Response Time: 3.9 days		**Complainant information:**	
		Child in Facility	99.4 %
Responder Title		Parent	0.4 %
Manager		Youth Advocate	0.2 %
Unknown			
Other		**Gender**	
Supervisor		Male	57.7 %
Director		Female	39.8 %
		Unknown	2.4 %

Elements of the Complaints

	%	**Count**
Physical Harm	0.6	3
Lack of Supervision	0.2	1
Inappropriate Verbal Contact - Staff	30.5	150
Inappropriate Verbal Contact - Youth	5.5	27
Inappropriate Physical Contact - Staff	1.2	6
Inappropriate Physical Contact - Youth	2.4	12
Sexual in Nature	1.4	7
Disagreement with Staff/Administrative Decision	70.3	346
Medical in Nature	1.2	6
Differential Treatment by Staff	18.9	93
Unsatisfactory Physical Environment	5.1	25

Complaint Response

	Percent	**Count**
Action Oriented	19.5	96
Explanatory	68.1	335
Unknown	12.4	61

Discussion

It must be noted that for the Elements of Complaints table, the categories were not mutually exclusive and analysts were able to select more than one category, hence percentages will not add up to 100%. In addition, responses were not connected to their original complaints for this analysis.

The vast majority, nearly three quarters, of "Welfare" complaints filed involved disagreement with staff/administrative decision. Complaints involved:

- Marked down for talking – does not recall talking.
- Marked down for taking off sweatshirt – youth was not aware s/he could not take off sweatshirt and did not receive a warning.
- Denied help with homework – then was docked points for copying answers.
- Asked for water because water does not work in youths room and staff said no.
- Everyone was punished for what others had done.
- Feels 12 year old and 17 years should not be in same unit.
- One youth is allowed to have more rubber bands than this youth.
- Staff read youths letter instead of scanning it – feels privacy was violated.
- Would like more food while on lockdown.
- Punished for talking in class when another youth talked to him first.

Responses included: administration spoke with youth about policies, reference to recent staff training about respect, not enough information to provide resolution, staff are allowed to read mail for appropriateness, grievance sustained and punishment rescinded.

Slightly less than one third of complaints in this category involved inappropriate verbal contact by staff. Complaints involved:

- Youth does not like the way a staff member treats him/her.
- Staff stated youth was worthless and had no respect which is why s/he was locked up.
- Belittles youth and gives unfair punishments.
- Staff member stated her beliefs about abortion and premarital sex in a biased way and youth felt s/he should have had the option to attend or go to their rooms.
- Staff tease youths and call them names – youths receive lockdown if they react.
- Staff calls youth names and causes him/her emotional distress.
- Commenting on youth's personal life and choices.
- Sexual comments about youth's mother.

Responses included: one respondent facilitated a discussion between them which reached a positive outcome, staff advised to be careful when he teases youth, two respondents indicated that they would discuss incident with staff, juveniles need to follow rules at all times, staff should not joke with youth and youth should not joke with staff.

Slightly less than one fifth of complaints in this category involved differential treatment by staff. Complaints involved:

- Unfair punishment.
- Shouting and criticizing.
- Favoritism shown in a variety of ways including: treatment, gifts, and privileges.
- Racism and "hurtful" comments.
- Discrimination.
- Constant corrections for no apparent reason.
- Punished while others were not.

Responses included: one respondent indicated he will discuss it with supervisor and address issues with staff, one respondent facilitated a discussion between youth and staff and reached a positive outcome, one respondent will speak to staff about possible favoritism, one statement indicated that threats and intimidation had occurred, and one respondent indicated that youths complaint did not give any particular examples that could be investigated.

A small percentage of complaints (5.5%) in this category involved inappropriate verbal contact by youth. Complaints involved:

- Lying to try to get others in trouble.
- Inappropriate remarks which were ignored by staff.
- Inappropriate and derogatory statements.
- Taunting and threatening youth and youths family, bulling.
- Threatened, cussed at, mooned, and hit by another youth, staff did nothing about these incidents.
- Slapped on butt.
- Sexual harassment.

Responses included: one respondent agreed with restriction and counseled youth on his behavior, one apology and respondent will discuss with staff involved, staff will watch for these behaviors, one respondent indicated that the youth was moved so there should no longer be a problem, staff pays attention but try to consider different personalities, and one respondent will talk to staff.

A small percentage of complaints (5.1%) in this category involved unsatisfactory physical environment. Complaints involved:

- More food while on lock down.
- Cold showers.
- Too cold at night, need extra blankets.
- Too cold in rooms, would like to wear sweatshirts.
- Staff will not allow youth to have clean pants.

Responses included: ask staff for extra blanket or a sweatshirt, the heat is on and set at recommended temperature, each gender dress accordingly … trying to teach good basic skills, and youth should be allowed to wear socks in room.

Treatment

The following section will describe all detention complaints that were categorized as "Treatment" complaints.

Descriptive Information – Total Complaints = 64

Average Response Time: 5.3 days		**Complainant information:**	
		Child in Facility	100 %
Responder Title			
Manager			
Unknown			
Supervisor		**Gender**	
Staff		Male	60.9 %
Other		Female	34.4 %
		Unknown	4.7 %

Elements of the Complaints

	%	**Count**
Physical Harm	0	0
Lack of Supervision	0	0
Inappropriate Verbal Contact - Staff	9.4	6
Inappropriate Verbal Contact - Youth	0	0
Inappropriate Physical Contact - Staff	0	0
Inappropriate Physical Contact - Youth	1.6	1
Sexual in Nature	0	0
Disagreement with Staff/Administrative Decision	95.3	61
Medical in Nature	3.1	2
Differential Treatment by Staff	10.9	7
Unsatisfactory Physical Environment	0	0

Complaint Response

	Percent	**Count**
Action Oriented	6.3	4
Explanatory	73.4	47
Unknown	20.3	13

Discussion

It must be noted that for the Elements of Complaints table, the categories were not mutually exclusive and analysts were able to select more than one category, hence percentages will not add up to 100%. In addition, responses were not connected to their original complaints for this analysis.

Nearly all "Treatment" complaints filed involved disagreement with staff/administrative decision. Complaints involved:

- Docked points for pants being too big.
- Docked points at the end of the day for minor infractions throughout the day.
- Received a bad score that was not deserved – given score because staff was offended by a question s/he asked.
- Staff forcing youth to participate in therapy and counseling in order to be out of youth's room.
- Did not receive points for doing garbage.
- Staff docked points because they do not like youth based on past attitudes.
- Staff will not let youth attend AA or NA meetings.
- Youths sleep was interrupted and youths level was dropped because staff turned on radio in the middle of the night.
- Unfairly docked points.
- Would like no roommate status removed.
- Youth feels s/he was docked points/dropped levels because staff is upset with youth for personal reasons.
- Youth upset that s/he had to wait 24 hours for a mental health evaluation.

Responses included: at this point cannot do anything about points but respondent will talk to staff, cannot grieve token economy points, respondent held an extensive discussion/explanation so youth could better understand what happened (youth was complemented for handling this maturely), youth is not being forced to participate, youths progress will be evaluated daily as youth has become a safety issue (staff is trying to get him back to general population and assist with coping skills), staff should not be changing scores and if this happens it needs to be reported to the supervisor or through a grievance with examples, respondent spoke with staff and they will try to work with youth, and both staff and youth talked with a supervisor present and resolved their differences.

Slightly more than 10% of complaints in this category involved differential treatment by staff. Complaints involved:

- Favoritism.
- No equity/consistency in how staff docks points and assigns lockdown.
- Unequal treatment of youths and in awarding points – contrary to what was said in orientation.
- Youth is singled out and treated unfairly by swing staff – receives poor scores from swing staff.

Responses included: one statement indicated that youths cannot grieve scores, detention manager coordinated a meeting with senior staff and youth, respondent will discuss issue with the staff involved, and one did not respond to the complainant.

Slightly less than 10% of complaints in this category involved inappropriate verbal contact by staff. Complaints involved:

- Youth docked points for what roommate was doing.
- Youth is locked up everyday, staff tells other staff to lock youth up for anything and not to give youth chances – youth does not ever get to be at school.
- Would like staff to stop unfairly docking points and "getting in youth's face" when he disciplines.

Responses included: two respondents indicated that youth cannot grieve scores but one respondent will talk to staff about the way he approaches the situation, one indicated that youth should speak to the supervisor on duty if they have a problem, staff are required to put a reason for scores of 1 or 5, and one indicated youth has been given many chances by respondent, but will talk to staff about how they communicate.

A small percentage of complaints (1.6%) in this category involved inappropriate physical contact by youth. Complaints involved:

- Youth was punched by another youth – asked to talk to supervisor, but supervisor never came.

Responses included: staff handled the situation correctly, respondent will talk to the supervisor on duty about responding in a timely manner.

Civil and Other Rights

The following section will describe all detention complaints that were categorized as "Civil and Other Rights" complaints.

Descriptive Information – Total Complaints = 114

Average Response Time: 8 days		**Complainant information:**	
		Child in Facility	98.2 %
Responder Title		Parent	0.9 %
Manager		Other	0.9 %
Unknown			
Supervisor		**Gender**	
Other		Male	77.2 %
		Female	20.2 %
		Unknown	2.6 %

Elements of the Complaints

	%	**Count**
Physical Harm	0	0
Lack of Supervision	0	0
Inappropriate Verbal Contact - Staff	18.4	21
Inappropriate Verbal Contact - Youth	1.8	2
Inappropriate Physical Contact - Staff	0.9	1
Inappropriate Physical Contact - Youth	0	0
Sexual in Nature	0	0
Disagreement with Staff/Administrative Decision	65.8	75
Medical in Nature	0	0
Differential Treatment by Staff	43.0	49
Unsatisfactory Physical Environment	7.9	9

Complaint Response

	Percent	**Count**
Action Oriented	18.4	21
Explanatory	66.7	76
Unknown	14.9	17

Discussion

It must be noted that for the Elements of Complaints table, the categories were not mutually exclusive and analysts were able to select more than one category, hence percentages will not add up to 100%. In addition, responses were not connected to their original complaints for this analysis.

The vast majority of "Civil and Other Rights" complaints filed were disagreement with staff/administrative decision. Complaints involved:

- Boys not allowed to wear sweats and girls are allowed to wear sweats.
- Discrimination of the Hispanic youth.
- Discrimination based on gender.
- Staff member playing religious music which offends some youth.
- Staff docks points of youth which is against his right to free speech.

Responses included: a new program has been started to promote positive reinforcement and staff has been trained to prevent this from happening again, it is impossible to make everything completely equal among the genders, phone records indicate that the youth has been allowed to at least attempt phone calls every day as allowed, staff have let youth contact the attorney, will talk to staff mentioned about youth's concerns and the statement.

Slightly less than half of the complaints in this category involved differential treatment by staff. Complaints involved:

- Discrimination based on sexual orientation.
- Staff member using harsh tones and disrespects youth.
- Racial discrimination by separating the black youth and not the white youth.
- While on LUT or CRR, residents are not allowed to go to bible study.
- Discrimination based on gender because the boys unit are not allowed to wear sweat pants.

Responses included: it is impossible to make everything completely equal among the genders, need a specific example of being locked up for being a different religion, religion is a voluntary program if youth do not like the message you do not have to pray or listen to it – you may simply ignore it but will talk to staff about this, staff will be counseled, will address this subject with staff, youth advised of detention policy regarding sweat pants, youth has anger problems-discussed using tones when dealing with youth that have these problems.

Almost 20% of complaints in this category involved inappropriate verbal contact by staff. Complaints involved:

- Youth overheard a supervisor making racial slurs.
- Youth not allowed to brush teeth, when asked for a grievance the youth was told to "shut the F_____ up."
- Staff member uses harsh tones and disrespects youth.
- Staff member makes racist jokes.
- Staff member made racial comment to a youth.

Responses included: following a black history month program the complainant tried to get all the African American kids to line up in the back of the line and when this happened the staff member stated that everyone should line up by room number because "*we don't want to segregate*," investigation is incomplete because supervisor is on extended leave, it is not up to any staff member if you want to file a grievance, staff was counseled on policy regarding racial

slurs, jokes, or comments and the detention manager will continue to monitor this staff member, will discuss these issues with staff involved, will talk to staff involved concerning the statement he is being accused of.

Close to 8% of complaints in this category involved unsatisfactory physical environment. Complaints involved:

- Offensive racial remarks and was locked down instead of a timeout which may be unfair as well as not being allowed a shower, a bible, or covers.
- Rights violated when staff would not allow a youth to change dirty jeans.
- Phones broken so youth are unable to make phone calls.

Responses included: company that owns the phones have been contacted to make the necessary repairs – sorry for the inconvenience, do not have the option of asking for a time out after receiving CRR and not entitled to blankets while serving CRR as well as youth may not dictate when they want to take a shower they must obey the reasonable requests of staff, having to wear pants that you feel are not clean enough is not a violation of rights.

Privileges

The following section will describe all detention complaints that were categorized as "Privileges" complaints.

Descriptive Information – Total Complaints = 68

Average Response Time: 3.4 days		**Complainant information:**	
		Child in Facility	98.5 %
Responder Title		Other	1.5 %
Manager			
Supervisor			
		Gender	
		Male	55.9 %
		Female	44.1 %
		Unknown	0 %

Elements of the Complaints

	%	**Count**
Physical Harm	0	0
Lack of Supervision	0	0
Inappropriate Verbal Contact - Staff	0	0
Inappropriate Verbal Contact - Youth	0	0
Inappropriate Physical Contact - Staff	0	0
Inappropriate Physical Contact - Youth	0	0
Sexual in Nature	1.5	1
Disagreement with Staff/Administrative Decision	86.8	59
Medical in Nature	0	0
Differential Treatment by Staff	8.8	6
Unsatisfactory Physical Environment	2.9	2

Complaint Response

	Percent	**Count**
Action Oriented	13.2	9
Explanatory	82.4	56
Unknown	4.4	3

Discussion

It must be noted that for the Elements of Complaints table, the categories were not mutually exclusive and analysts were able to select more than one category, hence percentages will not add up to 100%. In addition, responses were not connected to their original complaints for this analysis.

More than three quarters of "Privileges" complaints filed involved disagreement with staff/administrative decision. Complaints involved:

- Youth would like to have personal photos in his/her room.
- Youth would like to have a book to help him/her learn and keep him/her entertained.
- Female youth would like to socialize with males on the weekend if they are a certain level.
- Youths on LPA (Limited Physical Activity) that cannot perform physical activities should not be allowed to earn privileges by doing kitchen duty.
- Money spent on gamecubes should be spent on better food or new books.
- Youth has been denied to the privilege to play gamecube even though youth earned it.
- Received closed status for keeping a snack in his/her room that was given to him/her by another youth.
- Staff letting youths out of their rooms late so they have less time to enjoy their privileges.
- Youth was kicked off the computer for no apparent reason.
- Youth not allowed to play kickball.
- Would like a chair for the TV room because youths glasses are broken and youth cannot see the TV.

Responses included: Youth are not allowed to keep personal items in their rooms, staff member is correct- youth is not allowed a self-help book, youths cannot be denied the chance to work because of physical limitations, respondent indicated due to the statements youth made – youths will remain on No Roommate Status, cannot put youth on kitchen duty due to youths history of cutting them self, gamecubes are incentive for positive behavior/attitude and were purchased with money donated for recreation/entertainment, mail privileges were removed because of inappropriate material inside the mail, the pizza program is popular with youths (the cards are not allowed in the room because they can be used for other purposes, youth are not allowed to write or receive letters from other detention facilities, and some requests were denied.

Slightly less than 10% of complaints in this category involved differential treatment by staff. Complaints involved:

- Does not think it is fair that only certain ethnicities get hair grease.
- Favoritism involving special privileges.
- Unequal treatment – one group goes out for recreation daily where this group only has been out twice in five days.
- Would like a roommate and sexual orientation should not be considered.

Responses included: One respondent explained the policy regarding grease, no roommate status will remain the same, respondent reviewed activity log and all groups are getting outside at the same rate, and one respondent will address the matter of favoritism with staff.

A small percentage of complaints (2.9%) in this category involved unsatisfactory physical environment. Complaints involved:

- Youth is cold and wants the heat turned up.

Responses included: Heating systems are computerized and should work accordingly.

Other

The following section will describe all detention complaints that were categorized as "Other" complaints.

Descriptive Information – Total Complaints = 44

Average Response Time: 4.1 days		**Complainant information:**	
		Child in Facility	97.7 %
Responder Title		Other	2.3 %
Manager			
Other			
Unknown		**Gender**	
		Male	63.6 %
		Female	36.4 %
		Unknown	0 %

Elements of the Complaints

	%	**Count**
Physical Harm	0	0
Lack of Supervision	0	0
Inappropriate Verbal Contact - Staff	4.5	2
Inappropriate Verbal Contact - Youth	0	0
Inappropriate Physical Contact - Staff	0	0
Inappropriate Physical Contact - Youth	0	0
Sexual in Nature	0	0
Disagreement with Staff/Administrative Decision	40.9	18
Medical in Nature	2.3	1
Differential Treatment by Staff	0	0
Unsatisfactory Physical Environment	15.9	7

Complaint Response

	Percent	**Count**
Action Oriented	11.4	5
Explanatory	68.2	30
Unknown	20.5	9

Discussion

It must be noted that for the Elements of Complaints table, the categories were not mutually exclusive and analysts were able to select more than one category, hence percentages will not add up to 100%. In addition, responses were not connected to their original complaints for this analysis.

The vast majority of "Other" complaints filed involved disagreement with staff/administrative decision. Complaints involved:

- Youth would like to be transferred to Elko.
- During recreation everyone has to go in because some youths act out – would like to know if youth can pick sports to prevent confrontation.
- Rules about relationships are unfair – unfair that youth cannot sit next or talk to a youth because they have a relationship.
- Would like to be allowed to spike hair.
- Would like some pictures that were taken at booking.
- Would like mattress back when on lockdown.
- Would like to be taken of No Roommate Status.
- Youth is upset because s/he is unable to call her/his CASA worker and social worker.
- Upset that certain nightgowns are see through.
- Would like to know what is wrong with wearing hair in braids.

Responses included: Youth not allowed roommate because facility is responsible for the protection and safety of all, fashion statements are not allowed while in the detention facility (if youth can show that youth needs to do something for hygiene reasons, that is acceptable), mattresses are pulled during CRR because it is not nap time, sometimes staff cannot maintain regular schedules, the detention manger will put the numbers and names needed in the collect call system so it will work without charging her, the nightgowns the youth is talking about were put in place accidentally and are not used in the facility any longer, and they are waiting for an opening in the facility for youths transfer.

Slightly less than one fifth of complaints in this category involved unsatisfactory physical environment. Complaints involved:

- Too cold – Please fix the heat or let them wear a sweater.
- Wants all the lights shut off.
- Wants pillows.
- Wants to have sheets back.

Responses included: Cannot be taken off no bed sheets at this time (will look into it again at a later date), facility no longer has pillows, nightlights remain on to do checks, and will have maintenance check the heating system.

A small percentage of complaints (4.5%) in this category involved inappropriate verbal contact by staff. Complaints involved:

- The cook gives food from the bottom of the pan and tells kids to shut up.

Responses included: Respondent will pass the grievance on to the kitchen manager.

Treatment Facilities

All complaints received by included facilities from January 2000 until September 30, 2006 are included in this analysis. Complaints were summarized and categorized by NICRP and the results of those summaries are presented below. If a complaint was received without a response or a response received without a complaint or if the complaint was illegible, that response or complaint was coded as "unknown." The following section provides information on complaints received from Treatment Facilities.

Descriptive Information – Total Complaints = 1102

Average Response Time: 6.80 days	**Complainant information:**	
	Child in Facility	93.20 %
Top Five Responder Titles	Parent	4.60 %
Patient Advocate	Other	.80 %
Unknown	Youth Advocate	.50 %
Other	**Gender of Complainant**	
Director	Male	50.30 %
Manager	Female	43.90 %
	Unknown	5.80 %

Elements of the Complaints

	Percent	**Count**
Physical Harm	2.10	23
Lack of Supervision	2.30	25
Inappropriate Verbal Contact - Staff	19.10	211
Inappropriate Verbal Contact - Youth	11.30	125
Inappropriate Physical Contact - Staff	3.20	35
Inappropriate Physical Contact - Youth	5.80	64
Sexual in Nature	2.60	29
Disagreement with Staff/Administrative Decision	52.60	580
Medical in Nature	5.80	64
Differential Treatment by Staff	11	121
Unsatisfactory Physical Environment	7.40	82

Complaint Response

	Percent	**Count**
Action Oriented	27.30	301
Explanatory	39.50	435
Unknown	33.20	366

Health

The following section will describe all treatment facility complaints that were categorized as "Health" complaints.

Descriptive Information – Total Complaints = 118

Average Response Time: 4.7 days		**Complainant information:**	
		Child in Facility	91.50 %
Responder Title		Parent	6.80 %
Patient Advocate		Youth Advocate	1.70 %
Unknown			
Other		**Gender**	
Nurse		Male	56.80 %
Manager		Female	35.60 %
		Unknown	7.60 %

Elements of the Complaints

	%	**Count**
Physical Harm	0	0
Lack of Supervision	.80	1
Inappropriate Verbal Contact - Staff	.80	1
Inappropriate Verbal Contact - Youth	0	0
Inappropriate Physical Contact - Staff	0	0
Inappropriate Physical Contact - Youth	1.70	2
Sexual in Nature	0	0
Disagreement with Staff/Administrative Decision	61.90	73
Medical in Nature	38.10	45
Differential Treatment by Staff	2.50	3
Unsatisfactory Physical Environment	22	26

Complaint Response

	Percent	**Count**
Action Oriented	23.70	28
Explanatory	44.10	52
Unknown	32.20	38

Discussion

It must be noted that for the Elements of Complaints table, the categories were not mutually exclusive and analysts were able to select more than one category, hence percentages will not add up to 100%. In addition, responses were not connected to their original complaints for this analysis.

More than half of the complaints involved youth disagreeing with Staff/Administrative decision (61.90%). These complaints involved:

- The youth was not allowed to go to the bathroom.
- Youth was refused seconds at diner and requests more food.
- Gym was off limits for basketball for the whole unit for the actions of certain peers.
- Nurse refused patient's right to have his throat checked after asking several times.
- Staff refused to give a PRN, and told the youth to control himself.
- Outside time was taken away.
- The wrong medication was given to a youth.
- Restriction by staff to allow youth to brush his teeth after breakfast .

Responses included: allowed different groups to mix for equal gym time, complaint forwarded to nurse manager, director discussed sanitary conditions with staff, patients will assist with menu planning in the future, and provide feedback to cafeteria through community council.

More than one third of the complaints were medical in nature, relating to medication, medical appointments or health care (38.10%). These complaints involved:

- Youth complained that he does not receive his vitamins from the nurse.
- Complaint explained changes in medication taken by youth.
- Nurse has repeatedly given out the wrong medication.
- Patient is upset because she is in pain and was being refused pain medication by staff - needs to see a doctor.
- Patient is upset that the nurse refused her request for an inhaler, and the nurse stated the patient was faking her illness.
- Staff and nurse would not give Motrin for headache and jaw ache. The staff members stated that they did not have any and to go to sleep, while the nurse said she was "too busy."
- The youth complained that she has not received any medication for her rash.

Responses included: youth received proper meds, but will tell unit manager if this occurs again, doctor, nurse manager, and counselor were notified and handled by the doctor, dental appointment was made for patient, and staff member felt patient did not need meds at that time but was told to give it to the patient when he requests it.

Almost one quarter of the complaints involved an unsatisfactory physical environment (22%). These complaints involved:

- Ant infestation.
- The bathroom smelled bad and had urine like substance everywhere.
- The food portions were not large enough and even when a doctor puts the youth on double portions they still do not receive the food.
- A patient complained that the food was bad and he got really sick.
- The youth felt that the establishment is not clean, such as dirty classes and tables.
- Youth were tired of eating cold, soggy food and never gets enough to eat so he gets a stomach ache.

Responses included: having maintenance attend to issues, meeting with a staff member from food services, moved to another room, maintenance took care of issue, and yellow mold growing, so called maintenance.

Safety

The following section will describe all treatment facility complaints that were categorized as "Safety" complaints.

Descriptive Information – Total Complaints = 113

Average Response Time: 10.3 days		**Complainant information:**	
		Child in Facility	94.70 %
Responder Title		Parent	3.50 %
Patient Advocate		Youth Advocate	.90 %
Unknown		Friend	.90 %
Other		**Gender**	
Director		Male	56.60 %
Manager		Female	38.10 %
		Unknown	5.30 %

Elements of the Complaints

	%	**Count**
Physical Harm	13.30	15
Lack of Supervision	11.50	13
Inappropriate Verbal Contact - Staff	3.50	4
Inappropriate Verbal Contact - Youth	43.40	49
Inappropriate Physical Contact - Staff	12.40	14
Inappropriate Physical Contact - Youth	31.90	36
Sexual in Nature	9.70	11
Disagreement with Staff/Administrative Decision	23	26
Medical in Nature	.90	1
Differential Treatment by Staff	2.70	3
Unsatisfactory Physical Environment	2.70	3

Complaint Response

	Percent	**Count**
Action Oriented	24.80	28
Explanatory	40.70	46
Unknown	34.50	39

Discussion

It must be noted that for the Elements of Complaints table, the categories were not mutually exclusive and analysts were able to select more than one category, hence percentages will not add up to 100%. In addition, responses were not connected to their original complaints for this analysis.

Almost a sixth of the complaints involved physical harm to the youth (13.30%). These complaints involved:

- Three complaints that a staff member harmed a youth.
- Three complaints about physical harm caused by a youth to another youth.

Reponses included: complaints forwarded to program director, issue has been addressed and resolution is on going, no misconduct was found, and staff acted appropriately.

More than a third of the complaints involved inappropriate verbal contact by youth (43.40%). The complaints involved:

- A youth complained that another youth blew a kiss at him.
- Youth complain that peer is threatening her.
- Several youth complained of verbal assault by other youth.
- One youth complained of physical threats by another youth.
- Youth complained that a peer is talking about her to others.
- Youth complained of another peer calling her a "bitch and throwing up gang signs."
- One youth believed her roommate was rude and wanted a room change.

Responses included: disusing with youth ways to avoid conflicts and how to handle conflict if it occurs, move youth to another unit, no response, "resolved", program manager was notified about the situation, and complaint was forwarded.

More than a third of the complaints involved inappropriate physical contact by youth (31.90%). The complaints involved:

- A youth showed another youth his genitals at dinner.
- One complaint involved being physically kicked by another youth.
- Youth was hit by another peer and then forced her legs open.
- Two complaints about sexual comments and then showing genitals or touching of the complainant.
- A youth was scratched until the youth started bleeding.
- Two complaints about youth being hit by an object thrown from another peer.
- One youth was punched.
- One youth was hit in the eye by another youth for pulling his blanket.

Reponses included: youth admitting to making up the situation, youth moved to another unit to avoid conflict, resolved by program director, speaking to staff to monitor more closely, staff redirected peer, told him to keep his hands to himself, discussed in treatment tem- resolved, and unsubstantiated, investigated, resolved.

Almost a fourth of the complaints involved youth disagreeing with a staff/administrative decision (23%). The complaints involved:

- Youth complained that another youth was being physical aggressive with him, and staff just laughed.

- A female youth was sexually assaulted by a male youth and the female youth feels that a 10 feet restriction between the youth is not enough.
- Staff did not try to stop fight between two youth.
- Patient complained that her book was taken and she was thrown on the ground by staff.
- Staff has not paid attention to youth since he has two bruises from being hit by 2 patients.
- Youth complained of no supervision.
- Youth wanted staff to reduce a level for another peer who hits and threw a chair.

Response included: forwarded to another staff member, patient refused to talk about incident with patient advocate, recommended to discuss options, resolved, speaking to staff to monitor more closely, and groups will be separated at all times.

Welfare

The following section will describe all treatment facility complaints that were categorized as "Welfare" complaints.

Descriptive Information – Total Complaints = 570

Average Response Time: 7.50 days		**Complainant information:**	
		Child in Facility	97.40 %
Responder Title		Parent	1.40 %
Patient Advocate		Friend	.50 %
Unknown		Other	.40 %
Director		**Gender**	
Other		Male	53.50 %
Administrator		Female	41.90 %
		Unknown	4.60 %

Elements of the Complaints

	%	**Count**
Physical Harm	1.10	6
Lack of Supervision	1.80	10
Inappropriate Verbal Contact - Staff	33.20	189
Inappropriate Verbal Contact - Youth	11.10	63
Inappropriate Physical Contact - Staff	3.70	21
Inappropriate Physical Contact - Youth	3.70	31
Sexual in Nature	2.80	16
Disagreement with Staff/Administrative Decision	58.60	334
Medical in Nature	1.60	9
Differential Treatment by Staff	16.50	94
Unsatisfactory Physical Environment	3	17

Complaint Response

	Percent	**Count**
Action Oriented	24.70	141
Explanatory	41.80	238
Unknown	33.50	191

Discussion

It must be noted that for the Elements of Complaints table, the categories were not mutually exclusive and analysts were able to select more than one category, hence percentages will not add up to 100%. In addition, responses were not connected to their original complaints for this analysis.

More than a third of the complaints involved inappropriate verbal contact by staff (33.20%). The complaints involved:

- Staff member has a bad attitude and takes it out on staff.
- Staff member made derogatory comments to youth.
- Staff member puts down youth and does not help with treatment and is racist.
- Staff member is verbally abuse and threatening youth.
- Youth complained staff member horse plays, does not listen, and is disrespectful.
- Youth complained that she should not be told not to cuss when staff cusses.
- Youth complained that staff called her a liar.
- Youth feels that staff threatens the patients referring to patients as predators and calls himself "daddy."
- Youth overheard employee saying inappropriate things about youth.

Responses include: address with therapist. administration to talk to staff member about rudeness to patients, administration investigated and staff may not be aware of how their own comments impact patients and MH techs to counsel them in proper ways to communicate with patients, discussed with staff-accepted feedback, employee did not continue to work on this unit and educated staff during staff meeting, staff blames it on youth, and complaint forward to nurse.

More than a tenth of the complaints involved inappropriate verbal contact by youth (11.10%). The complaints included:

- Youth complained that another female patient called staff member a cuss word and received no punishment.
- Peer was making inappropriate comments to another peer.
- Two youths complained that another youth did not receive punishment for calling a patient a racial slur.
- Four complaints involved youth felt other patients were calling the complainant names.
- Patient was upset and wanted a room change due to having a negative roommate that is always trying to fight and swear at him.
- Patient is upset that staff lets a youth call a peer stupid without any pr intervention from staff.
- Youth feels that other patients are lying about him and making false accusations.

Responses included: youth admitted to false accusation, educate on tolerance and continue monitoring, encourage patient to focus on his treatment and will speak with supervisors regarding concern, didn't want to pursue further, patient advocate said it was resolved in a community meeting, and patient advocate will address group about negative comments about others.

Slightly less than a fifth of complaints involved differential treatment by staff (16.50%). The complaints included:

- Staff member being rude to a youth by calling her names, picking favorites, and being racist.

- Staff gave youth wrong work then would not allow youth to begin at place he left his work.
- When youth went to write a grievance, another staff member dropped youth's level for not doing what he was supposed to.
- Patient is upset that she was punished for being in a fight but the other youth was not punished.
- Staff is giving fast food, gum, and candy to some youth.
- One cook is rude and snaps at youth about food.
- Staff fairness- youth is treated differently than another peer at the same level.
- Two complaints involved unfair punishment.

Responses included: discussed with staff- accepted feedback, forwarded to administration, patient advocate said it is an ongoing problem- but there have been improvements recently, presented at advocacy meeting and rewarded with candy and burgers and educated peers on empathy, patient advocate talked to patient about the issue, and talked with staff and resolved on own.

Slightly less than a fifth of complaints involved youth disagreeing with staff/administration decision (18.90%). The complaints involved:

- A youth slammed the door on complainant's head and the staff did not do anything about it.
- Another unit's wrap up went over on time; therefore a few people from another unit had to sit in the hall for 30 minutes and lost shower time. This happens frequently.
- Youth wants school classes to be offered based on youths needs as independent studies.
- Youth wants bigger portions of food.
- Excessive punishments for youth, staff uncooperative and unprofessional, night shift are inappropriate and this mother's complaints have caused staff to retaliate.
- Music videos should not be allowed on TV because people keep changing channel to videos when people are watching TV.
- Patient is upset he is still receiving worksheets as punishments that are not teaching him anything.
- Patient is upset he saw staff had their hands in their pants in the laundry room.

Resolutions included: youth taken off punishment, management notified, patient advocate said patient said nothing else needs to be done about his situation, patient advocate says patient consequence is voided because staff did not see the fight take place, patient would like teachers to be more adaptive and told patient that supervisor would be notified, director of education talked with parents, patients are not allowed to have forks - but "sporks" are always available, forwarded to dietary, and resolved-miscommunication by staff.

Treatment

The following section will describe all treatment facility complaints that were categorized as "Treatment" complaints.

Descriptive Information – Total Complaints = 54

Average Response Time: 5.40 days		**Complainant information:**	
		Child in Facility	74.10 %
Responder Title		Parent	18.50 %
Patient Advocate		Other	5.60 %
Unknown			
Other		**Gender**	
Psychologist		Male	46.30 %
Supervisor		Female	46.30 %
		Unknown	7.40 %

Elements of the Complaints

	%	**Count**
Physical Harm	0	0
Lack of Supervision	1.90	1
Inappropriate Verbal Contact - Staff	14.80	8
Inappropriate Verbal Contact - Youth	1.90	1
Inappropriate Physical Contact - Staff	0	0
Inappropriate Physical Contact - Youth	3.70	2
Sexual in Nature	3.70	2
Disagreement with Staff/Administrative Decision	77.80	42
Medical in Nature	11.10	6
Differential Treatment by Staff	9.30	5
Unsatisfactory Physical Environment	0	0

Complaint Response

	Percent	**Count**
Action Oriented	27.80	15
Explanatory	38.90	21
Unknown	33.30	18

Discussion

It must be noted that for the Elements of Complaints table, the categories were not mutually exclusive and analysts were able to select more than one category, hence percentages will not add up to 100%. In addition, responses were not connected to their original complaints for this analysis.

Slightly less then a fifth of the complaints involve inappropriate verbal contact by staff (14.80%). The complaints involved:

- Staff had mom come to meeting where staff said youth was discharged and they needed to discuss treatment. Staff called youth a liar and was rude to mother. Treatment after release still not discussed.
- The family had a new therapist for a family session whom the father felt was inappropriate in the session and was unfamiliar to them.

Responses included: listened to patient concerns, processed with program director, and therapist was substituted due to scheduling conflicts of the regular therapist and the father was frustrated about having to go to family sessions, something came up that upset the father and he walked out, the family had met therapist before.

More than three fourths of the complaints involved youth disagreeing with staff/administrative decision (77.80%). The complaints involved:

- Bipolar youth was discharged without having an appointment to make sure he was ready.
- Youth wants a new therapist.
- Youth was not seen in an appropriate time frame and is not checked by doctors in appropriate time.
- Doctor refusing to talk to youth regarding medication issues.

Responses included: letter sent to parent, doctor notified of concerns, patient advocate interviewed, and resolved.

More than a tenth of the complaints were medical in nature, relating to medication, medical appointments or health care (11.10%). These complaints involved:

- Doctor refusing to talk to youth regarding medication issues.
- Father wants a new doctor to treat youth. Does not agree with treatment plan.
- The youth complained that he does not receive his medication on time.

Responses included: resolved- has met with doctor, the complaint was forwarded to nurse and CC's to resolve, and the staff is working on the issue.

Slightly less than a tenth of the complaints involved differential treatment by staff (9.30%). The complaints involved:

- Youth was caught smoking and was dropped to a level 0 and put on security status. The day before, another youth was caught smoking was put onto level freeze.
- Youth felt that a staff member was giving better treatment to another group.

Responses included: other youth caught yesterday also got taken off community council, and the two groups have different programs and incentives.

Civil and Other Rights

The following section will describe all treatment facility complaints that were categorized as "Civil and Other Rights" complaints.

Descriptive Information – Total Complaints = 52

Average Response Time: 8.30 days		**Complainant information:**	
		Child in Facility	90.4 %
Responder Title		Friend	3.8 %
Patient Advocate		Youth Advocate	1.9 %
Unknown		Parent	1.9 %
Director		**Gender**	
Other		Male	40.4 %
Superintendent		Female	59.6 %
		Unknown	0 %

Elements of the Complaints

	%	**Count**
Physical Harm	0	0
Lack of Supervision	0	0
Inappropriate Verbal Contact - Staff	7.7	4
Inappropriate Verbal Contact - Youth	11.5	6
Inappropriate Physical Contact - Staff	0	0
Inappropriate Physical Contact - Youth	0	0
Sexual in Nature	0	0
Disagreement with Staff/Administrative Decision	61.5	32
Medical in Nature	1.9	1
Differential Treatment by Staff	3.8	2
Unsatisfactory Physical Environment	5.8	3

Complaint Response

	Percent	**Count**
Action Oriented	32.70	17
Explanatory	34.60	18
Unknown	32.70	17

Discussion

It must be noted that for the Elements of Complaints table, the categories were not mutually exclusive and analysts were able to select more than one category, hence percentages will not add up to 100%. In addition, responses were not connected to their original complaints for this analysis.

Over half of the complaints involved youth disagreeing with a Staff/Administrative Decision (61.5%) These involved complaints such as:

- Youth feels that staff violated her and another youth's right to privacy by reading her journal.
- Does not feel staff pushing religious beliefs (saying "bless you") is appropriate.
- Staff member used a patient's last name to call him to the phone, violating his right to privacy – she also yelled at him.
- Patient would like to practice her religion, which is "witchcraft" because others are allowed to express their beliefs.
- Staff member lied to youth about breaking her confidentiality.
- Youth was not allowed to read her bible while on punishment.
- Youth wrote 21 grievance forms and administration has not received any of them.

Responses to complaints in this category included: the patient was educated on recognized religions, staff was educated on the right to privacy, staff made a mistake, or that there was not enough information provided in the grievance to investigate.

The complaints regarding inappropriate verbal contact by youth (11.5%) involved:

- Allegation that a peer writes grievances and gets other youth to sign them even when they do not want to.
- Allegation that a peer is using racial epithets and this is disruptive in school.
- Another unit "gives dirty looks" and calls them names.

Responses to complaints in this category included: management will be notified, that staff will speak to the other patients, and for one no response was included from the facility.

7.7% of complaints involved inappropriate verbal contact by staff. These included:

- Child and parent felt that they were discriminated against because they are African American.
- Staff member was careful to protect patient privacy and stated aloud information from his file in front of other patients.
- Youth felt that staff broke confidentiality by making inappropriate comments.

Responses included: there was not discrimination - only a misunderstanding after a discussion with staff, and that staff will receive training on HIPAA regulations as well as counseling regarding the facility's confidentiality policy.

Privileges

The following section will describe all treatment facility complaints that were categorized as "Privileges" complaints.

Descriptive Information – Total Complaints = 61

Average Response Time: 5.40 days		**Complainant information:**	
		Child in Facility	96.70 %
Responder Title		Parent	1.60 %
Patient Advocate		Youth Advocate	1.60 %
Unknown			
Other		**Gender**	
Director		Male	44.30 %
Psychologist		Female	50.80 %
		Unknown	4.90 %

Elements of the Complaints

	%	**Count**
Physical Harm	0	0
Lack of Supervision	0	0
Inappropriate Verbal Contact - Staff	3.30	2
Inappropriate Verbal Contact - Youth	0	0
Inappropriate Physical Contact - Staff	0	0
Inappropriate Physical Contact - Youth	1.60	1
Sexual in Nature	0	0
Disagreement with Staff/Administrative Decision	78.70	48
Medical in Nature	1.60	1
Differential Treatment by Staff	9.80	6
Unsatisfactory Physical Environment	3.30	2

Complaint Response

	Percent	**Count**
Action Oriented	27.90	17
Explanatory	34.40	21
Unknown	37.70	23

Discussion

It must be noted that for the Elements of Complaints table, the categories were not mutually exclusive and analysts were able to select more than one category, hence percentages will not add up to 100%. In addition, responses were not connected to their original complaints for this analysis.

More than three fourths of the complaints involved youth disagreeing with staff/ administrative decision (78.70%). The complaints involved:

- Two complaints involved youth wanting snacks and fruits on unit.
- Patient was upset he was not allowed to play board games.
- Patient is upset staff took away picture album and did not give it back even though the youth was not in trouble.
- Patient wants to be allowed to wear make-up all the time.
- Patient is upset because he was denied his snacks because the staff member thought the patient had been given pizza already.
- Youth complained that he did not have enough free time.
- Youth wanted more books available to her.

Response included: forwarded to café, fruit now in the unit, problem resolved, girls are eating with boys sometimes and will explore further possibility of boys and girls groups, problem resolved per client, and therapist returned the book.

Slightly less a tenth of the complaints involved differential treatment by staff (9.80%). The complaints involved:

- Level 3 and put on a level freeze and had radio taken away. Other peers have not had their radios taken away.
- Patient wants to be able to go outside everyday like the boys are allowed to do.
- Patient would like to be allowed to shave for individual behavior rather than group behavior.
- Youth complained that she is not allowed to have nice things and others are allowed to.

Responses included: changes in schedule made to allow for more outside time, adjustments will be made in schedule to get girls outside more often, and radio is a privilege and can be removed-doctor order is also needed to have a radio, and forwarded to administration for staff fairness.

Slightly less then a tenth of the complaints involved inappropriate verbal contact by staff (7.70%). The complaints involved:

- Youth and parent felt youth was discriminated against for being African-American.
- Staff member was not careful to protect patient privacy and stated aloud things from his file in front of other staff and patients.
- Youth complained that the staff broke her confidentiality and made inappropriate comments about her.

Response included: after a discussion both staff and parent and youth felt better, no discrimination - only miscommunication, and staff will receive HIPPA training and was counseled on the policy about sensitive information.

More than a tenth of the complaints involved inappropriate verbal contact by youth (11.50%). The complaints involved:

- One youth writes grievances against one youth and asks the whole unit to sign them even thought they do not want to.
- Peer uses racially discriminating epithets (against the white girls) which is disruptive and can not complete school work.
- Another unit gives them dirty looks and calls them "sex offenders." Should have the right to confidentiality, privacy, and the right to respect and dignity.

Responses included: management will be notified, no response, and staff will speak with patient about breaking confidentiality.

More than half of the complaints involved youth disagreeing with staff/administrative decision (61.50%). The complaints involved:

- A peer is concerned a staff member violated another peer's and her own right to privacy by reading her personal journal.
- Does not feel staff pushing religious beliefs is appropriate within the facility.
- Patient is upset that a staff member used his last name to call him to the phone, violating his privacy- she also yelled at him, which made him upset.
- Patient would like to practice her religion, which "witchcraft" because others are allowed to express their beliefs.
- Youth complained that a staff member lied about breaking her confidentiality.
- Youth was upset that she could not read her bible while on red light punishment.
- Youth wrote 21 grievance forms and administration has not received any of them.

Responses included: not enough information to investigate, patient advocate educated the patient on recognized religions in our society, staff educated about right to privacy, staff made a mistake and apologized to the group, program director was notified and normal programming was resumed, and staff wanted to make sure that bibles were not contraband while on red light - they determined it was ok and allowed youth the bible.

Other

The following section will describe all treatment facility complaints that were categorized as "Other" complaints.

Descriptive Information – Total Complaints = 132

Average Response Time: 4.40 days		**Complainant information:**	
		Child in Facility	83.30 %
Responder Title		Parent	14.40 %
Patient Advocate		Other	2.30 %
Unknown			
Other		**Gender**	
Director		Male	33.30 %
Manager		Female	55.30 %
		Unknown	11.40 %

Elements of the Complaints

	%	**Count**
Physical Harm	1.50	2
Lack of Supervision	0	0
Inappropriate Verbal Contact - Staff	2.30	3
Inappropriate Verbal Contact - Youth	4.50	6
Inappropriate Physical Contact - Staff	0	0
Inappropriate Physical Contact - Youth	1.50	2
Sexual in Nature	0	0
Disagreement with Staff/Administrative Decision	18.90	25
Medical in Nature	0.80	1
Differential Treatment by Staff	6.10	8
Unsatisfactory Physical Environment	23.50	31

Complaint Response

	Percent	**Count**
Action Oriented	41.70	55
Explanatory	28.80	38
Unknown	29.50	39

Discussion

It must be noted that for the Elements of Complaints table, the categories were not mutually exclusive and analysts were able to select more than one category, hence percentages will not add up to 100%. In addition, responses were not connected to their original complaints for this analysis.

Slightly less than a fifth of the complaints involved youth disagreeing with staff/administrative decision (18.90%). The complaints involved:

- Youth wanted to wear tank tops.
- Mother of patient complaining that staff member is unprofessional and purposely provokes her.
- Youth not allowed to wear sweatshirt because staff said it was gang related. The sweatshirt is not gang related and youth wants to wear it.
- Patient does not like having breakfast for dinner multiple times per week.
- Staff allowing other youth to use washer on his day and he is unable to wash his clothes.

Responses included: forwarded to administration, referred to dietary performance, roommate change to resolve situation, and the washing machine was down and fixed- no longer an issue.

Slightly less than a tenth of the complaints involved differential treatment by staff (6.10%). The complaints involved:

- All units received cookies as a snack but one unit also relieced milk. This unit did not and would like milk too.
- Doctor yelled at mother and was rude on phone call - mother wants new doctor.
- Staff alleges teacher is allowed to make racist remarks without reprimand.

Responses included: discussed issues with staff and let mother know of discussion and spoke with front desk staff - will work on his interactions with patients and families.

Almost a fourth of the complaints involved unsatisfactory physical environments (23.50 %). The complaints included:

- Youth's clothes are not getting cleaned- she wants a set laundry time in the future.
- One youth's underwear were stained with menstruation and feces.
- Patient is upset because his room never has hot water.
- Patio is dry and has white dirt walls, garbage, and weeds. Youth wants facility to clean it up.
- Youth complained that there are ants in the day room.

Responses included: youth received new underwear, maintenance was ordered to spray the entire unit, patient advocate said a work order will be written for his room, and patient advocate says tables cleaned.

Child Welfare

All complaints received by included facilities from January 2000 until September 30, 2006 are included in this analysis. Complaints were summarized and categorized by NICRP and the results of those summaries are presented below. If a complaint was received without a response or a response received without a complaint or if the complaint was illegible, that response or complaint was coded as "unknown." The following section provides information on complaints received from the two child welfare facilities.

Descriptive Information – Total Complaints = 130

Average Response Time: 20 days	**Complainant information:**	
	Child in Facility	6.8 %
Top Five Responder Titles	Other	71.5 %
Supervisor	Parent	15.4 %
Unknown	Youth Advocate	4.6 %
Other	**Gender of Complainant**	
Administrative Director	Male	24.6 %
Director	Female	55.4 %
	Unknown	20.0 %

Elements of the Complaints

	Percent	**Count**
Physical Harm	42.3	55
Lack of Supervision	44.6	58
Inappropriate Verbal Contact - Staff	3.8	5
Inappropriate Verbal Contact - Youth	7.7	10
Inappropriate Physical Contact - Staff	33.1	43
Inappropriate Physical Contact - Youth	30.0	39
Sexual in Nature	32.3	42
Disagreement with Staff/Administrative Decision	6.9	9
Medical in Nature	12.3	16
Differential Treatment by Staff	1.5	2
Unsatisfactory Physical Environment	4.6	6

Complaint Response

	Percent	**Count**
Action Oriented	54.6	71
Explanatory	20.8	27
Unknown	24.6	32

Health

The following section will describe all child welfare complaints that were categorized as "Health" complaints.

Descriptive Information – Total Complaints = 17

Average Response Time: 28.6 days		**Complainant information:**	
		Other	76.5 %
Responder Title		Youth Advocate	11.8 %
Supervisor		Friend	5.9 %
Unknown		Parent	5.9 %
Other		**Gender**	
Administrative Director		Male	5.9 %
Manager		Female	82.4 %
		Unknown	11.8 %

Elements of the Complaints

	%	**Count**
Physical Harm	23.5	4
Lack of Supervision	29.4	5
Inappropriate Verbal Contact - Staff	0	0
Inappropriate Verbal Contact - Youth	0	0
Inappropriate Physical Contact - Staff	0	0
Inappropriate Physical Contact - Youth	5.9	1
Sexual in Nature	5.9	1
Disagreement with Staff/Administrative Decision	11.8	2
Medical in Nature	82.4	14
Differential Treatment by Staff	0	0
Unsatisfactory Physical Environment	5.9	1

Complaint Response

	Percent	**Count**
Action Oriented	47.1	8
Explanatory	47.1	8
Unknown	5.9	1

Discussion

The vast majority of "Health" complaints filed are categorized as Medical in Nature (82.4%). Examples of these complaints include:

- 7 month old child was administered inhalant medication twice in one day.
- Staff not administering meds properly.
- Supervisor approved the administration of medication without checking to see if meds had already been given, resulting in a double dose of meds.

- Medication administered incorrectly to one child. Another incident involved the administration of Ampicillin to the wrong child.
- Juvenile sustained multiple illnesses and emotional distress after staying at the facility.
- Youth was released from facility. Mother took child home and took shoe off and noticed toe was swollen and infected.

Responses to these complaints included the need to address errors in medication administration through better training of staff and supervisors, review of procedures and protocols, quality assurance teams, review by subject matter experts and staff recommendations on how to improve the system. Some complaints were referred outside the facility to other agencies such as child protection or licensing agencies for investigation. Other responses were explanatory in nature, for example, "Child had an ingrown toenail, doctor's appointment had been made for next day, but child was released to parents before appointment."

Almost 30% of the complaints are categorized as "Lack of Supervision." Examples include:

- 5 month old and 17 month old children were not given immunizations while at the facility.
- Child was not eating, lost weight, had inadequate medical care and lack of supervision.
- Another female youth came into the youth's room at night on several occasions and "put things up in her."

Responses included statements that the complaint had been forwarded to Child Protective Services or to the Police Department for investigation. Other responses were explanatory such as, "One child had immunizations on file, the other child's records could not be found; however, immunizations could not be given to him because he was ill while in the facility."

Disagreement with the decisions of staff/administrators accounted for approximately 12% of grievances. For example:

- Child not receiving appropriate psychiatric medication at facility and was not taken to a psychiatrist for scheduled follow-up visit. Possible failure to meet child's medical needs – child was hospitalized and nurse asked staff to bring child back with post care instructions. Staff failed to bring back any instructions from the doctor.

In response, the facility indicated that someone must be in charge of post medical procedures and investigation confirmed staff failed to meet child's medication needs.

Safety

The following section will describe all child welfare complaints that were categorized as "Safety" complaints.

Descriptive Information – Total Complaints = 76

Average Response Time: 11.4 days		**Complainant information:**	
		Child in Facility	9.2 %
Responder Title		Other	69.7 %
Supervisor		Parent	14.5 %
Unknown		Unknown	6.6 %
Administrative Director		**Gender**	
Other		Male	31.6 %
Director		Female	48.7 %
		Unknown	19.7 %

Elements of the Complaints

	%	**Count**
Physical Harm	39.5	30
Lack of Supervision	57.9	44
Inappropriate Verbal Contact - Staff	3.9	3
Inappropriate Verbal Contact - Youth	13.2	10
Inappropriate Physical Contact - Staff	27.6	21
Inappropriate Physical Contact - Youth	47.4	36
Sexual in Nature	47.4	36
Disagreement with Staff/Administrative Decision	6.6	5
Medical in Nature	2.6	2
Differential Treatment by Staff	1.3	1
Unsatisfactory Physical Environment	6.6	5

Complaint Response

	Percent	**Count**
Action Oriented	59.2	45
Explanatory	11.8	9
Unknown	28.9	22

Discussion

Over half of the "Safety" complaints filed were categorized as Lack of Supervision. Examples of these complaints include:

- 12 year old girl complains that two boys were in the girls' bedroom for four hours – kissing and hugging.
- A child "stuck his finger in another child's buttocks and woke him up." Then the child made sexual comments to the other child.

- Child disclosed that 11 year old boy "humped" her 10 year old sister. All children were fully clothed.
- Due to lack of supervision, one child sexually abused another child during transport.
- Three young children playing "sexual" game outside while staff sat at picnic table.
- Two 3 year old boys in bathtub with no clothes on.
- Two children found behind a rollout with pants down.
- Child left unattended with father during a visit and child reported that father said things he was not supposed to.
- Children left unsupervised in car for a long period of time by shelter parent.
- Child left in building alone while staff took the rest of the youth to the movies.
- Several children in backyard without supervision.
- Unsafe environment – 4 year old found scissors on playground and cut another child's hair.
- Child was left behind on a bus for 40 minutes.

Many responses indicated that the allegation of lack of supervision was unsubstantiated. In some cases staff were counseled or disciplined. Responses also included "counsel and talk to children about inappropriate touching." Some complaints were referred to outside agencies for investigation.

Almost half of the grievances related to inappropriate physical contact of by other youth (47.4%). Examples include:

- "Boys played a game "lick the dick" – report filed because staff told mother not to file a police report because children were under age
- Two youth at facility having inappropriate sexual conduct
- A 4 year old and 3 year old were unattended in bathroom. The 3 year-old was crying because the 4 year old hit him.
- Parent visited child who had bite mark (possible hepatitis A), next day child had bruises – supervisor would not discuss and ended parent's visit.

Responses identified the need to closely monitor youth, "anything suspicious should be documented" and "staff appeared to be alert and stopped incident." In some cases youth committing inappropriate contact were screened out of the facility.

Over a third of the grievances were categorized as "Physical Harm." Examples of these complaints include:

- One year old with extensive bruising on face and legs upon release from facility.
- 17 year old child assaulted a 10 year old roommate during then night.
- A youth hit another youth in the eye.
- Child hit staff, staff hit child back.
- Child was placed in top bunk bed with a broken rail. Child fell out of bed and was injured.
- Child had multiple bite marks, diaper rash, and upper respiratory infection – staff failed to respond to the needs of the child.

- Mother stated that her daughter had a bite mark on her arm and had not received medical attention.
- Staff is physically abusing children, i.e., pulling arms, twisting wrist, also leaving children unattended at night.
- Staff member accidentally smashed child's finger in door – her middle finger had to be amputated at the knuckle.
- Child was punched with a closed fist in the back by a staff member.
- Youth came to staff stating that he thought he was raped by one of the other boys.

Responses indicated that many complaints were referred to outside agencies for investigation such as child protective services, social services or the police department. Some responses indicated that "17 year old arrested that night – children later separated," and "manager found that the child had not been hit by staff," or "Confirmed supervision issues and failing to protect resident child. Staff meet to discuss breakdown in communication."

Welfare

The following section will describe all child welfare complaints that were categorized as "Welfare" complaints.

Descriptive Information – Total Complaints = 36

Average Response Time: 34.7 days		**Complainant information:**	
		Child in Facility	5.6 %
Responder Title		Other	72.2 %
Supervisor		Parent	22.2 %
Unknown			
Other		**Gender**	
Administrative Director		Male	19.4 %
Director		Female	55.6 %
		Unknown	25.0 %

Elements of the Complaints

	%	**Count**
Physical Harm	58.3	21
Lack of Supervision	25.0	9
Inappropriate Verbal Contact - Staff	5.6	2
Inappropriate Verbal Contact - Youth	0	0
Inappropriate Physical Contact - Staff	61.1	22
Inappropriate Physical Contact - Youth	5.6	2
Sexual in Nature	13.9	5
Disagreement with Staff/Administrative Decision	5.6	2
Medical in Nature	0	0
Differential Treatment by Staff	2.8	1
Unsatisfactory Physical Environment	0	0

Complaint Response

	Percent	**Count**
Action Oriented	47.2	17
Explanatory	27.8	10
Unknown	25.0	9

Discussion

Almost two-thirds (61.1%) of the "Welfare" complaints filed were categorized as "Inappropriate Physical Contact by Staff." Complaints included:

- (Staff member) grabbed youth by the neck, forcibly led him out of the bedroom and pushed him down in a chair.
- A child was slapped by a staff member.
- Staff came into child's room and choked him.

- Youth ran away reporting that she was shoved and pinched by a staff member in facility.

The majority of responses indicated that the complaint had been referred to an outside agency for investigation, "Case referred to the police department – closed as unsubstantiated due to insufficient evidence – recommended staff be educated and trained." "Referred to police department and school principle – teacher removed from teaching duties same day and arrested by police next day for lewdness with a minor."

Over half of the complaints filed were in the category of "physical harm." Examples of these complaints include:

- A child was slapped by a staff member.
- Child had handprint bruise on face after being admitted to facility.
- Complaint that son's genital area was swollen with purple bruise in his anal cavity and another child had bite marks on her hand.
- Grandmother noted multiple bruises on youth after she picked youth up from facility.
- Mother found bruises and scratch marks on her two children after picking them up from facility—children stated marks made by staff and one scratch from another child.
- Staff member also alleged to have bitten children to teach them not to bite.
- Youth stated that a staff member had hit him in the lip, causing it to bruise.

Several responses included the statement, "case handled internally." Some responses indicated that the staff was falsely accused, "staff not on duty on day that child said incident occurred," "No staff member by the name that child gave—report screened out," and "Youth stated he did not want to get staff fired and recanted statement." A few responses indicated that the complaint had been referred to an outside agency for investigation or "Employee had been previously warned regarding physical discipline. Employee was terminated."

A quarter of the complaints referenced lack of supervision. These complaints included:

- 16 year old child missing for 3 hours – workers did not follow policy to find child. Staff was unaware that child was missing until bed checks.
- Two youth waited for two hours at school because staff forgot to pick them up.

Responses indicated that several complaints were referred to outside agencies for investigation. Some responses stated that staff were disciplined and that policies and procedures would be reinforced with all staff.

About 14% of the complaints were identified as sexual in nature. Examples of these complaints include:

- A staff member "hit on" the pregnant girl.
- Child reported that a teacher had inappropriate relationship with another youth and that "he does things with other little girls."
- Youth was touched inappropriately by staff member while at an outing at a swimming pool.

The majority of responses indicated that complaints were referred to an outside agency for investigation, e.g., "incident forwarded to the police department. Outcome unconfirmed, no recommendations by the investigator."

Civil and Other Rights

The following section will describe all child welfare complaints that were categorized as "Civil and Other Rights" complaints.

Descriptive Information – Total Complaints = 1

Average Response Time: 7 days		**Complainant information:**	
		Other	100 %
Responder Title			
Director			
		Gender	
		Male	0 %
		Female	100 %
		Unknown	0 %

Elements of the Complaints

	%	**Count**
Physical Harm	0	0
Lack of Supervision	0	0
Inappropriate Verbal Contact - Staff	0	0
Inappropriate Verbal Contact - Youth	0	0
Inappropriate Physical Contact - Staff	0	0
Inappropriate Physical Contact - Youth	0	0
Sexual in Nature	0	0
Disagreement with Staff/Administrative Decision	0	0
Medical in Nature	0	0
Differential Treatment by Staff	0	0
Unsatisfactory Physical Environment	0	0

Complaint Response

	Percent	**Count**
Action Oriented	100 %	1
Explanatory	0 %	0
Unknown	0 %	0

Discussion

The complaint involving Civil Rights was a violation of privacy complaint. The administrator of the facility investigated and found that confidentiality had indeed been violated and reprimanded the employee.

Group Homes

All complaints received by included facilities from January 2000 until September 30, 2006 are included in this analysis. Complaints were summarized and categorized by NICRP and the results of those summaries are presented below. If a complaint was received without a response or a response received without a complaint or if the complaint was illegible, that response or complaint was coded as "unknown." The following section provides information on complaints received from group homes.

Descriptive Information – Total Complaints = 7

Average Response Time: 3.3 days	**Complainant information:**	
	Child in Facility	71.4%
Top Five Responder Titles	Other	28.6%
Director		
Manager		
	Gender of Complainant	
	Male	42.9%
	Female	57.1%
	Unknown	0%

Elements of the Complaints

	Percent	**Count**
Physical Harm	57.1%	4
Lack of Supervision	14.3%	1
Inappropriate Verbal Contact - Staff	0%	0
Inappropriate Verbal Contact - Youth	28.6%	2
Inappropriate Physical Contact - Staff	28.6%	2
Inappropriate Physical Contact - Youth	14.3%	1
Sexual in Nature	0%	0
Disagreement with Staff/Administrative Decision	42.9%	3
Medical in Nature	14.3%	1
Differential Treatment by Staff	0%	0
Unsatisfactory Physical Environment	14.3%	1

Complaint Response

	Percent	**Count**
Action Oriented	71.4%	5
Explanatory	28.6%	2
Unknown	0%	0

Health

The following section will describe all group home complaints that were categorized as "Health".

Descriptive Information – Total Complaints = 1

Average Response Time: 5 days		**Complainant information:**	
		Child in Facility	100 %
Responder Title			
Director			
		Gender	
		Male	100 %
		Female	0 %
		Unknown	0 %

Elements of the Complaints

	%	**Count**
Physical Harm	100	1
Lack of Supervision	0	0
Inappropriate Verbal Contact - Staff	0	0
Inappropriate Verbal Contact - Youth	0	0
Inappropriate Physical Contact - Staff	0	0
Inappropriate Physical Contact - Youth	0	0
Sexual in Nature	0	0
Disagreement with Staff/Administrative Decision	0	0
Medical in Nature	100	1
Differential Treatment by Staff	0	0
Unsatisfactory Physical Environment	0	0

Complaint Response

	Percent	**Count**
Action Oriented	0	0
Explanatory	100	1
Unknown	0	0

Discussion

The health related complaint was about a youth who stated he or she had not received their medication. The response indicated that according to the medication log, the youth did receive his or her medication on time.

Safety

The following section will describe all group home complaints that were categorized as "Safety" complaints.

Descriptive Information – Total Complaints = 3

Average Response Time: 1.3 days		**Complainant information:**	
		Child in Facility	66.7 %
Responder Title		Other	33.3 %
Director			
		Gender	
		Male	66.7 %
		Female	33.3 %
		Unknown	0 %

Elements of the Complaints

	%	**Count**
Physical Harm	100	3
Lack of Supervision	0	0
Inappropriate Verbal Contact - Staff	0	0
Inappropriate Verbal Contact - Youth	33.3	1
Inappropriate Physical Contact - Staff	66.7	2
Inappropriate Physical Contact - Youth	33.3	1
Sexual in Nature	0	0
Disagreement with Staff/Administrative Decision	66.7	2
Medical in Nature	0	0
Differential Treatment by Staff	0	0
Unsatisfactory Physical Environment	0	0

Complaint Response

	Percent	**Count**
Action Oriented	66.7	2
Explanatory	33.3	1
Unknown	0	0

Discussion

Two complaints fell into both the "Inappropriate Physical Contact – Staff" and "Disagreement with Staff/Administrative Decision" categories. These were complaints about a resident who was handled with too much force when sent back to his room, and another where the youth claimed to have been pushed by a staff member. These were resolved via staff counseling and discussions with the grievant.

The other complaint fell into both the "Inappropriate Physical Contact – Youth" and "Inappropriate Verbal Contact – Youth" categories, and it stated that a youth exhibited violent behavior and threatened staff and other youth. This complaint was resolved through staff counseling on when is an appropriate time to notify the police.

Welfare

The following section will describe all group home complaints that were categorized as "Welfare" complaints.

Descriptive Information – Total Complaints = 3

Average Response Time: 4.6 days		**Complainant information:**	
		Child in Facility	66.7 %
Responder Title		Other	33.3 %
Director			
Manager			
		Gender	
		Male	66.7
		Female	33.3
		Unknown	0

Elements of the Complaints

	%	**Count**
Physical Harm	0	0
Lack of Supervision	1	33.3
Inappropriate Verbal Contact - Staff	0	0
Inappropriate Verbal Contact - Youth	1	33.3
Inappropriate Physical Contact - Staff	0	0
Inappropriate Physical Contact - Youth	0	0
Sexual in Nature	0	0
Disagreement with Staff/Administrative Decision	1	33.3
Medical in Nature	0	0
Differential Treatment by Staff	0	0
Unsatisfactory Physical Environment	1	33.3

Complaint Response

	Percent	**Count**
Action Oriented	100	3
Explanatory	0	0
Unknown	0	0

Discussion

The lack of supervision complaint involved a grandparent who felt staff was not attentive enough for her needs, and this was resolved with a meeting between the program director and the complainant. This complaint was also categorized as a disagreement with staff decision.

The complaint about inappropriate verbal contact from youth was a situation where a child witnessed a conflict between other youth and was frightened. This situation was resolved through counseling.

The complaint about the unsatisfactory physical environment was about a youth having trouble with noise caused by a defect in the house's heating and ventilation system. The response indicates that the system was fixed.

POLICIES AND PROCEDURES SUMMARY ANALYSIS

Methods

Pursuant to A.B. 580, NICRP requested all participating facilities to forward all of their policies and procedures related to the health, safety, welfare, treatment and civil and other rights of children in their facilities. All of the facilities provided documentation to NICRP, although the content and scope of the documentation varied greatly for each facility. NICRP grouped the facilities into five types: Detention, Correction, Treatment, Child Welfare and Group Homes. All of the policies and procedures were read and coded for the five major areas of the study: health, safety, welfare, treatment and civil and other rights. The definitions created for this study were used to group policies and procedures into these categories. Those definitions are provided in the chart below.

Health – anything having to do with a child's physical or mental health. These are things directly affecting health, including nutrition and exercise, medical care, medication administration and attention pertaining to illness or injury (transportation for medical care).
Safety – these are things having to do with the physical safety of the children. These include physical security and staffing issues, physical environment, including cleanliness as well appropriate and working facilities and equipment. a. Physical restraint b. Appropriate placement of children within the facility (roommates)
Welfare – this has to do with the general well being of the child. These issues are emotional and may include such things as the way that staff interacts with children on a daily basis. a. Punishment issues b. Provision of education c. Wellness activities
Treatment – this term is defined in terms of a treatment program not necessarily how a child is "treated" on a daily basis. These are issues of access to counseling (mental health and substance abuse) resources, issues relating to a child's actual treatment plan and how they are able to progress through a facility's program.
Civil and other rights – this category includes many different aspects. This includes things pertaining to not only a child's civil rights, but also their rights as human beings. This would also include any rights within a particular facility that the youth are granted as explained to them in orientation.

NICRP then conducted a literature review to identify best practices or standards for these facilities. During the review we identified several documents developed by the Child Welfare League of America (CWLA) including, "CWLA Standards of Excellence for Residential Services" as well as the CWLA's "Standards for Health Care Services for Children in Out-of-Home Care." These documents were identified as containing well researched and well structured standards for all of the facility types included in the current study. Those documents were then

summarized to provide a general set of standards for all youth residential care facilities, with certain specific provisions based on the facility type.

Once the standards of excellence were identified and summarized, NICRP used this summary document in conjunction with the previously defined major areas/categories to develop subcategories for review and summary. The categories and subcategories were identified and have been defined in the chart provided below.

HEALTH
Assessments – medical, physical, mental health and/or psychological testing of individual residents to assist in program placement and/or treatment.
Nutrition and Exercise – all information regarding the food service at the facility, including nutritional guidelines, menu planning and allowances for special diets. This section also includes provisions for recreational activity and exercise.
Access to Medical Care – providing on-site or off-site access to doctors, nurses, dentists or other medical professional for routine and emergency medical/dental care.
Administration of Medication – how medicine, both over the counter and prescription are administered, stored, recorded, secured, prescribed, destroyed and provisions regarding staff responsible for medication.
Communicable Disease – identification and preventing spread of communicable disease, including universal precautions.
SAFETY
Physical Environment – compliance with building and fire codes, inspections of the facility and grounds for safety and security, and storage of chemicals within the facility.
Emergency Procedures – precautions and practices for emergency situations including fire, flood, power outage, earthquake, disasters, escapes, abductions, riots, medical emergencies and evacuations.
Placement – within the facility (unit, bed, room) consideration of factors such as age, gender, sexual orientation, offense history, siblings, abuse history, etc.
Staffing – staff to youth ratios.
Physical Restraint and the Use of Force – prohibitions, restrictions, philosophies, and allowable practices.
Suicide Prevention – identification of suicidal youth, precautionary measures for identified youth, observation, procedures for attempted and successful suicides, and the provision of services.
WELFARE
Education – provisions for academic programs on or off site, administration of programs and provisions for credits and/or degrees.
Staff and Youth Interactions – policies regarding physical and verbal contact between staff and youth, reporting abuse and neglect, and related matters.
Behavioral Control Systems – programs and/or practices used by the facility to manage youth behavior, including accepted and prohibited practices.

TREATMENT
Treatment Plans – any provisions for written plans regarding treatment, programs and/or services to be provided to youth at the facility.
Behavioral Treatment – provision of specific programs or treatment aimed at behavioral issues such as violence, acting out, risky behaviors, and related matters.
Substance Abuse Treatment – provision of specific programs or treatment aimed at addressing substance abuse by youth.
Mental Health Treatment – provision of specific programs or treatment aimed at mental health issues.
CIVIL AND OTHER RIGHTS
Grievances/Complaints – all policies and procedures related to complaints and/or grievances by, or on the behalf of, youth.
Awareness – provisions for making youth aware of their rights while in the facility, including when that occurs, if provisions are made for translation, and whether information is provided orally and/or in writing.
Protection of Rights – policies and procedures that identify and/or clarify rights of youth while in the facility.

Once the categories and subcategories were defined, NICRP reviewed each facilities' policies and procedures for relevant content and coded for the subcategories. The policies identified as falling into one or more of the categorical areas were summarized and included in each "Facility Summary." The "Facility Summary" documents were made available to each facility for review and comment. Many of the facilities then provided NICRP with additional policies and procedures, references to specific policies and procedures and/or comments regarding the content of the summaries. Additional policies and procedures were added as relevant, comments provided by the facilities were inserted into the documents and revisions were made as needed. The revised summaries were then grouped together by category, subcategory and facility type, resulting in five working documents, one for each type of facility, which included de-identified summaries of policies for each of the above referenced subcategories. The documents were then analyzed to provide an overview of the policies and procedures provided by each of the facility types in the identified categories. Only those items specifically included in the facilities' policies and procedures were included in the summary analysis. Comments from particular facilities regarding policies, procedures and practices not included in that facilities' policies and procedures are noted in the "Facility Summary" section, but are not reflected in the summary analysis.

A review of the current Nevada Revised Statutes and Nevada Administrative Code were also conducted to identify relevant laws and regulations in these categories. Brief references to selected Nevada laws and regulations are provided at the end of most subcategories. Please note that these are only references and are not intended to represent the full intent of the law. The full text of these laws and regulations can be found on the Nevada State Legislature website at http://www.leg.state.nv.us.

Correctional Facilities

Six correctional facilities were included in this study: Caliente Youth Center; China Springs/Aurora Pines; Nevada Youth Training Center; Rite of Passage – Silver State Academy; Spring Mountain Youth Camp; and Summit View Youth Correctional Center.

Health

Assessments

All six facilities provided NICRP with policies and procedures related to the provision of medical and/or mental health assessments. All of the six facilities indicate that an assessment will be administered when the child is placed in the facility. One facility indicated that the assessment will take place within the child's first two weeks in the facility. Another provided that additional assessments would take place within two weeks of placement. Two facilities indicate that the assessment will take place at intake. Two facilities indicated that psychiatric and educational assessments also take place.

The CWLA Standards provide that a comprehensive health assessment should be completed within 30 days of placement in the facility. The assessment should include, but is not limited to, the following elements:

- Current health status – including diagnoses, allergies, medications, medication side effects, emergency health needs and communicable diseases
- tests for anemia
- complete blood count
- TB
- abnormalities in urine
- developmental delays
- sickle cell anemia
- blood lead poisoning
- immunizations
- medications (past and current)
- HIV, STD (for at risk groups)
- dental exam
- medical history from family, if available

The CWLA Standards additionally provide that a comprehensive mental health assessment should be completed within 30 day of placement by a qualified mental health practitioner. Children detained for more than 30 days should receive a medical and mental health assessment.

The facility shall provide an initial assessment that is comprehensive and should assess the child within his/her social & cultural context. In addition to the elements provided above, assessments should include, at a minimum, the following information:

- Potential physical, or other medical risks to child, including screening for alcohol and drugs
- Current mental health status
- Family relationships
- Languages spoken by child and family
- Custody and legal status
- Identification of immediate needs
- Experience of trauma, if any
- Risks posed by child to self or others
- Preferential coping strategies
- Religious affiliation
- Cultural issues
- Educational and vocational status

Additional assessments should be provided as deemed relevant and necessary to address:

- Biopsychosocial history of child;
- History of physical/sexual abuse or sexual offenses;
- Strengths and support systems of family;
- Previous experience with child and family services
- As needed, other specialized assessments – developmental & neurological health, nutrition, HIV status, speech & language, substance abuse, toxic metal exposure, psychological status, learning abilities and blood chemistry evaluation;
- Risk and protective factors
- History of bullying, harassment, violence or gang involvement

NRS/NAC References:

NRS 62C.035 – Requires mental health and substance abuse screening to be conducted as soon as practicable of any child who is detained in a local or regional facility for the detention of children while awaiting a detention hearing.

NRS 62E.513 - Requires mental health and substance abuse screening, which satisfies the requirements of NRS 62E.516, to be conducted as soon as practicable of any child who is adjudicated delinquent and committed to a regional or state facility for the detention of children.

NRS 62E.516 – Establishes approval and review of method for screening pursuant to NRS 62C.035 and NRS 62E.513 by the Division of Child and Family Services.

Nutrition and Exercise

Nutritional and Dietary Needs

All six facilities provided policies and procedures regarding nutrition guidelines for juveniles. Five of the six facilities have policies regarding special diets that will be provided for religious and/or medical needs. Four of the five facilities provide that youth shall receive three meals per day. Five of the six facilities make reference to meals being reviewed monthly or quarterly by an approved person. Four of the six facilities state that the menus will be in compliance with state and/or federal guidelines.

The CWLA Standards provide that menu planning, preparation and serving should be guided by nutritional, social, cultural, religious, educational, health and emotional needs of the children. A person familiar with nutrition and food service management should be in charge and a nutritionist or dietician should be available for consultation, if not on staff. Food service records should be kept to ensure compliance with the needs of children. Follow procedures to ensure clean and safe food storage and preparation and prevent the exchange of food-borne illnesses and communicable diseases.

Physical Fitness and Exercise

All six facilities also provided guidelines regarding physical activity and/or exercise for youth. Four of the six facilities specify that youth are to receive a minimum of one hour of large muscle exercise and one hour of structured leisure time daily. Two of those facilities provide that another hour of exercise will be provided on weekends and holidays. One of the four facilities state that 3-mile runs, cardio-vascular circuits, 18/20 workout exercises, sports training and stamina courses are required by all youth 2 to 3 times per week. That facility also provides that all students are required to participate in physical exercise 6 times per week and that sports training is conducted at least 3 hours per day, almost every day except Sunday. One facility also provides for community service and wilderness trips.

The CWLA Standards provide that all youth should have access to a planned program of on site, developmentally appropriate recreational activities. Furthermore, facilities should have (and/or have access to) recreational facilities, equipment and materials appropriate for the interests, ages, abilities, developmental needs and cultural backgrounds of children served. Polices should allow for the provision of adequate free time with little or no staff direction for all children to have time to engage in solitary or group activities they enjoy. Staff should monitor and/or limit media access as appropriate – movie ratings, amount of time watching TV, on computers, video games.

Access to Medical Care

All six facilities provided policies and procedures that addressed access to medical care. All of the facilities provide emergency medical services on a 24 hour basis. One of the facilities specifies that a nurse is on staff 40 hours per week but is also available via telephone 24 hours a day. One facility provided that a nurse is available in the facility twice weekly. Three of the six

facilities provide a daily "sick call" to monitor juveniles in need of medical attention. Five of the six facilities specify that mental health care is provided.

The CWLA Standards provide that correction facilities should have medical personnel should be available on staff or on contract. Larger programs or programs where residents have special medical needs or receive psychotropic or other prescribed medication should employ full-time medical staff on site. Facilities should provide or facilitate the provision of routine medical and dental care according to recommended well-child schedules. All youth should have access to 24 hour access to medical services and psychiatric services, either on site or on call.

NRS/NAC References:

NRS 63.520 – The superintendent of State facility may authorize the performance of any necessary medical, surgical or dental service as recommended by a physician.

Administration of Medication

Five of the six facilities provided NICRP with policies and procedure regarding the administration of medication. All five of the facilities state who may dispense prescription medications. Two of the four facilities state that any non-medical staff administering medications must receive training in administration. Four facilities specify that the medication administered must be logged. All five facilities provide policies regarding the appropriate storage of medication. One facility states that staff supervised self-administration may be allowed when clinically acceptable.

The CWLA Standards state that where prescribed medication is used, a physician should regularly monitor medication needs and side effects. The Standards provide that all medication should be dispensed to residents by nurses or other trained and certified staff members and medical personnel should be available to assist with case planning and staff training. The facilities policies and procedures should include documentation requirements for administration of all prescription and nonprescription medication including child's name, date, medication, who administered, medication administered, documentation of refusal and reason for refusal if applicable. The policies and procedures should have system for documentation and review of medication errors.

NRS/NAC References:

NAC 639.464 – Pharmacists and Pharmacy – Scope of services in hospital or correctional institution, which includes "any facility for the detention of children."

NAC 639.465 – Pharmacists and Pharmacy – Provisions for a managing pharmacist for each hospital or correctional institution that has a pharmacy.

NAC 639.465 – Pharmacists and Pharmacy – Requires managing pharmacist to establish policies, procedures and systems related to the pharmacy and medications.

NAC 639.4685 – Pharmacists and Pharmacy – Handling of medications in correctional institutions without pharmacies. Requires written policies and procedures, as well as space and accessories for the secure storage, control, administration and disposal of all drugs, in consultation with a pharmacist and facility manager.

NAC 639.477 – Pharmacists and Pharmacy – Policies and Procedures for distribution of drugs in all medical facilities and correctional institutions. Correctional Institutions must use standards for accreditation of the American Correctional Association and the National Commission of Correctional Health Care for guidance. Includes list of procedures which must be included.

Communicable Diseases

Four of the six facilities address procedures to prevent the spread of communicable disease within the facility. One facility states that gloves should be worn to prevent the spread of contagious diseases. This facility provides that with potential exposure, records of the incident will be kept. Another facility states that juveniles with communicable diseases will be placed in Administrative Segregation from the general population. One facility provides that staff are instructed to treat all bodily fluids/substances as infectious.

The CWLA Standards provide that residents should be tested for certain communicable diseases during assessment so that facilities may take appropriate measures to prevent the spread of communicable diseases to others.

NRS/NAC References:

NAC 449.117 – Provides that employees of facilities for the treatment of substance abuse must have documentation showing that they are in compliance with any applicable provisions of Chapter 441A of NAC concerning tuberculosis.

Safety

Physical Environment

All six facilities provided policies and procedures regarding the upkeep, maintenance and/or security of the physical environment. Five of the six facilities state the proper storage of all toxic, flammable, and caustic materials. Two of the six facilities provide policies on the Fire Department inspections and fire drills which are to be conducted on a regular basis. Three of the six facilities provide some policies and procedures for health code regulations and inspections. Five of the six facilities provide policies and procedures on preventative maintenance. Of those five facilities, two designate that the person in charge of the inspection will be appropriate staff, one states that the youth have areas of responsibility to maintain. One facility states that security devices and equipment are to be inspected weekly. Another facility provides that waste and pest control will be provided.

NRS/NAC References:

NRS 62B.210 – Detention facilities should be constructed/conducted as nearly like a home as possible; must not be deemed/treated as a penal institution; and must not be adjoined, located on the same grounds or share facilities/grounds with adult prison/jail/lockup unless provisions of 28 C.F.R. §31.03 are met.

NRS 444.330 – Health Division authority over State facilities in regard to sanitation, healthfulness, cleanliness and safety. Requires at least yearly inspections by State Health Officer.

NRS 444.335 – Health Division authority over certain city, county and private facilities in regard to sanitation, healthfulness, cleanliness and safety. Requires at least yearly inspections by State Health Officer.

NRS 477.030 – State Fire Marshal duties and powers which include, in part, enforcing laws and adopting regulations related to the prevention of fire, storage and use of combustibles and flammables, and the safety, access, means and adequacy of exit in case of fire from certain facilities.

NRS 477.120 – State Fire Marshal requirements regarding exits, open stairways and vertical shafts.

NAC 477.560 – State Fire Marshall requirement for installation of device for detection of products of combustion.

NAC 477.915 – State Fire Marshal requirements for existing buildings owned by the State.

Emergency Procedures

Five of the six juvenile correction facilities provided NICRP with polices and procedures regarding emergency situations such as fire, bomb threat, riot, escape, power failure and natural disasters. All five of the facilities' policies and procedures include some provisions for procedures to follow in the event of a fire in the facility, including evacuation procedures. One facility included codes for hand held radios for situations such as riots, escapes, assaults/fights, life threatening injuries, and suicidal situations. Two of the six facilities provide a list of emergency telephone numbers which must be maintained. Two of the facilities provide that an auxiliary backup generator will be maintained and inspected weekly for power outage emergencies. Three of the facilities provide procedures for evacuation in the event natural disasters. Three of the facilities provide procedures for bomb threats/riots. Three correctional facilities provide escape search procedures in which one facility included on and off site searches. Two of the facilities provided procedures handling hostage situations. Two of the facilities provide what to do in case of hunger strikes and sit-downs. One facility developed a medical emergency plan with procedures to follow in the event of a medical emergency. One facility has developed an "Immediate Action Team" which is utilized in the event of an emergency. One facility provided guidelines for incidents of gang/group problems.

The CWLA Standards provide that youth residential facilities should have policies and procedures which include, but are not limited to the following safety/emergency issues:

- fire prevention and fire safety
- disaster response
- emergency plans, including evacuation
- universal precautions
- suspicious or hazardous materials
- security
- vehicle and driver safety

- on-call, chain of command response system that is well communicated, accessible, and posted in critical locations
- process for formally reviewing accidents, illnesses, grievances, etc.
- process for handling critical incidents such as death, threats, and escapes

The CWLA Standards also state that the facilities should be properly equipped to prevent safety problems/physical hazards, such as:

- posting of evacuation routes at all egress locations
- requiring all visitors to sign in and out when entering or leaving
- having adequate lighting on the grounds
- using staff identification badges

Placement

Five of the six facilities provided NICRP with policies and procedures regarding placement within the facility. Two of the facilities provided that dormitory placement is determined by factors including age, gang involvement, peer association, ethnicity, and population of dormitory. One of the facilities provided policies and procedures that a classification team will determine the youth's program assignment and housing; the assignments and housing are determined by observations, interview, and diagnostic tests. One of the facilities provided policies that place the juvenile into a program based on security risk, education, and vocational and personal needs. One facility provides procedures to place juveniles with "special management" needs into administrative segregation.

The CWLA Standards provide that consideration should be given to the child's age, gender, social history, behavior and developmental needs, as well as space size and purpose when determining the appropriate placement within the facility.

Staffing Ratios

Five of the six correctional facilities provided NICRP with policies and procedures which address staffing. One facility provides that six staff are scheduled to work each night. Three of the facilities provided policies in which two staff will be on duty at all times and when possible, one of the staff should be the same gender as those juveniles who are housed. One facility provided awake hours ratios of 1:10 and graveyard ratios of 1:20.

The CWLA Standards state that at no time should a staff member be on duty alone. Ratios in juvenile detention facilities should not exceed 1:4 for children under 10 years old (and older children with special needs) and 1:6 for youth over age 10 during awake hours. Ratios should not exceed 1 awake staff for every 8 children during overnight hours. The facility should also have an on-call schedule and the capacity to mobilize and employ additional staff members immediately in an emergency or crisis situation.

NRS/NAC References:
NRS 63.500 – All children committed to a State facility must be dealt with, so far as practicable, by or in the presence of an attendant who is the same gender as the child.

Physical Restraint and Use of Force

All six correctional facilities provided policies and procedures to NICRP regarding the use of force and physical restraint of youth. Five of the facilities mandate a policy stating that restraint or physical force is only used when preventing harm to anyone, preventing damage to the building, or to prevent escape. Four of the facilities provided that restraints and physical force are never used as a punishment. Two facilities provide a list of authorized restraints. Four facilities provide policies and procedures that all other forms of non-physical interventions to control the situation should be utilized before using physical force or restraints. One facility has provided a "Restraint Asphyxia Awareness" statement which must be signed by all employees as well as a passive restraint document which also must be signed by employees. One facility provides a policy that only allows staff who have received training to use force. Three of the facilities provided policies which require an incident report to be filed after all cases of use of force or restraints. Two of the facilities provide polices that discuss the use of O.C. aerosol spray which may only be used after other de-escalation interventions are deemed ineffective.

The CWLA Standards provide that restraint and/or seclusion should be used only in emergency situations, when there is imminent risk of harm to the individual or others and no less restrictive intervention has been or is likely to be effective in averting the danger.
Debriefing should occur within 24 hours or as soon as possible after the use of restraint/seclusion. Every case should be documented and undergo administrative review and risk management. Prohibited practices in restraint & seclusion include:

- Pain compliance, slight discomfort, trigger points, pressure points, or any pain-inducing techniques;
- Hyperextension of any body part beyond normal limits
- Putting the person at risk of hyperextension by placing any part of the person's body in a position that is beyond normal limits
- Joint or skin torsion
- Pressure or weight on head, chest, lungs, sternum, diaphragm, back, or abdomen, causing chest compression
- Straddling or sitting on any part of the body
- Any maneuver that puts pressure, weight, or leverage into or on the neck or throat, on any artery, or on the back of the person's head or neck
- Any position or maneuver that obstructs or restricts circulation of blood or obstructs an airway
- Any type of chokes, hand chokes, arm chokes , or sleeper hold
- Any type of head hold where the head is used as a lever to control movement of other body parts, or any type of full or half nelson or head lock
- Any technique that involves mouth, nose, eyes, or any part of the face, or covering the face or body
- Any maneuver that involves punching, hitting, poking, pinching or shoving.

Suicide Prevention

All six correctional facilities included provisions related to suicide and suicide prevention in their policies and procedures. Two facilities provided policies regarding psychological evaluations after an attempted or suicide threat. Two of the facilities provide a policy that requires youth to be under close supervision until mental health evaluators deem it unnecessary. Three facilities provide the procedures for handling a suicide attempt which include first aid and transportation for emergency medical treatment. One facility provided that parents/guardians are to be notified of attempted or threatened suicide. One of the six facilities provided guidelines for finding youth hanging by the neck and the life preservation steps to be taken. One facility has established guidelines to prevent and manage suicide stating that staff will be trained on suicide prevention and management and will have continuous annual training. One facility provided a policy which states that juveniles at risk for self harm are placed in administrative segregation. One facility provided that youth who show signs of suicidal ideation will be transported to another facility for treatment/observation.

Lindsay M. Hayes of The National Center on Institutions and Alternatives has developed guidelines and standards regarding suicide prevention in juvenile facilities, which are supported by the Nevada Office for Suicide Prevention. All staff who have regular contact with youth should receive eight hours of initial suicide prevention training followed by two hours of refresher training each year. All staff should also receive first aid and CPR training. The facility should also provide intake screening for suicidal ideations, as well as subsequent screenings as needed. To the extent possible, suicidal youth should be housed in the general population, mental health unit or medical infirmary, located close to staff. The use of physical restraints for suicidal youth should be avoided. All rooms housing suicidal youth should be suicide resistant and provide full visibility of youth to staff. Evidence shows that brain damage from strangulation caused by a suicide attempt can occur in as little as four minutes; therefore there are two recommended levels of supervision. The first is close observation for youth who are not actively suicidal, but have expressed mild suicide ideation and/or depression. Close observation requires staff to observe youth at staggered intervals, not to exceed every fifteen minutes. The second level is constant observation which is reserved for youth who are actively suicidal (threatening, engaging in behavior). Constant observation requires continuous observation of the youth by staff. The guidelines also provide intervention procedures, reporting/notification policies and review protocols.

Welfare

Education

Five of the six facilities reference educational programs in the policies and procedures provided to NICRP. One facility had no mention of education in the policies and procedures, however, provided NICRP with the residential handbook which states that the facility provides school and youth are expected to participate in an open-entry/open-exit school where students may earn credit and may graduate or obtain a G.E.D. Three of the facilities provided that youth are

required to participate in the educational program where they earn credits towards graduation or the G.E.D. Two facilities provided that the school program is operated by the county school district. Four of the facilities provided policy stating that credits earned in the facility are transferable to community schools. Two facilities provided that special education classes are provided. Two of the facilities provided policies that alternative vocational skills will be offered to those students who have already graduated. One facility provided a policy requiring students to be given a test prior to entry into school to determine level of performance.

The CWLA Standards provide that education services in juvenile detention facilities should be provided on site. The facility should administer or obtain an educational assessment for each child and provide the most appropriate educational program in accordance with the assessment. Facilities should adhere to the needs articulated in the juvenile's IEP, if applicable, and provide special education services as needed. Facilities should also provide educational supports such as tutoring, materials, space and time to complete work and homework. Special education teachers should not exceed a teacher (plus teacher's aide) to student ratio of 1:8. Teachers should have credentials and certification needed to teach in the community school environment. The Education Director, or equivalent position, should have a graduate degree in education or special education, should hold certifications/credentials as required by law, and have experience working with schools and special education programs. Children should be able to earn credit, and degrees as applicable, while in residential care.

NRS/NAC References:

NRS 63.200 – The superintendent of a State facility shall make arrangements for carrying out the provisions of title 34 of the NRS, which pertains to providing education, in regard to the facility.

NRS 63.210 – Requires establishment of Department of Education in State facilities and allows for vocational training. Also provides that State facilities may make arrangements for youth to be enrolled in public schools.

NRS 388.550 – Allows local school districts to employ qualified teachers for the instruction of children in county and State facilities, with approval of court and county commission.

NRS 388.560 – Requires courses of instruction to be approved by State Board. Textbooks, equipment and supplies must be provided by school district.

NRS 388.570 – Requires establishment of regulations regarding the computation of enrollment and attendance in certain facilities.

Staff and Youth Interactions

All six of the correctional facilities included guidelines regarding staff and youth interactions in their policies and procedures. Three of the facilities provided policies regarding how to handle child abuse. One facility included a title page with a section regarding communication with residents; however, that policy was not provided to NICRP. One facility provided policy stating that communication and positive interactions between youth and staff is the primary means of control. Two of the facilities provided policy discouraging staff from forming personal relationships with youth including not showing favoritism. One facility provided policies on staff not being allowed to withhold food, humiliate or intimidate residents as a form of punishment.

NRS/NAC References:

NRS 63.500 – All children committed to a State facility must be dealt with, so far as practicable, by or in the presence of an attendant who is the same gender as the child.

NRS 432B.220 – Mandatory reporting of child abuse or neglect for certain individuals.

Behavioral Control Systems

Policies and procedures regarding behavioral control systems were provided in varied detail by all six juvenile correctional facilities. Four of the correction facilities' policies and procedures included a section which laid out the rules which youth must follow while in the facility. Four of the facilities outlined systems for monitoring youth behavior which included level systems and point systems. One facility referenced the resident handbook which states that youth may earn privileges based on positive behavior and may lose privileges for negative behavior. One facility outlined unacceptable forms of punishment.

The CWLA Standards state that facilities should create an environment in which all staff comprehend positive, proactive interventions; are given adequate training, support and supervision; can perform safely and wisely; and can help children manage their own behaviors. Policies and procedures should implement a behavior support and prevention model that is consistent with the facility's mission, embraced by staff and easily understood by children (i.e.: teaching family model; guided group interaction; positive peer culture; point and level system; positive youth development; risk and resilience; or the caring profile). Consequences for behavior should be delivered in a timely fashion. Prohibited practices to be used for punishment or discipline should include:

- corporal punishment (slapping, spanking, paddling, belting)
- marching, standing or kneeling rigidly in one spot, or any type of physical discomfort
- denial or deprivation of sleep or nutrition
- denial of access to bathroom facilities
- verbal abuse, ridicule, humiliation, shaming or sarcasm
- punishing of group for actions of one or a select few
- withholding family visits
- any other impingements on the basic rights of children to care, protection, safety and security;
- chemical, mechanical, or peer restraint

NRS/NAC References:

NRS 63.140 – The superintendent of a State facility shall exercise general supervision of the facility and make and revise rules and regulations for the government of the facility, for the preservation of order and for the enforcement of discipline.

Treatment

Treatment Plans

Four of the six correctional facilities included policies and procedures to NICRP regulating to the development of individual youth treatment plans. Two of the facilities provide that youth will receive counseling to insure they are placed in programs suited to their needs and abilities. One facility provides that caseworkers are responsible for developing, updating, and implementing treatment plans to include behavioral, psychological, education, work, and athletic goals. Three facilities provided policies which stated that the juvenile's progress in the treatment program will be reviewed regularly. One facility referenced counseling available to youth on a voluntary participation basis with group therapy provided as well. Two facilities provide work programs for the youth. One facility provided policy regarding the treatment plan that must be completed within 30 days of placement.

The CWLA Standards state that all youth residential facilities should develop written service delivery (treatment) plans for youth based on assessments which include goals and objectives, services to be provided, persons responsible and timelines for accomplishment. All delivery/treatment plans should include life-skills training which promote maturity, independence and responsibility. Counseling and therapy should be appropriate to the needs of the child and should assist youth in managing stress and anxiety. Facilities should also develop written discharge plans which include transitional services, community resources and crisis/emergency plans. Facilities should incorporate families into the treatment plans as appropriate with written comprehensive plans for working with and communicating with families; referrals to various family services as appropriate; engaging the family in counseling services with the child; and encouraging family contact as appropriate.

NRS/NAC References:

NRS 63.180 – Requires superintendent or designee of State facilities to develop and regularly review a written program of education, employment, training, treatment, care and custody within 30 days of the child entering the facility.

Behavioral Treatment

One of the six juvenile correction facilities provided NICRP with polices and procedures regarding behavioral treatment. The facility utilizes the Youth Development System to address behavioral issues and to assist residents in conducting their lives as well as details on the rules and procedures for implementing this system. The other facilities did not include procedures directly related to behavioral treatment programs, however, information regarding systems for maintaining behavioral control are located in the "Behavioral Control Systems" section above.

The CWLA Standards provide that facilities should ensure that each child receives age appropriate information and education regarding sexual activity, STDs, reducing risky behavior, pregnancy, sexual orientation and gender identification.

Substance Abuse Treatment

Four of the six facilities provided policies and procedures regarding youth in need of substance abuse treatment. Two facilities offer classes designed to discourage the use of alcohol and drugs and may offer counseling once in a while. Two facilities provided that youth may undergo a substance abuse assessment. One facility provides that a certified professional will provide substance abuse treatment. One facility provided that youth in need of detoxification will be referred to the emergency room for treatment. One facility had no mention of substance abuse treatment in the policies and procedures received from the facility, however, the Resident Handbook states that a substance abuse counselor is available for treatment of youth dealing with alcohol and drug related problems.

NRS/NAC References:

NRS 63.240 – Requires Director of DHHS or designee to administer a program designed to educate children in State facilities in the problems caused by the abuse of alcohol and other drugs.

Mental Health Treatment

Five of the six juvenile correction facilities have policies and procedures related to the provision of mental health treatment for juvenile residents. Four facilities provide that psychological services will be provided to youth. One facility provides that the psychologist will make recommendations for medications to the facility physician after conducting an assessment and diagnosis. One facility assigns counselors to youth upon entry. One facility makes reference to progress of treatment and provided that psychotropic medication treatment is to be monitored and reviewed at treatment team meetings.

The CWLA Standards provide that a comprehensive mental health assessment should be completed within 30 day of placement by a qualified mental health practitioner. All residents should have access to 24 hour psychiatric services, whether available on site, on call or in the community.

Civil and Other Rights

Grievances/Complaints

All six juvenile correction facilities' policies and procedures included information regarding youth grievances and/or complaints. Five facilities specifically state the grievance procedures to be followed by youth. Three facilities provide that grievances are handled quickly and without threats or reprisals against youth. One facility specifically states that juveniles will be made aware of their right the grievance procedure. One facility allows youth to have access to meet with administration without delay and without interference from staff. One facility allows youth to grieve any circumstance, behavior, or disciplinary action of staff or other juveniles.

The CWLA Standards provide that facilities should have policies and procedures in place which address the process for formally reviewing grievances.

Awareness

Four of the six facilities specify in their policies and procedures how youth are made aware of their rights at the facility. Two facilities specified that upon admission, juveniles will be informed of their rights. Two facilities specified that youth will be made aware of their rights during orientation.

The CWLA Standards provide that facilities should ensure at intake that:

- the civil rights of the child and family are upheld and respected
- participants are informed of their status, rights of grievance and appeal, rules and behavior management policies, and the policies that will be used to determine when to make changes to placement status
- all written information is provided in a language commonly used by the child and family and that translation services are available if needed by the child or family
- all contacts with and services are culturally competent and responsive
- the intake process is applied equally to all children and their families

Protection of Rights

All six juvenile correctional facilities make reference to the protection of rights in their policies and procedures provided to NICRP. Three facilities make reference to confidentiality regarding records and information of children. One facility provided a policy that protects juveniles from discrimination. Two facilities provided policies that require students to have rights and privileges which include: dignity and respect; freedom from corporal or unusual punishment, pain, humiliation, intimidation, ridicule, coercion, threat, mental abuse; no interference with eating, sleeping, toileting, shelter, clothing, and medication; ability to file complaints; be informed of policies and procedures; communication and visitation with family; and religious freedom. One facility outlines the right to have family visitations. One facility provides that the youth be free from harassment. Two facilities provided policies protecting youth from abuse. Two facilities made reference to the right for youth to contact their legal representative.

The CWLA Standards state that facilities should have adequate confidentiality and privacy safeguards that are in compliance with local, state and federal law. All facilities should maintain records for seven years from the time of the child's discharge unless otherwise required by law and have procedures in place for retention and disposition of closed service records. Facilities should maintain a clients' rights policy that supports and protects the fundamental human, civil, constitutional, and statutory rights of all children, including, but not limited to:

- Equal access to services regardless of race, religion, ethnicity, sexual orientation, ability or gender

- Dignity of every child and family is recognized & respected in the delivery of services
- Every child and family receives care according to individual need
- Service is provided within the least restrictive & most appropriate setting
- Every child and family has the right to file complaints and grievances
- Every child and family is informed at the time of intake, in a language they commonly use, of the agency's policies and procedures regarding their rights, including the grievance policy
- Every child and family receives a copy of client rights on admission and is given an opportunity to discuss with staff
- Every child and family has the right to review their own case files and service records
- Every child and family has a right to personal privacy and confidentiality
- Every child and family has the right to receive culturally competent and linguistically appropriate services
- Every child and family has the right to be involved, as appropriate, in assessment and service planning
- Every child has the right to receive services that promote his or her growth and development
- Every child has the right to consult with clergy
- Every child and family has the right to refuse treatment
- Every child has the right to safety
- Every child has the right to contact the human rights officer and/or personal advocate
- Every family has a right to give and withhold informed consent
- Every child has a right not to be exploited or have his or her privacy invaded by agency publicity or fundraising efforts
- Every child has a right to private familial and significant other contact unless clinically contraindicated
- Every family is notified following any use of seclusion and restraint, suicide attempt or completed suicide, medical emergency, or any other seminal event in the life of their child

<u>NRS/NAC References:</u>

NRS 62C.030 – A child who is not alleged to be delinquent or in need of supervision must not, at any time, be confined or detained in a facility for the secure detention of children.

NRS 62E.510 – No child under the age of 12 may be committed to a state facility for the detention of children.

Detention Facilities

Seven county and county collaborative detention facilities were included in the study: Carson City Juvenile Detention Center; Clark County Juvenile Detention Center; Don Goforth Resource Center; Douglas County Juvenile Detention Center; Humboldt County Juvenile Detention Center; Northeastern Nevada Juvenile Resource Center; and Washoe County Juvenile Detention Center.

Six of the seven facilities are members of the Silver State Juvenile Detention Association. The seventh facility, Don Goforth Resource Center, is not a member of that association due to it's security level, which is staff secure. However, that facility is grouped with the other detention facilities for the purpose of this study due to the nature of it's program and references made in the documents provided by the facility which refer to staff as "detention officers", residents as "detainees" and the administrator as "detention manager".

The Silver State Detention Association provided NICRP with a copy of the "NAJJA Standards for Juvenile Detention Facilities" which has a date of October 8, 2002. These standards were developed by the member facilities using the guidelines established by the American Correctional Association and the Office of Juvenile Justice and Delinquency Prevention Performance-Based Standards for Juvenile Corrections and Detention Facilities. These standards are referenced below as "NAJJA Standards".

Health

Assessments

Three of the seven facilities provided NICRP with polices and procedures related to the provision of medical and/or mental health assessments. All three indicate that the assessments will be administered when the child is placed in the facility, although specific time periods for administering the assessments are not provided. One facility indicated that the MAYSI test would be administered during orientation. Staff training requirements for administration of medical and mental health screenings are unclear.

The CWLA Standards provide that a comprehensive health assessment should be completed within 30 days of placement in the facility. The assessment should include, but is not limited to, the following elements:

- Current health status – including diagnoses, allergies, medications, medication side effects, emergency health needs and communicable diseases
- tests for anemia
- complete blood count
- TB
- abnormalities in urine
- developmental delays

- sickle cell anemia
- blood lead poisoning
- immunizations
- medications (past and current)
- HIV, STD (for at risk groups)
- dental exam
- medical history from family, if available

The CWLA Standards additionally provide that a comprehensive mental health assessment should be completed within 30 day of placement by a qualified mental health practitioner.

Both assessments, health and mental health, should be comprehensive and should assess the child within his or her social and cultural context. In addition to the elements provided above, assessments should include, at a minimum, the following information:

- Potential physical, or other medical risks to child, including screening for alcohol and drugs
- Family relationships
- Languages spoken by child and family
- Custody and legal status
- Identification of immediate needs
- Experience of trauma, if any
- Risks posed by child to self or others
- Preferential coping strategies
- Religious affiliation
- Cultural issues
- Educational and vocational status

Additional assessments should be provided as deemed relevant and necessary to address:

- Biopsychosocial history of child
- History of physical/sexual abuse or sexual offenses
- Strengths and support systems of family
- Previous experience with child and family services
- As needed, other specialized assessments – developmental & neurological health, nutrition, HIV status, speech & language, substance abuse, toxic metal exposure, psychological status, learning abilities and blood chemistry evaluation
- Risk and protective factors
- History of bullying, harassment, violence or gang involvement

The NAJJA Standards provide that medical, dental and mental health screening should be performed by trained staff on all juveniles.

NRS/NAC References:

NRS 62C.035 – Requires mental health and substance abuse screening to be conducted as soon as practicable of any child who is detained in a local or regional facility for the detention of children while awaiting a detention hearing.

NRS 62E.513 - Requires mental health and substance abuse screening, which satisfies the requirements of NRS 62E.516, to be conducted as soon as practicable of any child who is adjudicated delinquent and committed to a regional or state facility for the detention of children.

NRS 62E.516 – Establishes approval and review of method for screening pursuant to NRS 62C.035 and NRS 62E.513 by the Division of Child and Family Services.

NRS 62E.530 – Requires court to order physical examination by a physician, including blood test, test for Tb, and exam for VD, before the delinquent child may be committed to the custody of Division of Child and Family Services.

Nutrition and Exercise

Nutritional and Dietary Needs

Six of the seven facilities provided policies and procedures regarding nutrition guidelines for juveniles. Four of the facilities state that menus will be in compliance with state and/or federal nutritional guidelines and/or the school lunch program. Four of the facilities provide that youth shall receive three meals per day. Three of those facilities also state that snacks will be provided daily – two of the facilities allow two snacks and the third states that youth will have one snack in the evening. Two of the facilities make reference to using a dietician in preparing or reviewing meals provided at the facility. All six of the facilities provide that special diets for medical/health reasons will be accommodated. Four of those facilities also specify that special diets will be allowed for religious reasons. Four facilities specifically provide in their food service/nutrition policies that food may not be withheld as a disciplinary measure.

The CWLA Standards provide that Menu planning, preparation and serving should be guided by the nutritional, social, cultural, religious, educational, health and emotional needs of the children. A person familiar with nutrition and food service management should be in charge and a nutritionist or dietician should be available for consultation, if not on staff. Food service records should be kept to ensure compliance with the needs of children. Facilities should also follow procedures to ensure clean and safe food storage and preparation and prevent the exchange of food-borne illnesses and communicable diseases.

The NAJJA Standards state that dietary allowances should be reviewed at least annually by a dietician and should comply with national recommendations for nutrition. Youth should receive at least three meals per day, with no more than fourteen (14) hours between the first and third meals. Facilities should adopt policies and procedures which allow for special diets as prescribed by medical and/or dental personnel. These standards also provide that policies should prohibit the use of food as a disciplinary measure.

Physical Fitness and Exercise

The same six facilities also provided guidelines regarding physical activity and/or exercise for youth. Five of those facilities specify that youth are to receive a minimum of one hour per day of physical activity. Two of those facilities specify a minimum of one hour of large muscle exercise. One facility also provides that youth are to receive one hour of structured leisure time and one hour of "free time" in addition to the hour of large muscle exercise.

The CWLA Standards provide that all youth should have access to a planned program of on site, developmentally appropriate recreational activities. Additionally, facilities should have (and/or have access to) recreational facilities, equipment and materials appropriate for the interests, ages, abilities, developmental needs and cultural backgrounds of the youth served. Policies should allow for the provision of adequate free time with little or no staff direction for all youth to have time to engage in solitary or group activities they enjoy. Staff should monitor and/or limit media access as appropriate including movie ratings as well as the amount of time watching TV, on computers and video games.

The NAJJA Standards provide that policies and procedures should include access to recreational opportunities, including outdoor activities. The standards also state that facilities should have appropriate equipment available and should develop a recreation plan which includes a minimum of one hour per day of large muscle activity and one hour of structured leisure time activity.

Access to Medical Care

Six of the seven facilities provided policies and procedures that addressed access to medical care. Four of the facilities specify that medical care is available 24 hours per day, two of those four specify that mental health care is accessible 24 hours per day. Three facilities have identified mental health treatment providers in their policies and procedures. Two facilities identified having on-site medical care either through a staff nurse or contracted medical personnel. One of those facilities indicated that sick calls are provided four times each day. Five facilities provide that first aid kits will be available on site. One facility has provisions in their policies and procedures for providing prenatal services to youth as needed. All six of the facilities that provided information indicated that provisions would be made for emergency medical care as needed.

The CWLA Standards provide that detention facilities should have medical personnel available on staff or on contract. Larger programs or programs where residents have special medical needs or receive psychotropic or other prescribed medication should employ full-time medical staff on site. Facilities should provide or facilitate the provision of routine medical and dental care according to recommended well-child schedules. All residents should have access to 24 hour medical services and psychiatric services, whether available on site, on call or in the community.

The NAJJA Standards provide that all staff should receive 40 hours of training during their first year and 24 hours each subsequent year, which would include first aid and CPR. All detention

facilities should have a designated health authority responsible for health care, whether it is provided on site or on contract with an outside agency. All youth should be provided with "unimpeded access to health care…" Additionally, to ensure proper treatment, "when sick call is not conducted by a physician, an appropriate designee [should be] available once each week to respond to juvenile complaints regarding service that they did or did not receive from other health care personnel."

All facilities should provide 24 hour access to emergency medical, dental & mental health care, including on-site emergency first aid & crisis intervention, emergency transport from the facility, an emergency vehicle for transport, designated hospitals to transport to, on-call medical staff as needed when a hospital is not located nearby, and procedures for immediate transfers as needed. Sick calls for non-emergent medical care should be provided by a physician or other qualified medical personnel. Small facilities, which house under 50 residents, should offer sick calls at least once per week. Medium size facilities, 50 to 200 residents, should provide sick calls at least three times per week and larger facilities, more than 200 residents, should offer sick calls a minimum of five times per week.

Administration of Medication

Five of the seven facilities provided NICRP with policies and procedures regarding the administration of medication. Four of those five facilities designate a position responsible for ensuring proper administration of medications, which is usually the Shift Supervisor/Senior. Two facilities specifically state who may dispense prescription medications – Shift Supervisor/Senior (both) or nurse (one). Four facilities provide that administration of medications must be logged and one of those facilities specified that both prescription and over the counter medications must be included in the log. The administration of over the counter medications are addressed by three of the facilities. Those facilities specify that they must receive approval prior to dispensing over the counter medication – one requires physician approval, one requires approval of the Juvenile Services Program Coordinator and the other requires parental/guardian approval. A fourth facility, which does not specifically state provisions for over the counter medications, has a general statement which provides that "all medication(s) must be authorized by a physician…" All five of the facilities which provided policies and procedures regarding medication included provisions for the secure storage of medication, indicating that medication must be stored in a locked area. One facility included procedures in the event of a medication error, which stated that medical attention would be sought immediately.

The CWLA Standards state that where prescribed medication is used, a physician should regularly monitor medication needs, as well as side effects, if any, of such medications. The Standards additionally provide that all medication should be dispensed to residents by nurses or other trained and certified staff members. Medical personnel should also be available to assist with case planning and staff training. Facilities' policies and procedures should include documentation requirements for administration of all prescription and nonprescription medication including child's name, date, medication, who administered, medication

administered, documentation of refusal and reason for refusal if applicable. Those policies and procedures should also include a system for documentation and review of medication errors.

The NAJJA Standards provide that detention facilities should have appropriate policies and procedures regarding the proper management of medications including: receipt, storage, administration, inventory, security, trained personnel, and accountability. The Standards also state that all psychotropic drugs must be prescribed by a physician following exam and should be administered by a physician, qualified health personnel, or health-trained personnel under the direction of an appropriate health authority.

NRS/NAC References:

NAC 639.464 – Pharmacists and Pharmacy – Scope of services in hospital or correctional institution, which includes "any facility for the detention of children."

NAC 639.465 – Pharmacists and Pharmacy – Provisions for a managing pharmacist for each hospital or correctional institution that has a pharmacy.

NAC 639.465 – Pharmacists and Pharmacy – Requires managing pharmacist to establish policies, procedures and systems related to the pharmacy and medications.

NAC 639.4685 – Pharmacists and Pharmacy – Handling of medications in correctional institutions without pharmacies. Requires written policies and procedures, as well as space and accessories for the secure storage, control, administration and disposal of all drugs, in consultation with a pharmacist and facility manager.

NAC 639.477 – Pharmacists and Pharmacy – Policies and Procedures for distribution of drugs in all medical facilities and correctional institutions. Correctional Institutions must use standards for accreditation of the American Correctional Association and the National Commission of Correctional Health Care for guidance. Includes list of procedures which must be included.

Communicable Diseases

Five of the facilities address procedures to prevent the spread of communicable disease within the facility. One facility provides that latex gloves and Tb masks will be available to prevent spread of contagious diseases. Another states that residents infected with a contagious disease will be placed on medical isolation to prevent transmission to other residents, which includes placing the individual in a "negative air flow room". Two of the facilities provide for HIV testing for certain populations per NRS 441A.320 and state that appropriate precautions will be taken to prevent spread of the virus while protecting the confidentiality of the individual.

The CWLA Standards provide that residents should be tested for certain communicable diseases during assessment so that facilities may take appropriate measures to prevent the spread of communicable diseases to others.

The NAJJA Standards provide that facilities should have policies and procedures in place regarding the identification and precautionary measures needed to prevent the spread of serious and infectious disease, including HIV. The policies and procedures should include rules and/or guidelines regarding testing, precautions, confidentiality, safeguards and placement of juveniles.

Safety

Physical Environment

All seven facilities provided some policies and procedures regarding the upkeep, maintenance and/or security of the physical environment. Three facilities made reference to complying with federal, state and/or local laws and regulations regarding health, sanitation, safety and/or fire. Additional information on fire safety and related precautionary measures are outlined in the "Emergency Procedures" section. Three facilities include policies and procedures regarding security checks or inspections of the physical environment on a regular basis. One facility requires perimeter security checks to be conducted by each shift and another provides that security checks of the facility will be conducted monthly. One facility specifically provides for external inspections of the food service areas, in addition to internal inspections of the entire facility. Five of the facilities provide policies and procedures regarding the storage and/or use of toxic, flammable or caustic materials.

The NAJJA Standards provide that all juvenile detention facilities should conform to applicable federal, state, and/or local building and fire safety codes. Facilities should have documentation by a qualified source that interior finishing materials are in compliance with fire safety regulations. The Standards also provides that facilities should have in place procedures for weekly inspections of food service areas and weekly sanitation inspections of all facility areas. Facilities should also comply with all federal, state and local sanitation and health codes. Written policy, procedure, and practice governing the control and use of all flammable, toxic, and caustic materials should also be included.

NRS/NAC References:

NRS 62B.210 – Detention facilities should be constructed/conducted as nearly like a home as possible; must not be deemed/treated as a penal institution; and must not be adjoined, located on the same grounds or share facilities/grounds with adult prison/jail/lockup unless provisions of 28 C.F.R. §31.03 are met.

NRS 444.335 – Health Division authority over certain city, county and private facilities in regard to sanitation, healthfulness, cleanliness and safety. Requires at least yearly inspections by State Health Officer.

NRS 477.030 – State Fire Marshal duties and powers which include, in part, enforcing laws and adopting regulations related to the prevention of fire, storage and use of combustibles and flammables, and the safety, access, means and adequacy of exit in case of fire from certain facilities.

NRS 477.120 – State Fire Marshal requirements regarding exits, open stairways and vertical shafts.

NAC 477.560 – State Fire Marshall requirement for installation of device for detection of products of combustion.

NAC 477.915 – State Fire Marshal requirements for existing buildings owned by the State.

Emergency Procedures

Six of the seven juvenile detention facilities provided NICRP with policies and procedures regarding emergency situations such as fire, bomb threat, riot, escape, power failure and natural disasters. All six facilities' policies and procedures include some provisions for procedures to follow in the event of a fire in the facility, including evacuation procedures. One facility provides that fire drills must be conducted at least quarterly. Two facilities include procedures for regular inspection of fire extinguishers – one monthly and the other bi-monthly. All six facilities also provide procedures to be followed in the event of a bomb threat. One facility has developed a bomb threat manual which is to be located in the control booth at each unit. Five of the facilities outline procedures to follow in the event of a riot. All six of the facilities providing information on this section have policies and procedures to be followed in the event of an escape. Four of the facilities have information regarding the use of an emergency generator in the case of a power outage at the facility. Two of the detention facilities provide that an emergency list of phone numbers must be maintained and updated. One facility also provides policies and procedures that are to be followed in the event of a hostage situation, including warning signs and preventions.

The CWLA Standards provide that youth residential facilities should have policies and procedures which include, but are not limited to the following safety/emergency issues:

- fire prevention and fire safety
- disaster response
- emergency plans, including evacuation
- universal precautions
- suspicious or hazardous materials
- security
- vehicle and driver safety
- on-call, chain of command response system that is well communicated, accessible, and posted in critical locations
- process for handling critical incidents such as death, threats, and escapes
- posting of evacuation routes at all egress locations

The NAJJA Standards provide that juvenile detention facilities should require all staff to undergo at least 40 hours of training during their first year and 24 hours each subsequent year, which includes: security procedures; fire and emergency procedures/plan; safety procedures; and key control. Facilities should be equipped with proper ventilation in the event of a power failure and have backup power generators and/or alternate sources of power that are tested at least every two weeks. Other emergency/safety equipment should be tested at least quarterly. Policies and procedures should include fire prevention practices including a system of at least quarterly inspections and testing of equipment, annual inspections by local or state officials and the availability of fire protection equipment at appropriate locations throughout the facility. Facilities should also ensure adequate communication systems in the event of an emergency. Policies and procedures should also include a written evacuation plan in the event of an

emergency. Facilities should also have in place policies and procedures which cover the steps and precautions in the event of an escape from the facility.

Placement

Four of the seven juvenile detention facilities address the placement of juveniles within the detention facility. One facility specifies that factors such as prior sexual misconduct, gang affiliation and history of violence are taken into consideration when room assignments are made. One facility provides that a "safe room" will be utilized to separate suicidal, disruptive, combative or critical observation situations from the rest of the juvenile population. A third facility provides information on gang affiliations for staff to be aware of when interacting and making placements for juveniles in the facility. The fourth facility which provided information on placements provides the guidelines to be utilized in placing youth in the event of overcrowding, which includes taking into consideration known security risks, medical problems, age, attitude, violence and arrest history.

The CWLA Standards provide that consideration should be given to the child's age, gender, social history, behavior and developmental needs, as well as space size and purpose when determining the appropriate placement within the facility.

The NAJJA Standards do not address placement of juveniles within the detention facility.

Staffing

Only one detention facility provided policies and procedures that included staff to youth ratios, which are 1:8 on day shift, 1:18 on swing shift and 1:20 on graveyard.

The CWLA Standards state that at no time should a staff member be on duty alone. Ratios in juvenile detention facilities should not exceed 1:4 for children under 10 years old (and older children with special needs) and 1:6 for youth over age 10 during awake hours. Ratios should not exceed 1 awake staff for every 8 children during overnight hours. The facility should also have an on-call schedule and the capacity to mobilize and employ additional staff members immediately in an emergency or crisis situation.

The NAJJA Standards provide that staffing requirements for all categories of personnel should be determined to ensure that juveniles have access to staff, programs, and services. To that end, the Standards recommend ideal staffing ratios of 1:6, but not exceeding 1:8, on interactive shifts. Additionally, when both males and females are housed in the facility, at least one male and one female staff member should be on duty at all times.

Physical Restraint and Use of Force

Six of the seven juvenile detention facilities provided policies and procedures which addressed the use of force and physical restraint of youth. All six facilities provide that restraint and/or the use of force may only be used for emergent situations as a means to protect the youth, staff or

others or to prevent escape. Five of those six facilities provide policies which state that restraint or the use of force may only be utilized when other, less restrictive, measures have failed. Five facilities specifically provide that restraints and/or the use of force may not be used as a form of discipline or punishment. One facility provided policies and procedures for the use of a restraint chair and four facilities provide guidelines for the use of aerosol agents including Capstun and O.C. Spray. Three facilities provide that youth must be checked at regular intervals while in mechanical restraints – time frames range from every five to fifteen minutes. Two facilities specifically require all instances involving physical restraint and/or the use of force to be documented and one of those facilities provides that all such instances must be brought before a review board to determine if appropriate actions were taken.

The CWLA Standards provide that restraint and/or seclusion should be used only in emergency situations, when there is imminent risk of harm to the individual or others and no less restrictive intervention has been or is likely to be effective in averting the danger.
Debriefing should occur within 24 hours or as soon as possible after the use of restraint/seclusion. Every case should be documented and undergo administrative review and risk management. Prohibited practices in restraint & seclusion include:

- Pain compliance, slight discomfort, trigger points, pressure points, or any pain-inducing techniques;
- Hyperextension of any body part beyond normal limits
- Putting the person at risk of hyperextension by placing any part of the person's body in a position that is beyond normal limits
- Joint or skin torsion
- Pressure or weight on head, chest, lungs, sternum, diaphragm, back, or abdomen, causing chest compression
- Straddling or sitting on any part of the body
- Any maneuver that puts pressure, weight, or leverage into or on the neck or throat, on any artery, or on the back of the person's head or neck
- Any position or maneuver that obstructs or restricts circulation of blood or obstructs an airway
- Any type of chokes, hand chokes, arm chokes , or sleeper hold
- Any type of head hold where the head is used as a lever to control movement of other body parts, or any type of full or half nelson or head lock
- Any technique that involves mouth, nose, eyes, or any part of the face, or covering the face or body
- Any maneuver that involves punching, hitting, poking, pinching or shoving.

The NAJJA Standards provide that all juvenile detention staff should receive 40 hours of training during their first year and 24 hours each subsequent year, which includes: use-of-force regulations and tactics. Instruments of restraint such as handcuffs or shackles should never be applied as punishment and should be applied only with the approval of the detention administrator or designee. Facilities should maintain a written record of routine and emergency distribution of restraint equipment, as well as instances involving use of force, which should be submitted to administration for review. Policies and procedures should restrict the use of

physical force to instances of justifiable self-defense, protection of others, protection of property, and prevention of escapes, and then only as a last resort and in accordance with appropriate statutory authority. In no event should physical force be justifiable as punishment.

Suicide Prevention

Six of the seven juvenile detention facilities included provisions related to suicide and suicide prevention in their policies and procedures. Two facilities provide for the administration of a suicide or mental health risk assessment, outside the scope of the initial assessments covered in the "Health" section of this report. Six facilities have policies and procedures in place for referring suicidal or suspected suicidal youth to a mental health professional. Three of the facilities outline provisions for placing or housing suicidal youth within the facility. One facility states that suicidal youth will be placed in a "safe room", another provides that these youth will be moved to a room closest to staff, and two facilities provide that youths' rooms will be searched and harmful objects will be removed. All six of the facilities which provided information on this issue had policies and procedures regarding observation levels for suicidal youth. Levels ranged from constant visual supervision to visual checks in intervals no greater than 15 minutes. One facility did not indicate a time period, but provided that youth would be placed on "close watch". Five of the detention facilities outlined the procedures to take in the event of an attempted or successful suicide. All five had specific procedures for hangings, two had specific procedures for bleeding and one had specific procedures for poisoning or drug overdose. One facility had provisions for conducting reviews of successful suicides which occur a the facility.

Lindsay M. Hayes of The National Center on Institutions and Alternatives has developed guidelines and standards regarding suicide prevention in juvenile facilities, which are supported by the Nevada Office for Suicide Prevention. All staff who have regular contact with youth should receive eight hours of initial suicide prevention training followed by two hours of refresher training each year. All staff should also receive first aid and CPR training. The facility should also provide intake screening for suicidal ideations, as well as subsequent screenings as needed. To the extent possible, suicidal youth should be housed in the general population, mental health unit or medical infirmary, located close to staff. The use of physical restraints for suicidal youth should be avoided. All rooms housing suicidal youth should be suicide resistant and provide full visibility of youth to staff. Evidence shows that brain damage from strangulation caused by a suicide attempt can occur in as little as four minutes, therefore there are two recommended levels of supervision. The first is close observation for youth who are not actively suicidal, but have expressed mild suicide ideation and/or depression. Close observation requires staff to observe youth at staggered intervals, not to exceed every fifteen minutes. The second level is constant observation which is reserved for youth who are actively suicidal (threatening, engaging in behavior). Constant observation requires continuous observation of the youth by staff. The guidelines also provide intervention procedures, reporting/notification policies and review protocols.

The NAJJA Standards provide that all staff should receive 40 hours of training during their first year and 24 hours each subsequent year, which includes: signs of suicide risks and suicide

prevention. The Standards also state that facilities should have a written suicide prevention & intervention program which is reviewed and approved by a qualified medical or mental health professional. Facilities should include procedures for intake, identification, and supervision of suicidal youth.

Welfare

Education

All seven detention facilities reference educational programs in the policies and procedures provided to NICRP. Five of the facilities state that the educational program offered at the facility is operated by the local school district. Two facilities reference a "detention school program" that is offered for juveniles. Four of the facilities state that attendance is mandatory for all youth at the facility. One facility provides educational assessments to determine skill levels of individual youth. One facility provides that the school curriculum is individualized for youth, while another states that the facility provides a generalized program of instruction for all youth. Only one facility references special education needs and states that these needs will be met by the local school district which runs the educational program. One facility states that youth may earn academic credit through the local high school for classes taken at the detention facility. That facility also allows GED classes for some juveniles. Another facility states that adult school or continuation school will be available for those youth who qualify. One facility included teacher to student ratios in their policies, providing a 1:24 ratio of classes run by the local school district and a ratio of 1:12 for classes run through the detention school program.

The CWLA Standards provide that education services in juvenile detention facilities should be provided on site. The facility should administer or obtain an educational assessment for each child and provide the most appropriate educational program in accordance with the assessment. Facilities should adhere to the needs articulated in the juvenile's IEP, if applicable, and provide special education services as needed. Facilities should also provide educational supports such as tutoring, materials, space and time to complete work and homework. Special education teachers should not exceed a teacher (plus teacher's aide) to student ratio of 1:8. Teachers should have credentials and certification needed to teach in the community school environment. The Education Director, or equivalent position, should have a graduate degree in education or special education, should hold certifications/credentials as required by law, and have experience working with schools and special education programs. Children should be able to earn credit, and degrees as applicable, while in residential care.

The NAJJA Standards state that facility policies and procedures should cover the provision of educational services and facilities should provide a comprehensive education program for residents.

NRS/NAC References:

NRS 388.550 – Allows local school districts to employ qualified teachers for the instruction of children in county and State facilities, with approval of court and county commission.

NRS 388.560 – Requires courses of instruction to be approved by State Board. Textbooks, equipment and supplies must be provided by school district.
NRS 388.570 – Requires establishment of regulations regarding the computation of enrollment and attendance in certain facilities.

Staff and Youth Interactions

Six of the seven juvenile detention facilities included guidelines regarding staff and youth interactions in their policies and procedures. Three of the facilities have provisions for promoting communication between staff and youth, which includes assisting youth in learning the rules and providing casework services. One facility states that staff should not engage in personal conversations with youth. One facility states that staff duties include counseling youth, while two other facilities specifically provide that staff are not counselors. Three of the facilities have provisions related to professional ethics in regard to staff and youth interactions which include treating youth with respect, not discriminating against youth, refraining from behaviors that degrade or humiliate youth, respecting confidentiality and maintaining professional verbal interactions with youth. Two facilities state that staff are to refrain from inappropriate physical contact with youth, including sexual contact and contact with members of the opposite sex. Two facilities include policies and procedures regarding mandatory reporting of institutional abuse and/or neglect. Three facilities maintain policies and procedures which encourage staff to engage in positive reinforcement with juveniles.

The NAJJA Standards provide that each detention facility should have a written policy, procedure, and practice to provide for a system of two-way communication between all levels of staff and juveniles. All staff should receive 40 hours of training during their first year and 24 hours each subsequent year, including: supervision of juveniles, interpersonal relationships, social/cultural lifestyles of the juvenile population, communication skills, and counseling techniques. Additionally, the physical plant design should ideally facilitate personal contact and interaction between staff and juveniles.

NRS/NAC References:
NRS 432B.220 – Mandatory reporting of child abuse or neglect for certain individuals.

Behavioral Control Systems

Policies and procedures regarding behavioral control systems were provided in varied detail by all seven juvenile detention facilities. All of the detention facilities' policies and procedures included a section which laid out the rules which youth must follow while in the facility. Three of the facilities outlined systems for monitoring youth behavior which included level systems, point systems, and classification systems. Two facilities referenced utilizing the MANDT system to maintain behavioral control. Two facilities also outlined policies and procedures regarding resolution techniques which included hearing processes, mediation and appeals. Four facilities included policies on prohibited practices for punishment and/or discipline. Prohibited practices include: cruelty or corporal punishment; physical exercise or excessive physical exercise;

restriction of food; deprivation of sleep; restriction of appropriate medical care; humiliation; obscene language; and psychological intimidation.

The CWLA Standards state that facilities should create an environment in which all staff comprehend positive, proactive interventions; are given adequate training, support and supervision; can perform safely and wisely; and can help children manage their own behaviors. Policies and procedures should implement a behavior support and prevention model that is consistent with the facility's mission, embraced by staff and easily understood by children (i.e.: teaching family model; guided group interaction; positive peer culture; point and level system; positive youth development; risk and resilience; or the caring profile). Consequences for behavior should be delivered in a timely fashion. Prohibited practices to be used for punishment or discipline should include:

- corporal punishment (slapping, spanking, paddling, belting)
- marching, standing or kneeling rigidly in one spot, or any type of physical discomfort
- denial or deprivation of sleep or nutrition
- denial of access to bathroom facilities
- verbal abuse, ridicule, humiliation, shaming or sarcasm
- punishing of group for actions of one or a select few
- withholding family visits
- any other impingements on the basic rights of children to care, protection, safety and security;
- chemical, mechanical, or peer restraint

The NAJJA Standards state that facilities should provide for a system of rewarding positive behavior and develop written rules with prohibited acts and penalties. Facilities should additionally require staff to explain to youth the reasons for any restrictions imposed.

Treatment

Treatment Plans

None of the detention facilities included policies and procedures directly related to the development of individual youth treatment plans.

The CWLA Standards state that all youth residential facilities should develop written service delivery (treatment) plans for youth based on assessments which include goals and objectives, services to be provided, persons responsible and timelines for accomplishment. All delivery/treatment plans should include life-skills training which promote maturity, independence and responsibility. Counseling and therapy should be appropriate to the needs of the child and should assist youth in managing stress and anxiety. Facilities should also develop written discharge plans which include transitional services, community resources and crisis/emergency plans. Facilities should incorporate families into the treatment plans as appropriate with written comprehensive plans for working with and communicating with

families; referrals to various family services as appropriate; engaging the family in counseling services with the child; and encouraging family contact as appropriate.

Behavioral Treatment

None of the facilities included procedures directly related to behavioral treatment programs. Information regarding systems for maintaining behavioral control are located in the "Behavioral Control Systems" section above.

The CWLA Standards provide that facilities should ensure that each child receives age appropriate information and education regarding sexual activity, STDs, reducing risky behavior, pregnancy, sexual orientation and gender identification.

Substance Abuse Treatment

Three facilities included policies and procedures regarding youth in need of substance abuse treatment. All three of those facilities state that they will not accept youth who appear to be intoxicated, in withdrawal or in need of detoxification from a substance.
One facility provides that staff are trained in recognizing signs and symptoms of chemical dependency and that youth who have substance abuse issues will be given referral resources through the youth's case worker.

The NAJJA Standards provide that detention facilities should have policies and procedures pertaining to detoxification of youth.

Mental Health Treatment

Six of the seven juvenile detention facilities have policies and procedures related to the provision of mental health treatment for juvenile residents. All six of the facilities provide that mental health, psychological services and/or crisis intervention counseling will be available to all residents as needed. Three of the facilities specify that mental health services are accessible 24 hours a day. Four facilities make specific reference to providing mental health services to juveniles through referrals to off-site mental health facilities. One facility includes provisions for an on-call mental health evaluator and another provides that evaluators can be reached by phone.

The CWLA Standards provide that a comprehensive mental health assessment should be completed within 30 day of placement by a qualified mental health practitioner. All residents should have access to 24 hour psychiatric services, whether available on site, on call or in the community.

The NAJJA Standards state that facilities should incorporate policies and procedures for the provision of mental health services for juveniles in need. Screenings, treatment and/or referrals for mental health services should be provided by the facility. The facility should make provisions for access to mental health counseling, crisis intervention services and emergency needs of youth. Staff should also be trained and available to counsel youth as appropriate.

Civil and Other Rights

Grievances/Complaints

All seven juvenile detention facilities' policies and procedures included information regarding youth grievances and/or complaints. Three facilities specifically state that juveniles have a right to file grievances. One facility states that youth have the right to file grievances without the fear of repercussions. Five of the facilities' policies and procedures outline the process for filing a complaint. Three of those facilities either require or strongly recommend that youth discuss the complaint with the staff involved before filing a written grievance to a higher authority within the facility. One facility specifically provides that a response must be provided to juveniles who file a written grievance. Three facilities define who has final authority regarding grievances (two stating the Chief Juvenile Probation Officer and one stating the Assistant Manager) to which no appeals may be filed. Two facilities have policies and procedures in place that outline specific processes for filing complaints of discrimination. Two facilities specify certain issues which are youth may not grieve (one states that the scoring/point system may not be grieved and the other states that youth are not allowed to complain about the food).

The CWLA Standards provide that facilities should have policies and procedures in place which address the process for formally reviewing grievances.

The NAJJA Standards state that facilities should have a written juvenile grievance procedure that is made available to all juveniles and that includes at least one level of appeal.

NRS/NAC References:
NRS 62G.030; NRS 62G.120; NRS 62G.230; and NRS 62G.320 – Allow for community level investigations of local detention facilities.

Awareness

Six of the seven facilities specify in their policies and procedures how youth are made aware of their rights at the facility. The facilities specified that youth are informed of their rights at booking (2), during intake (2), and during orientation (2). Five of those facilities state that youth will be provided with a written copy of their rights and one of those facilities states that youth will also be read the list of rights. One facility did not specify if rights were read and/or provided in writing to youth. Two facilities stated that they require youth to sign a statement that they understand their rights. Two facilities provide that translations and/or interpretation services will be utilized as needed to ensure that youth understand their rights.

The CWLA Standards provide that facilities should ensure at intake that:

- the civil rights of the child and family are upheld and respected
- participants are informed of their status, rights of grievance and appeal, rules and behavior management policies, and the policies that will be used to determine when to make changes to placement status

- all written information is provided in a language commonly used by the child and family and that translation services are available if needed by the child or family
- all contacts with and services are culturally competent and responsive
- the intake process is applied equally to all children and their families

The NAJJA Standards state that all detention facilities should have in place policies and procedures which provide that all juveniles will receive written materials during orientation that are in their own language.

Protection of Rights

All seven juvenile detention facilities make reference to the protection of rights in their policies and procedures. Six of the facilities outline the rights of juveniles in the policies and procedures. Among the other rights provided, four facilities specifically provide that a juvenile may not be discriminated against based on factors such as race, national origin, color, creed, sex, gender, religion, or physical handicap. Five of the facilities provided policies and procedures which outlined the juvenile's right to communicate with approved persons through visitations, phone calls, and/or mail. One facilities' policies state that youth will not be allowed to call their Probation Officer and that youth should not ask, that Probation Officers will contact youth as needed. Four of the facilities provided policies and procedures for protecting the confidentiality of juveniles. One of these facilities had a specific policy regarding the confidentiality of a youth's HIV status.

The CWLA Standards state that facilities should have adequate confidentiality and privacy safeguards that are in compliance with local, state and federal law. All facilities should maintain records for seven years from the time of the child's discharge unless otherwise required by law and have procedures in place for retention and disposition of closed service records. Facilities should maintain a clients' rights policy that supports and protects the fundamental human, civil, constitutional, and statutory rights of all children, including, but not limited to:

- Equal access to services regardless of race, religion, ethnicity, sexual orientation, ability or gender
- Dignity of every child and family is recognized & respected in the delivery of services
- Every child and family receives care according to individual need
- Service is provided within the least restrictive & most appropriate setting
- Every child and family has the right to file complaints and grievances
- Every child and family is informed at the time of intake, in a language they commonly use, of the agency's policies and procedures regarding their rights, including the grievance policy
- Every child and family receives a copy of client rights on admission and is given an opportunity to discuss with staff
- Every child and family has the right to review their own case files and service records
- Every child and family has a right to personal privacy and confidentiality

- Every child and family has the right to receive culturally competent and linguistically appropriate services
- Every child and family has the right to be involved, as appropriate, in assessment and service planning
- Every child has the right to receive services that promote his or her growth and development
- Every child has the right to consult with clergy
- Every child and family has the right to refuse treatment
- Every child has the right to safety
- Every child has the right to contact the human rights officer and/or personal advocate
- Every family has a right to give and withhold informed consent
- Every child has a right not to be exploited or have his or her privacy invaded by agency publicity or fundraising efforts
- Every child has a right to private familial and significant other contact unless clinically contraindicated
- Every family is notified following any use of seclusion and restraint, suicide attempt or completed suicide, medical emergency, or any other seminal event in the life of their child

The NAJJA Standards provide that all staff should receive 40 hours of training during their first year and 24 hours each subsequent year, which includes: juvenile rules and regulations, as well as rights and responsibilities of juveniles. Facilities should maintain a juveniles' rights policy which ensures:

- Access to courts
- Access to counsel and assistance in making contact with counsel
- No discrimination based on "race, religion, national origin, sex, or physical handicap."
- Equal access to programs for male and female residents
- Reasonable access to the public through media sources
- Protection from harm including: abuse, corporal punishment, injury, disease, property damage and/or harassment
- Access to religion

NRS/NAC References:

NRS 62C.030 – A child who is not alleged to be delinquent or in need of supervision must not, at any time, be confined or detained in a facility for the secure detention of children.

Treatment Facilities

Nine facilities were included in this section: Adolescent Treatment Center; Desert Willow Treatment Center; Eagle Valley Children's Home; Montevista Hospital; Sage Wind; Spring Mountain Treatment Center; West Hills Hospital; Western Nevada Regional Youth Center; and Willow Springs Treatment Center. These facilities differ based on the type of treatment and/or services provided. They include substance abuse treatment, mental health treatment, and services for mentally retarded youth.

Health

Assessments

Five of the nine facilities provide NICRP with policies and procedures related to the provision of medical and/or mental health assessments. Four facilities indicated that assessments will be administered when the child is placed in the facility, although specific time periods for administering the assessments are not provided. One facility indicated that the medical screening will be administered prior to admission into the program. Two facilities use the Integrated Assessment System for assessment conducted within the facility. One facility provided a list of fourteen potential assessment tools. One facility indicated that the physical health assessments are performed by a licensed independent practitioner. Another facility indicated that nursing staff conduct assessments. Staff training for the other facilities is unclear. Two facilities require psychiatric evaluation upon admittance. One of these facilities requires the psychiatric evaluation to be conducted by the attending physician or designee. One facility requires that all patients are assessed for pain at the time of their arrival. Only one facility assesses substance abuse upon admission. Staff training requirements for administration of substance abuse screening are unclear.

The CWLA Standards provide that a comprehensive health assessment should be completed within 30 days of placement in the facility. The assessment should include, but is not limited to, the following elements:

- Current health status – including diagnoses, allergies, medications, medication side effects, emergency health needs and communicable diseases
- tests for anemia
- complete blood count
- TB
- abnormalities in urine
- developmental delays
- sickle cell anemia
- blood lead poisoning
- immunizations
- medications (past and current)
- HIV, STD (for at risk groups)

- dental exam
- medical history from family, if available

The Standards additionally provide that a comprehensive mental health assessment should be completed within 30 day of placement by a qualified mental health practitioner.

Both assessments, health and mental health, should be comprehensive and should assess the child within his or her social and cultural context. In addition to the elements provided above, assessments should include, at a minimum, the following information:

- Potential physical, or other medical risks to child, including screening for alcohol and drugs
- Family relationships
- Languages spoken by child and family
- Custody and legal status
- Identification of immediate needs
- Experience of trauma, if any
- Risks posed by child to self or others
- Preferential coping strategies
- Religious affiliation
- Cultural issues
- Educational and vocational status

Additional assessments should be provided as deemed relevant and necessary to address:

- Biopsychosocial history of child
- History of physical/sexual abuse or sexual offenses
- Strengths and support systems of family
- Previous experience with child and family services
- As needed, other specialized assessments – developmental & neurological health, nutrition, HIV status, speech & language, substance abuse, toxic metal exposure, psychological status, learning abilities and blood chemistry evaluation
- Risk and protective factors
- History of bullying, harassment, violence or gang involvement

NRS/NAC References:

NAC 449.141(3-4) - Facilities for the treatment of abuse of alcohol or drugs must conduct a general medical and drug history by a qualified professional before admission. Facility may accept medical history and examination results from referral source if conducted within past 30 days.

Nutrition and Exercise

Nutritional and Dietary Needs

Four of the nine facilities provide polices and procedures regarding nutrition guideline for patients. Two facilities state that menus meet nutritional guidelines. One of these facilities has a Dietary Department which is responsible for meeting nutritional guidelines and individual dietary needs. The other facility has a dietician on staff to oversee patients dietary needs. Both of these facilities also have policies which require screening for dietary problems, food allergies and nutritional education. One facility specifies their nutritional guidelines to include: nutritional adequacy using the Food Guide Pyramid and Recommended Daily Allowances; therapeutic diets; and provision of snacks. Another facility provides patients shall receive three meals per day. One facility provides that nutritious snacks will be provided daily. Another facility indicates that extra food is not permitted in secure rooms. One facility indicated that calorie counts will be conducted per physician order. One facility indicates food serving staff must be accompanied by upper level staff during meal serving in secure rooms. Furthermore, this facility does not permit hard objects or food items. One facility provides guideline for food services of patients on therapeutic diets and how to order special diets or modify meals for medical reasons. This facility also provides additional procedures in regard to the food services department and dietetic services, specifically outlining the responsibilities of those staff/departments. One facility provides procedures for food storage in the patient care areas.

The CWLA Standards provide that menu planning, preparation and serving should be guided by the nutritional, social, cultural, religious, educational, health and emotional needs of the children. A person familiar with nutrition and food service management should be in charge and a nutritionist or dietician should be available for consultation, if not on staff. Food service records should be kept to ensure compliance with the needs of children. Facilities should also follow procedures to ensure clean and safe food storage and preparation and prevent the exchange of food-borne illnesses and communicable diseases.

NRS/NAC References:

NAC 449.147) – Dietary requirements for facilities for the treatment of abuse of alcohol or drugs. Must provide 3 meals per day; no more than 14 hours between evening meal and breakfast; must allow for second servings; must be in accordance with federal dietary allowances; menus in writing; adequate facilities for food preparation (in compliance with NRS 446 – Food Establishments); at least monthly consultations with qualified dietician.

NAC 449.677(7) – Intermediate care facilities must ensure that a designated member of the staff who is suited by training or experience in food management or nutrition must be responsible for planning and supervising menus and meals.

NAC 449.716 – Dietary requirements for intermediate care facilities. Must provide 3 meals per day; no more than 14 hours between evening meal and breakfast; must allow for second servings; must be in accordance with federal dietary allowances; menus in writing; adequate facilities for food preparation (in compliance with NRS 446 – Food Establishments); at least monthly consultations with qualified dietician.

Physical Fitness and Exercise

Three of the above mentioned facilities provided guidelines regarding physical activity and/or exercise for patients. All three facilities provide scheduled recreation. One facility simply states that youth will receive daily recreation time. The other two facilities have play ground equipment that is made available at scheduled times. Both of these facilities have procedures for the use of the pool. In addition one of these facilities provides outdoor activities. One of these facilities has a gym.

The CWLA Standards provide that all youth should have access to a planned program of on site, developmentally appropriate recreational activities. Mental health and substance abuse treatment facilities should have a planned program of therapeutic recreational activities on site. Additionally, facilities should have (and/or have access to) recreational facilities, equipment and materials appropriate for the interests, ages, abilities, developmental needs and cultural backgrounds of the youth served. Policies should allow for the provision of adequate free time with little or no staff direction for all youth to have time to engage in solitary or group activities they enjoy. Staff should monitor and/or limit media access as appropriate including movie ratings as well as the amount of time watching TV, on computers and video games.

NRS/NAC References:
NAC 449.713(7-9) – An intermediate care facility must provide a program of activities, which must be incorporated in the overall plan of care, with adequate recreational areas, equipment and materials.

Access to Medical Care

Five of the nine facilities provided policies and procedures that addressed access to medical care. One facility provides 24 hour access to mental health and substance abuse treatment. Two facilities reference having a nurse on staff to administer first aid as needed. One facility uses mental health professionals to supervise the care of patients. One facility provides effective care for diverse populations and considers personal values and individual beliefs. Four facilities have policies and procedures regarding accessing off-site care in emergency situations. One facility does not allow patients to be transported by staff for emergency medical care due to the inability of facility staff to monitor or respond emergency medical needs en-route to the hospital. One facility provides procedures for emergency service in which reasonable care is used in determining whether an emergency exists, rendering lifesaving first aid, and making appropriate referral to the nearest facilities that are capable of providing needed services. One facility indicated that it is their policy to provide nursing care to all patients. Another facility allows medical transportation, in non-emergency situations, to another facility when medical attention is necessary. Two facilities specified that patients will be transferred if their treatment needs cannot be met within the facility. One facility indicated that they will provide appropriate medical treatment or referral to patients. One facility stated accommodations would be made for appointments/consultations outside the facility, including making/confirming appointments and transporting the patient.

The CWLA Standards provide that mental health/substance abuse treatment facilities should have medical personnel available on staff or on contract. Larger programs or programs where residents have special medical needs or receive psychotropic or other prescribed medication should employ full-time medical staff on site. Facilities should provide or facilitate the provision of routine medical and dental care according to recommended well-child schedules.

NRS/NAC References:

NAC 449.108(4) – Facilities for the treatment of abuse of alcohol or drugs must provide access to medical, dental, psychological and rehabilitative services.

NAC 449.141(1) - Facilities for the treatment of abuse of alcohol or drugs must provide access to health services and ensure the receipt of treatment, prescription medication, and adequate diets.

NAC 449.141(7 & 9) - Facilities for the treatment of abuse of alcohol or drugs must maintain first aid supplies and have staff trained in first aid. There must be one staff member on at all times who is trained in CPR.

NAC 449.704 – Intermediate care facilities must have a transfer agreement in place with one or more local hospitals for transfer of patients as needed.

NAC 449.713(1) – Intermediate care facilities must maintain arrangements for obtaining outside medical, dental and remedial services for residents as needed.

NAC 449.719 – Required health services for intermediate care facilities including access to health services and ensure the receipt of treatment, prescription medication, and adequate diets. Immediate supervision by a currently licensed RN or licensed practical nurse on all day shifts.

Administration of Medication

Five of the nine facilities provided NICRP with policies and procedures regarding the administration of medication. Two facilities indicated the need for written parental consent before patents will be administered medication however under special circumstances one of these facilities would accept consent over the phone. One facility specified the need for parental consent if a patient was going to receive a psychotropic drug. Four facilities provided policies and procedures for proper administration and storage. One of those facilities specified that medications will be stored behind two locked doors. Another one of those facilities specified procedures for proper disposal of patient medication. One facility specified procedures for identifying the patient and safety precautions to ensure that the right patient is receiving the right medication in the prescribed dose. Three facilities indicated that administration of medications must be documented. One facility lists that, "PRN medications can only be used to protect you from yourself or to protect others from you. Your doctor must order the medication," under the patients' rights and responsibilities. One facility specifies a stop order policy for medications when refills/doses are not specified when ordered. One facility indicated that they responsibly administer medication, but does not advocate for any specific medication or the overuse of medications where addicted youth are concerned. Two facilities indicated that only physicians, registered nurses and licensed nursing staff are allowed to administer medications and one facility indicated that all medications must be ordered by a physician. One facility allows

patients to self-administer certain medications, including: nitroglycerine, insulin, inhalers, topical ointments or suppositories as ordered by a physician. One facility provided policies and procedures for handling controlled substances in accordance with state and federal guidelines. One facility provided special safety precautions for patients receiving psychotropic medications. One facility specified guidelines for youth medication PRN (as needed) protocols. These guidelines include the following: PRN medications are used after other interventions to "provide symptomatic relief and to reduce risk of self harm or harm to others;" a doctor must order the PRN and specify the exact dose and route of the medication; the policy specifically states that "not all youth services patient require PRN medication;" and the diagnosis of Major Depression or Depression NOS, does not validate the attached PRN protocols as standard treatment. One facility provided polices for "age specific dosing". One facility ensures safety and proper reporting involving the pharmacy. One facility outlined the procedures in the event of a medication variance which includes: medication given that was not ordered; wrong dose, extra dose or smaller dose than order; omission of dose; given in wrong form or route; given at wrong time; or any other related event. One facility indicated procedures for emergency use of medication, which may only be administered at the direction of the physician. Furthermore, this facility outlines the procedures for the administration of forced medication (involuntary medication administration) as determined by the local District Court. One facility provides that "all medications dispensed to Nursing Units will conform to all State and Federal laws, JCAHO Standards, and standards of good patient care.

The CWLA Standards state that where prescribed medication is used, a physician should regularly monitor medication needs, as well as side effects, if any, of such medications. The Standards additionally provide that all medication should be dispensed to residents by nurses or other trained and certified staff members. Medical personnel should also be available to assist with case planning and staff training. Facilities' policies and procedures should include documentation requirements for administration of all prescription and nonprescription medication including child's name, date, medication, who administered, medication administered, documentation of refusal and reason for refusal if applicable. Those policies and procedures should also include a system for documentation and review of medication errors.

NRS/NAC References:

NAC 449.144 - Facilities for the treatment of abuse of alcohol or drugs must have: policies and procedures regarding self-administration of medication if permitted; policies for proper storage of medication; documentation of medication. Members of staff may not administer medication unless licensed to do so.

NAC 639.464 – Pharmacists and Pharmacy – Scope of services in hospital or correctional institution, which includes "any facility for the detention of children."

NAC 639.465 – Pharmacists and Pharmacy – Provisions for a managing pharmacist for each hospital or correctional institution that has a pharmacy.

NAC 639.465 – Pharmacists and Pharmacy – Requires managing pharmacist to establish policies, procedures and systems related to the pharmacy and medications.

NAC 639.477 – Pharmacists and Pharmacy – Policies and Procedures for distribution of drugs in all medical facilities and correctional institutions. Correctional Institutions must use standards for accreditation of the American Correctional Association and the National

Commission of Correctional Health Care for guidance. Includes list of procedures which must be included.

NAC 639.494 – Pharmacists and Pharmacy – Accountability and handling of prescriptions for controlled substances in facilities for intermediate care and skilled nursing facilities.

NAC 449.722 – Pharmaceutical services requirements for intermediate care facilities. All medications must be ordered by the resident's attending or staff physician.

Communicable Diseases

Two of the nine facilities address procedures to prevent the spread of communicable disease within the facility. One facility requires yearly staff training and testing pursuant to the Nevada Revised Statutes. This facility indicated that appropriate cleaning agents will be used to clean up and sanitize bodily fluids.

The CWLA Standards provide that residents should be tested for certain communicable diseases during assessment so that facilities may take appropriate measures to prevent the spread of communicable diseases to others.

NRS/NAC References:

NAC 449.117 – All employees of a facility for the treatment of abuse of alcohol or drugs must have documentation that they are in compliance with NAC 441A in regard to tuberculosis.

NAC 449.141(8) - Facilities for the treatment of abuse of alcohol or drugs must have clients undergo a tuberculosis test.

NAC 449.680 – Intermediate care facilities must ensure that staff are free from health problems that may effect residents and all staff must have a tuberculosis test prior to employment and annually during employment.

Safety

Physical Environment

Two of the nine facilities provided some policies and procedures regarding the upkeep, maintenance and/or security of the physical environment. One facility provides regulations for unsafe chemicals and power tools that are not to be used by youth. One facility outlines handling of contaminated foods and sanitary controls in food service.

NRS/NAC References:

NRS 477.030 – State Fire Marshal duties and powers which include, in part, enforcing laws and adopting regulations related to the prevention of fire, storage and use of combustibles and flammables, and the safety, access, means and adequacy of exit in case of fire from certain facilities.

NRS 477.120 – State Fire Marshal requirements regarding exits, open stairways and vertical shafts.

NAC 449.123 – General sanitary requirements for facilities for treatment of abuse of alcohol or drugs, including meeting all state and federal environmental health standards.
NAC 449.126 – Laundry requirements for facilities for treatment of abuse of alcohol or drugs.
NAC 449.129 – Design, construction, equipment and maintenance requirements for facilities for treatment of abuse of alcohol or drugs, including compliance with state and local codes.
NAC 449.135 – Safety from fire for facilities for treatment of abuse of alcohol or drugs, including the installation of portable fire extinguishers and kitchen safety. Fire drills must be conducted monthly.
NAC 449.685 – Design, construction, equipment and maintenance requirements for intermediate care facilities, including compliance with federal, state and local laws and ordinances.
NAC 449.692 – Sanitary requirements for intermediate care facilities, including compliance with state and local environmental health standards.
NAC 449.695 – Laundry requirements for intermediate care facilities.
NAC 449.698 – Annual fire inspections for intermediate care facilities.
NAC 477.560 – State Fire Marshall requirement for installation of device for detection of products of combustion.
NAC 477.915 – State Fire Marshal requirements for existing buildings owned by the State.

Emergency Procedures

Six of the nine treatment facilities provided NICRP with policies and procedures regarding emergency situations such as fire, bomb threat, riot, escape, power failure and natural disasters. Five facilities provide procedures in the event of a runaway or missing child. Two of the facilities provided procedures to follow in the case of a patient death while at the facility. One facility included procedures in case of medication/drug overdose. Two of the facilities detail evacuation procedures in the event of an emergency. One facility specifies fire drills happen once a month. One facility includes policy for the emergency generator to be used in power outages. Two facilities provided procedures for cardiac or respiratory arrest of a patient including administration of CPR by a trained staff member. Two of the facilities include procedures for transferring a patient to the emergency room, one of those facilities included transfers for instances of suspected sexual assault. One facility includes procedures to follow for emergencies at the swimming pool. Two facilities specify fire emergency procedures for the food services department. One facility outlines orientation process for employees, which includes disaster planning.

The CWLA Standards provide that youth residential facilities should have policies and procedures which include, but are not limited to the following safety/emergency issues:

- fire prevention and fire safety
- disaster response
- emergency plans, including evacuation
- universal precautions
- suspicious or hazardous materials
- security
- vehicle and driver safety

- on-call, chain of command response system that is well communicated, accessible, and posted in critical locations
- process for handling critical incidents such as death, threats, and escapes
- posting of evacuation routes at all egress locations

NRS/NAC References:

NAC 449.098 – Facilities for the treatment of abuse of alcohol or drugs must have a written plan for disasters including fire and other emergencies. Plans must include evacuation and evacuation routes must be displayed prominently in the facility. Disaster drills conducted at least annually.

NAC 449.141(6) - Facilities for the treatment of abuse of alcohol or drugs must implement policies and procedures for appropriate action for medical emergencies that are reviewed by a licensed physician.

NAC 449.701 – Intermediate care facilities must have a written disaster preparedness plan to be followed in case of emergency that is regularly rehearsed.

NAC 458.153 (In part) – Requires the operator of a substance abuse treatment program (NAC 458.079) to post a plan for evacuation in a place that can be easily viewed by all.

NAC 458.158 – Requires the operator of a substance abuse treatment program (NAC 458.079) to maintain a policies and procedures manual which must include, in part, policies and procedures regarding medical emergencies.

Placement

Three of the nine facilities address the placement of juveniles within the mental health and/or substance abuse facility. One facility provides that youth go through an orientation day where they are assigned a counselor who determines the appropriate treatment. One facility specifies that patients with assault potential will be placed without a roommate if possible. Two facilities state that the nurse will create bed assignments that will be age and gender based and not discriminatory.

The CWLA Standards provide that consideration should be given to the child's age, gender, social history, behavior and developmental needs, as well as space size and purpose when determining the appropriate placement within the facility.

Staffing

Three of the nine facilities provided polices and procedures regarding staffing. One facility states that an "on-call professional" is available to manage emergencies after hours. One facility includes policies and procedures for recruitment and employment. One facility includes that one nurse supervisor is responsible for staffing on each unit. One facility requires an on call psychiatrist available 24 hours a day. One facility makes it policy to have an RN available 24 hours a day. One facility provided the policy that the facility will have qualified medical staff. One facility specifies that staff will follow all laws including the BADA program. One facility provides policy to not permit weapons on grounds. Two facilities included policies stating that the facility will maintain staffing at a level that gives appropriate care for the patients.

The CWLA Standards state that at no time should a staff member be on duty alone. Ratios in juvenile these facilities should not exceed 1:4 for children under 10 years old (and older children with special needs) and 1:6 for youth over age 10 during awake hours. Ratios should not exceed 1 awake staff for every 8 children during overnight hours. The facility should also have an on-call schedule and the capacity to mobilize and employ additional staff members immediately in an emergency or crisis situation.

NRS/NAC References:

NAC 449.677(1) – Intermediate care facilities must ensure that there are on duty, all hours of the day, members of the staff sufficient in number and qualifications to carry out of the policies, responsibilities and programs of the facility and that the numbers and categories of personnel are adequate for the number of residents and their particular needs.

Physical Restraint and Use of Force

Six of the nine facilities provided polices and procedures which addressed the use of force and physical restraint of youth. One facility indicated that patients are only to be restrained when prescribed by a physician and only as long as the conditions justifying the restraining continue. All six of the facilities provide policies that restraint is only used after less intrusive measures are ineffective or pose a greater risk than that of using a restraint. One facility specifies that restraints are only to be used in situations of imminent risk of physical harm. One facility provides that the use of unauthorized physical restraint may be reviewed as physical abuse.

The CWLA Standards provide that restraint and/or seclusion should be used only in emergency situations, when there is imminent risk of harm to the individual or others and no less restrictive intervention has been or is likely to be effective in averting the danger.
Debriefing should occur within 24 hours or as soon as possible after the use of restraint/seclusion. Every case should be documented and undergo administrative review and risk management. Prohibited practices in restraint & seclusion include:

- Pain compliance, slight discomfort, trigger points, pressure points, or any pain-inducing techniques;
- Hyperextension of any body part beyond normal limits
- Putting the person at risk of hyperextension by placing any part of the person's body in a position that is beyond normal limits
- Joint or skin torsion
- Pressure or weight on head, chest, lungs, sternum, diaphragm, back, or abdomen, causing chest compression
- Straddling or sitting on any part of the body
- Any maneuver that puts pressure, weight, or leverage into or on the neck or throat, on any artery, or on the back of the person's head or neck
- Any position or maneuver that obstructs or restricts circulation of blood or obstructs an airway

- Any type of chokes, hand chokes, arm chokes , or sleeper hold
- Any type of head hold where the head is used as a lever to control movement of other body parts, or any type of full or half nelson or head lock
- Any technique that involves mouth, nose, eyes, or any part of the face, or covering the face or body
- Any maneuver that involves punching, hitting, poking, pinching or shoving.

NRS/NAC References:
NRS 449.776 – Prohibits use of aversive intervention (NRS 449.766).
NRS 449.777 thru 449.781 – Restricts the use of restraint.

Suicide Prevention

Three of the nine facilities included provisions related to suicide and suicide prevention in their policies and procedures. One facility specified that youth must sign a "self-care" contract upon admittance and will be assessed for suicide at that time. Two facilities provided procedures for providing immediate medical assistance for suicide attempts which involve strangulation or lacerations of the throat/wrists. One facility provided that the RN may increase a patient's observation level but may not decrease it without a physician's orders. One facility included a policy regarding patients on suicide precaution which indicated that youth will be checked every 15 minutes unless closer monitoring has been ordered by the physician. One facility states procedure that mandates all suicides and deaths will be investigated by the facility.

Lindsay M. Hayes of The National Center on Institutions and Alternatives has developed guidelines and standards regarding suicide prevention in juvenile facilities, which are supported by the Nevada Office for Suicide Prevention. All staff who have regular contact with youth should receive eight hours of initial suicide prevention training followed by two hours of refresher training each year. All staff should also receive first aid and CPR training. The facility should also provide intake screening for suicidal ideations, as well as subsequent screenings as needed. To the extent possible, suicidal youth should be housed in the general population, mental health unit or medical infirmary, located close to staff. The use of physical restraints for suicidal youth should be avoided. All rooms housing suicidal youth should be suicide resistant and provide full visibility of youth to staff. Evidence shows that brain damage from strangulation caused by a suicide attempt can occur in as little as four minutes; therefore there are two recommended levels of supervision. The first is close observation for youth who are not actively suicidal, but have expressed mild suicide ideation and/or depression. Close observation requires staff to observe youth at staggered intervals, not to exceed every fifteen minutes. The second level is constant observation which is reserved for youth who are actively suicidal (threatening, engaging in behavior). Constant observation requires continuous observation of the youth by staff. The guidelines also provide intervention procedures, reporting/notification policies and review protocols.

NRS/NAC References:
NAC 449.740 – Prohibits corporal punishment and restricts use of physical restraints in intermediate care facilities for mentally retarded or persons with developmental disabilities.

Welfare

Education

Three of the nine facilities reference educational programs in the policies and procedures provided to NICRP. One facility provides that the youth are earning graduation credits while at the facility. One facility provides instruction and testing for the G.E.D. One facility provides policy that a psychiatrist determines the availability of the patient to participate in education actives. One facility provides that youth will continue to participate in the community school for activities. One facility provides procedures for structured, coordinated, learning actives provided daily by a mental health technician. One facility provides that the patient will receive transcripts upon discharge. One facility provides procedures for standards that must be met by their educational system. One facility provides that efforts are made to maintain a teacher to student ratio of 1:14.

The CWLA Standards provide that education services in juvenile facilities should be provided on site. The facility should administer or obtain an educational assessment for each child and provide the most appropriate educational program in accordance with the assessment. Facilities should adhere to the needs articulated in the juvenile's IEP, if applicable, and provide special education services as needed. Facilities should also provide educational supports such as tutoring, materials, space and time to complete work and homework. Special education teachers should not exceed a teacher (plus teacher's aide) to student ratio of 1:8. Teachers should have credentials and certification needed to teach in the community school environment. The Education Director, or equivalent position, should have a graduate degree in education or special education, should hold certifications/credentials as required by law, and have experience working with schools and special education programs. Children should be able to earn credit, and degrees as applicable, while in residential care. Education should be on site and appropriate to meet the needs of most children (community based education services should be available for children who can function in a regular classroom).

Staff and Youth Interactions

Five of the nine facilities included guidelines regarding staff and youth interactions in their policies and procedures. Two facilities provided guidelines for what constitutes abuse and neglect by employees. Four facilities provided policy which explains how to report abuse or neglect. One facility provided policy that employees are to treat youth in a firm, fair, respectful, and friendly manner and corporal punishment and derogatory terminology is not permitted. One facility provides policy that staff are not permitted to use youth to perform work for the staffs' benefit. Three of the facilities provide policies that staff relationships with youth hare to be appropriate, professional and therapeutic.

NRS/NAC References:
NRS 432B.220 – Mandatory reporting of child abuse or neglect for certain individuals.
NAC 449.114(5) – A facility for the treatment of abuse of alcohol or drugs must have written policies and procedures which include rules of conduct for staff.

Behavioral Control Systems

Five of the nine facilities provided policies and procedures regarding behavioral control systems to NICRP. One facility provides that the MANDT system and PRN medications are only used to protect the youth from themselves or protect others from the youth. One facility provides that the facility uses peer coaching and positive/negative feedback as the discipline philosophy. One facility details the point system. One facility provides a list of unacceptable discipline techniques. One facility provides policy regarding a shirt color level system used to control behavior. One facility outlines procedures for handling highly assaultive patients and seclusion of such patients. One facility provides codes for different situations in which staff need assistance. One facility provides policy that staff with use the 1-2-3 counting method to deal with problem behaviors in children as well as the procedures of dealing with adolescents. One facility provides procedures for responding to inappropriate or unsafe behaviors with include time-out and redirection. One facility provides that "standing" or "PRN" programs to control behavior are not permitted and also included a list of approved intervention strategies for behavior control.

The CWLA Standards state that facilities should create an environment in which all staff comprehend positive, proactive interventions; are given adequate training, support and supervision; can perform safely and wisely; and can help children manage their own behaviors. Policies and procedures should implement a behavior support and prevention model that is consistent with the facility's mission, embraced by staff and easily understood by children (i.e.: teaching family model; guided group interaction; positive peer culture; point and level system; positive youth development; risk and resilience; or the caring profile). Consequences for behavior should be delivered in a timely fashion. Prohibited practices to be used for punishment or discipline should include:

- corporal punishment (slapping, spanking, paddling, belting)
- marching, standing or kneeling rigidly in one spot, or any type of physical discomfort
- denial or deprivation of sleep or nutrition
- denial of access to bathroom facilities
- verbal abuse, ridicule, humiliation, shaming or sarcasm
- punishing of group for actions of one or a select few
- withholding family visits
- any other impingements on the basic rights of children to care, protection, safety and security;
- chemical, mechanical, or peer restraint

NRS/NAC References:
NRS 449.782 – Requires facilities to develop education program for staff regarding positive behavioral interventions and positive behavioral support.

Treatment

Treatment Plans

Four of the nine facilities included policies and procedures related to the development of individual youth treatment plans. One facility provides that patients and families are to be involved in the treatment plans and have the right to be informed participants in the process and patients/families are to be notified of changes in the treatment plan. One facility provides that youth may be involved in staff supervised community projects as part of treatment. One facility states that during orientation the counselor places the youth in the appropriate treatment. One facility outlines policies regarding aftercare programs. One facility specifies that the treatment plan must meet the individual needs of the youth and is in compliance with regulatory standards. One facility provides policy that the education staff are to be involved with the treatment plan as well.

The CWLA Standards state that all youth residential facilities should develop written service delivery (treatment) plans for youth based on assessments which include goals and objectives, services to be provided, persons responsible and timelines for accomplishment. All delivery/treatment plans should include life-skills training which promote maturity, independence and responsibility. Counseling and therapy should be appropriate to the needs of the child and should assist youth in managing stress and anxiety. Facilities should also develop written discharge plans which include transitional services, community resources and crisis/emergency plans. Facilities should incorporate families into the treatment plans as appropriate with written comprehensive plans for working with and communicating with families; referrals to various family services as appropriate; engaging the family in counseling services with the child; and encouraging family contact as appropriate. Case management should be provided by the residential service provider or the referring agency. Case managers/clinicians should not exceed a ratio of 1 staff for 8 children an their families (1:6 for intensive residential treatment).

NRS/NAC References:
NAC 449.108(6-7) – Facilities for the treatment of abuse of alcohol or drugs must provide case management services by a professional who is certified or licensed by the Board of Examiners for Alcohol, Drug and Gambling Counselors and a plan for case management must be included in the clients record and reviewed periodically.
NAC 449.150(5-6) - Facilities for the treatment of abuse of alcohol or drugs must have a treatment plan in each clients record which is quantifiable , outlines goals and identifies responsible parties.
NAC 449.737 – Plan of care for residents of intermediate care facilities for mentally retarded or persons with developmental disabilities.

Behavioral Treatment

Three of the nine facilities included policies and procedures regarding behavioral treatment. One facility outlined various learning activities and programs that are offered daily at the facility by mental health technicians to assist children with behavioral, mental, and physical health. One facility provided an overview of the therapeutic programs offered at the facility including one-on-one therapy provided as needed. One facility indicated using a points systems for behavioral treatment. More information regarding systems for maintaining behavioral control is located in the "Behavioral Control Systems" section above.

Substance Abuse Treatment

Three of the facilities included policies and procedures regarding youth in need of substance abuse treatment. Two facilities outlined procedures regarding detoxification. One facility provided policy that patients identified with chemical dependency problems will be provided additional treatment as needed. One facility provided that it is BADA certified to offer substance abuse treatment.

Mental Health Treatment

Three of the nine treatment facilities have policies and procedures related to the provision of mental health treatment. One facility outlined that learning activities are offered daily by the mental health technician to assist children with behavioral, mental, and physical health. One facility provided policy and procedures for Electroconvulsive Therapy. One facility provides that one-one-one therapy will be provided as needed. Two facilities provided an overview of the therapeutic and treatment programs as well as family therapy offered at the facility.

The CWLA Standards provide that a comprehensive mental health assessment should be completed within 30 day of placement by a qualified mental health practitioner. All residents should have access to 24 hour psychiatric services, whether available on site, on call or in the community.

Civil and Other Rights

Grievances/Complaints

Seven of the nine facilities' policies and procedures included information regarding youth grievances and/or complaints. Two facilities provided policies regarding the ability of clients to file complaints regarding discrimination or unequal access to care. One facility provided that it is unlawful for staff to retaliate against those who file a grievance. Two facilities provide that youth may submit a grievance regarding the denial of rights. All seven facilities provide guidelines for youth to submit a grievance. Three facilities provide policy that youth may grieve without delay.

The CWLA Standards provide that facilities should have policies and procedures in place which address the process for formally reviewing grievances.

NRS/NAC References:

NAC 449.088(c) – Facilities for the treatment of abuse of alcohol or drugs must have written policies and procedures which include registration and disposition of complaints without threat of discharge or reprisal.

NAC 458.158 – Requires the operator of a substance abuse treatment program (NAC 458.079) to maintain a policies and procedures manual which must include, in part, policies and procedures regarding complaints filed by clients, participants and staff, as well as the right to appeal without threat of reprisal.

NAC 449.704(4) – Intermediate care facilities must have written policies and procedures which set forth the rights of residents and prohibit their mistreatment or abuse and provide for the registration and disposition of complaints without threat of discharge or other reprisal.

Awareness

Eight of the nine facilities provided NICRP with policies and procedures regarding youth awareness of rights. Seven facilities provided policies that patients are to be made aware of their rights upon admission and/or during orientation. Four facilities stated that rights would be presented to youth and families in a language that they understand. Five facilities specifically included provisions for providing youth with written rights policies and three facilities specifically provided that rights are explained to youth.

The CWLA Standards provide that facilities should ensure at intake that:

- the civil rights of the child and family are upheld and respected
- participants are informed of their status, rights of grievance and appeal, rules and behavior management policies, and the policies that will be used to determine when to make changes to placement status
- all written information is provided in a language commonly used by the child and family and that translation services are available if needed by the child or family
- all contacts with and services are culturally competent and responsive
- the intake process is applied equally to all children and their families

NRS/NAC References:

NRS 449.730 – Patients in all medical facilities, facilities for the dependent and homes for individual residential care shall be informed of their rights upon admission.

NAC 449.108(2) – Facilities for the treatment of abuse of alcohol or drugs must document that at the time of admission that the client has been informed of the rules regarding conduct and discipline, rights and responsibilities, and confidentiality.

Protection of Rights

All nine treatment facilities make reference to the protection of rights in their policy and procedures. All of the facilities included a list of clients' rights in their policies and procedures.

Seven of the facilities included an anti-discrimination, equal access statement. Five facilities included provisions regarding the right to communicate with family, friends, clergy, and/or legal counsel, through mail, visits and/or phone calls. Six of the treatment facilities provided specific policies related to the denial or restriction of rights, outlining how and by whom those rights may be denied or restricted. Six facilities included provisions for confidentiality of information or records related to youth and their treatment, including federal HIPAA requirements.

The CWLA Standards state that facilities should have adequate confidentiality and privacy safeguards that are in compliance with local, state and federal law. All facilities should maintain records for seven years from the time of the child's discharge unless otherwise required by law and have procedures in place for retention and disposition of closed service records. Facilities should maintain a clients' rights policy that supports and protects the fundamental human, civil, constitutional, and statutory rights of all children, including, but not limited to:

- Equal access to services regardless of race, religion, ethnicity, sexual orientation, ability or gender
- Dignity of every child and family is recognized & respected in the delivery of services
- Every child and family receives care according to individual need
- Service is provided within the least restrictive & most appropriate setting
- Every child and family has the right to file complaints and grievances
- Every child and family is informed at the time of intake, in a language they commonly use, of the agency's policies and procedures regarding their rights, including the grievance policy
- Every child and family receives a copy of client rights on admission and is given an opportunity to discuss with staff
- Every child and family has the right to review their own case files and service records
- Every child and family has a right to personal privacy and confidentiality
- Every child and family has the right to receive culturally competent and linguistically appropriate services
- Every child and family has the right to be involved, as appropriate, in assessment and service planning
- Every child has the right to receive services that promote his or her growth and development
- Every child has the right to consult with clergy
- Every child and family has the right to refuse treatment
- Every child has the right to safety
- Every child has the right to contact the human rights officer and/or personal advocate
- Every family has a right to give and withhold informed consent
- Every child has a right not to be exploited or have his or her privacy invaded by agency publicity or fundraising efforts

- Every child has a right to private familial and significant other contact unless clinically contraindicated
- Every family is notified following any use of seclusion and restraint, suicide attempt or completed suicide, medical emergency, or any other seminal event in the life of their child

NRS/NAC References:

NRS 449.710 – Specifies patients' rights for medical facilities, facility for the dependent or home for individual residential care.

NRS 449.720 – Specific rights of patients in medical facilities, facility for the dependent or home for individual residential care regarding care, refusal of treatment, experimentation, privacy, and notice of appointments and need for care.

NAC 449.088(2)(c) – Facilities for the treatment of abuse of alcohol or drugs must have written policies and procedures which include rights of clients.

NAC 449.153 – Facilities for the treatment of abuse of alcohol or drugs may not discriminate on the basis of race, color, age, disability or national origin.

NAC 449.704(4) – Intermediate care facilities must have written policies and procedures which set forth the rights of residents and prohibit their mistreatment or abuse and provide for the registration and disposition of complaints without threat of discharge or other reprisal.

NAC 449.731 – Discrimination based on race, color or national origin are prohibited in intermediate care facilities.

Child Welfare Facilities

Two child welfare facilities were included in this study: Child Haven, and Kids Kottage. Both facilities are emergency care shelter facilities for child protective services.

Health

Assessments

One of the child welfare facilities provided policies and procedures related to the provision of health assessments. That facility provided that all children will be examined by medical staff on the day of admittance or the following day if admitted after 10:00 pm. The facility also provides policies for the administration of a "Child Development Assessment" for children age 5 and under who remain in the facility for more than five days.

The CWLA Standards provide that a comprehensive health assessment should be completed within 30 days of placement in the facility. The assessment should include, but is not limited to, the following elements:

- Current health status – including diagnoses, allergies, medications, medication side effects, emergency health needs and communicable diseases
- tests for anemia
- complete blood count
- TB
- abnormalities in urine
- developmental delays
- sickle cell anemia
- blood lead poisoning
- immunizations
- medications (past and current)
- HIV, STD (for at risk groups)
- dental exam
- medical history from family, if available

The CWLA Standards additionally provide that a comprehensive mental health assessment should be completed within 30 day of placement by a qualified mental health practitioner.

Both assessments, health and mental health, should be comprehensive and should assess the child within his or her social and cultural context. In addition to the elements provided above, assessments should include, at a minimum, the following information:

- Potential physical, or other medical risks to child, including screening for alcohol and drugs
- Family relationships

- Languages spoken by child and family
- Custody and legal status
- Identification of immediate needs
- Experience of trauma, if any
- Risks posed by child to self or others
- Preferential coping strategies
- Religious affiliation
- Cultural issues
- Educational and vocational status

Additional assessments should be provided as deemed relevant and necessary to address:

- Biopsychosocial history of child
- History of physical/sexual abuse or sexual offenses
- Strengths and support systems of family
- Previous experience with child and family services
- As needed, other specialized assessments – developmental & neurological health, nutrition, HIV status, speech & language, substance abuse, toxic metal exposure, psychological status, learning abilities and blood chemistry evaluation
- Risk and protective factors
- History of bullying, harassment, violence or gang involvement

Nutrition and Exercise

Nutritional and Dietary Needs

Both facilities provided policies and procedures which outlined nutritional standards for children in the facility. One facility referenced compliance with federal nutritional guidelines. That facility also outlined procedures to ensure the proper quality and quantity of food served to children. The other facility provided guidelines for feeding infants and provided that the various units or cottages within the facility would order meals from a common menu.

The CWLA Standards provide that menu planning, preparation and serving should be guided by the nutritional, social, cultural, religious, educational, health and emotional needs of the children. A person familiar with nutrition and food service management should be in charge and a nutritionist or dietician should be available for consultation, if not on staff. Food service records should be kept to ensure compliance with the needs of children. Facilities should also follow procedures to ensure clean and safe food storage and preparation and prevent the exchange of food-borne illnesses and communicable diseases.

Physical Fitness and Exercise

Both facilities outlined policies and procedures for the provision of physical fitness, exercise and/or recreational activities for youth. One facility provided an outline of the physical fitness program offered at the facility, as well as the safety guidelines for all recreational activities which children engage in at the facility. The other facility provided that staff and children will have access to a Recreation Center and that all children will participate in recreational activities designed to improve physical fitness, motor skills and social interactions.

The CWLA Standards provide that all youth should have access to a planned program of on site, developmentally appropriate recreational activities. Additionally, facilities should have (and/or have access to) recreational facilities, equipment and materials appropriate for the interests, ages, abilities, developmental needs and cultural backgrounds of the youth served. Policies should allow for the provision of adequate free time with little or no staff direction for all youth to have time to engage in solitary or group activities they enjoy. Staff should monitor and/or limit media access as appropriate including movie ratings as well as the amount of time watching TV, on computers and video games.

Access to Medical Care

Both child welfare facilities provided NICRP with policies and procedures covering access to medical care. One of the facilities reference having a nurse on staff to provide care to children as needed. Both of the facilities have provisions for transporting children to off-site medical facilities as needed, and specifically for emergency care. One facility provides for two sick calls per shift by the staff nurse while on duty. One facility specifically outlines procedures for accessing dental care for children in the facility.

The CWLA Standards provide that child welfare facilities should have medical personnel available on staff or on contract. Larger programs or programs where residents have special medical needs or receive psychotropic or other prescribed medication should employ full-time medical staff on site. Facilities should provide or facilitate the provision of routine medical and dental care according to recommended well-child schedules. All residents should have access to 24 hour medical services and psychiatric services, whether available on site, on call or in the community.

Administration of Medication

One facility included policies and procedures related to the administration of medication. The policies provide that staff are not to administer any medication, except for current prescriptions, without instructions from a nurse, physician, acute-care facility, unless the medication is in accordance with accepted protocols related to over the counter medications. Staff will not administer over the counter medications without orders from a designated medical professional or within the protocols. All medication and medical supplies are to be stored in a locked area. This facility also provides procedures to ensure that the correct child is receiving the correct medication in the appropriate dosage.

The CWLA Standards state that where prescribed medication is used, a physician should regularly monitor medication needs, as well as side effects, if any, of such medications. The Standards additionally provide that all medication should be dispensed to residents by nurses or other trained and certified staff members. Medical personnel should also be available to assist with case planning and staff training. Facilities' policies and procedures should include documentation requirements for administration of all prescription and nonprescription medication including child's name, date, medication, who administered, medication administered, documentation of refusal and reason for refusal if applicable. Those policies and procedures should also include a system for documentation and review of medication errors.

Communicable Diseases

Both facilities provided policies and procedures related to identifying and preventing the spread of communicable diseases within the facility. Both facilities' policies state that employees must have a negative TB test and/or have a current health card to work in the facility. One facility outlined the procedures to be taken in order to avoid the spread of communicable disease at the facility. That facility also included policies and procedures intended to prevent the transmission of HIV, as well as to provide the appropriate level of care to children infected with HIV.

The CWLA Standards provide that residents should be tested for certain communicable diseases during assessment so that facilities may take appropriate measures to prevent the spread of communicable diseases to others.

Safety

Physical Environment

Both facilities provided NICRP with policies and procedures pertaining to the upkeep and maintenance of the physical environment of the facility. One facility outlined the policies for both internal and external inspections of the facility to ensure safety and sanitation. Both facilities included guidelines for providing regular maintenance and or repairs as needed at the facility. One facility stated that staff have 24 hour access to the Facilities Office in the case of maintenance emergencies. One of the facilities also included provisions for the proper storage of cleaning supplies and chemicals.

NRS/NAC References:

NRS 477.030 – State Fire Marshal duties and powers which include, in part, enforcing laws and adopting regulations related to the prevention of fire, storage and use of combustibles and flammables, and the safety, access, means and adequacy of exit in case of fire from certain facilities.

NRS 477.120 – State Fire Marshal requirements regarding exits, open stairways and vertical shafts.

NAC 477.560 – State Fire Marshall requirement for installation of device for detection of products of combustion.

NAC 477.915 – State Fire Marshal requirements for existing buildings owned by the State.

Emergency Procedures

Both child welfare facilities included or referenced policies and procedures to be followed in the event of an emergency. Both facilities had procedures to follow in the event of a fire, medical emergency, disaster or missing/runaway child. The facilities also provided procedures to be taken in the event that the facility needed to be evacuated due to fire, bomb threat, flood, etc. Both facilities also provided that a list of emergency phone numbers must be maintained and easily accessible to staff. One facility has specific procedures for the following emergency situations: bomb threat; water shut off; emergencies that occur overnight; riots; and threats of parental abduction. That facility also has procedures for locking down the facility in response to an emergency.

The CWLA Standards provide that youth residential facilities should have policies and procedures which include, but are not limited to the following safety/emergency issues:

- fire prevention and fire safety
- disaster response
- emergency plans, including evacuation
- universal precautions
- suspicious or hazardous materials
- security
- vehicle and driver safety
- on-call, chain of command response system that is well communicated, accessible, and posted in critical locations
- process for handling critical incidents such as death, threats, and escapes
- posting of evacuation routes at all egress locations

Placement

Both of the facilities had policies and procedures which outlined considerations for placing children within the facility. One facilities' policies and procedures provided detailed descriptions of what children are housed in each of the facilities cottages, taking into consideration both age and gender. One facility had provisions for allowing sibling groups to share rooms, regardless of sex or age, with the appropriate administrative approvals. That facility also provides that children who are identified as sexual perpetrators will be placed in a room alone or will be transferred to another facility, as appropriate. Furthermore, staff will take children's age, physical, emotional and mental development into consideration when making bed assignments.

The CWLA Standards provide that consideration should be given to the child's age, gender, social history, behavior and developmental needs, as well as space size and purpose when determining the appropriate placement within the facility.

Staffing

Both child welfare facilities made reference to staffing ratios, as well as policies and procedures for bringing in additional staff as needed in order to satisfy ratio requirements. One of the facilities provided specific staff to child ratios for specified age groups. That facility also provided that a ratio of 1:8 would be maintained in the Activity Area of the facility. One facilities' policies and procedures included limitations on the number of children who could be supervised by part-time or on-call staff.

The CWLA Standards provide that child welfare facilities should follow the following staff to child ratios:

- During waking hours, ratios should not exceed: 1:2 for children under 2 years old; 1:4 for children between the ages of 2 and 10 (or older children with special needs); 1:6 for children over age 10.
- During overnight hours, ratios should not exceed: 1:4 for children under age 6; 1:8 for children ages 6 and up.

Physical Restraint and Use of Force

One facility included policies and procedures which addressed the use of physical restraint and/or force. The facility provides that physical restraint will only be used in cases of emergencies to prevent harm to self or others. The facility policy provides that staff may never physically restrain a child by tying, binding, cuffing or using any other device to restrict a child's motion. The facility also referenced using the MANDT system techniques for physical restraint if needed and that all staff are trained in this system.

The CWLA Standards provide that restraint and/or seclusion should be used only in emergency situations, when there is imminent risk of harm to the individual or others and no less restrictive intervention has been or is likely to be effective in averting the danger.
Debriefing should occur within 24 hours or as soon as possible after the use of restraint/seclusion. Every case should be documented and undergo administrative review and risk management. Prohibited practices in restraint & seclusion include:

- Pain compliance, slight discomfort, trigger points, pressure points, or any pain-inducing techniques;
- Hyperextension of any body part beyond normal limits
- Putting the person at risk of hyperextension by placing any part of the person's body in a position that is beyond normal limits
- Joint or skin torsion
- Pressure or weight on head, chest, lungs, sternum, diaphragm, back, or abdomen, causing chest compression
- Straddling or sitting on any part of the body
- Any maneuver that puts pressure, weight, or leverage into or on the neck or throat, on any artery, or on the back of the person's head or neck

- Any position or maneuver that obstructs or restricts circulation of blood or obstructs an airway
- Any type of chokes, hand chokes, arm chokes , or sleeper hold
- Any type of head hold where the head is used as a lever to control movement of other body parts, or any type of full or half nelson or head lock
- Any technique that involves mouth, nose, eyes, or any part of the face, or covering the face or body
- Any maneuver that involves punching, hitting, poking, pinching or shoving.

Suicide Prevention

Both of the child welfare facilities provided policies and procedures for handling youth who have expressed suicidal ideations and/or have attempted suicide at the facility. The facilities provide that youth who are identified as having suicidal ideations and youth who have threatened or attempted suicide will be evaluated/assessed by a mental health professional and transported to an appropriate facility if deemed necessary. Both facilities also state that staff should make all necessary life-saving efforts and seek medical attention for youth who have attempted suicide. One facility provides that staff are to maintain constant observation of youth who have attempted suicide until help arrives.

Lindsay M. Hayes of The National Center on Institutions and Alternatives has developed guidelines and standards regarding suicide prevention in juvenile facilities, which are supported by the Nevada Office for Suicide Prevention. Although the standards were developed more for detention and correction facilities, the concepts are applicable to all types of youth residential facilities. All staff who have regular contact with youth should receive eight hours of initial suicide prevention training followed by two hours of refresher training each year. All staff should also receive first aid and CPR training. The facility should also provide intake screening for suicidal ideations, as well as subsequent screenings as needed. To the extent possible, suicidal youth should be housed in the general population, mental health unit or medical infirmary, located close to staff. The use of physical restraints for suicidal youth should be avoided. All rooms housing suicidal youth should be suicide resistant and provide full visibility of youth to staff. Evidence shows that brain damage from strangulation caused by a suicide attempt can occur in as little as four minutes, therefore there are two recommended levels of supervision. The first is close observation for youth who are not actively suicidal, but have expressed mild suicide ideation and/or depression. Close observation requires staff to observe youth at staggered intervals, not to exceed every fifteen minutes. The second level is constant observation which is reserved for youth who are actively suicidal (threatening, engaging in behavior). Constant observation requires continuous observation of the youth by staff. The guidelines also provide intervention procedures, reporting/notification policies and review protocols.

Welfare

Education

Both facilities included policies and procedures for the provision of educational services to children who reside at the facility. One facility provides that all school age children are mandated to attend school and that children will attend their home school in the community unless the facility is directed by the caseworker to assign the child to a different school in the community. The other facility provides educational services on site which is run by the local school district, but does make provisions for some children to attend their home school in the community as deemed appropriate. The policy provides that children attending school on site will be given attendance credit through the local school district. Both facilities have policies and procedures related to transporting children to schools in the community as applicable. Both facilities outline the procedures for setting up communication with the child's home school. One facility also provides that Kindergarten will be provided on site by the local school district and that a preschool program will be offered to all children in the appropriate age group. That facility also provides that arrangements will be made for children with special needs.

The CWLA Standards provide that education services in child welfare facilities may be provided on site or in the community and should be equivalent to educational services normally experienced by the child. Facilities providing on site educational services should administer or obtain an educational assessment for each child and provide the most appropriate educational program in accordance with the assessment. Facilities should adhere to the needs articulated in the juvenile's IEP, if applicable, and provide special education services as needed. Facilities should also provide educational supports such as tutoring, materials, space and time to complete work and homework. Special education teachers should not exceed a teacher (plus teacher's aide) to student ratio of 1:8. Teachers should have credentials and certification needed to teach in the community school environment. The Education Director, or equivalent position, should have a graduate degree in education or special education, should hold certifications/credentials as required by law, and have experience working with schools and special education programs. Children should be able to earn credit, and degrees as applicable, while in protective custody.

Staff and Youth Interactions

Both child welfare facilities had policies and procedures which addressed guidelines for appropriate staff and youth interactions. One facility included in their policies and procedures provisions which prohibit inappropriate interactions, or the appearance of impropriety, such as fraternization or sexually related conduct. Both of the facilities prohibit abuse or neglect of children and have provisions for reporting suspected incidents, which include investigation by an outside agency. Both facilities provide policies and procedures for utilizing "teaching interactions" when dealing with children to foster positive behaviors and interactions.

NRS/NAC References:
NRS 432B.220 – Mandatory reporting of child abuse or neglect for certain individuals.

Behavioral Control Systems

Both of the facilities provided policies and procedures which outlined their systems of behavior management and control. The facilities identified appropriate behavioral intervention strategies which include positive reinforcement, redirection, intensive teaching interactions, as well as mechanisms identified in the MANDT system. The facilities further identified approved punishments and/or consequences for inappropriate behaviors, including time out and restriction of privileges as age appropriate. One of the facilities included policies on prohibited practices for dealing with behavioral issues which include verbal abuse, denial of basic rights, physical punishment, humiliation, extended periods of isolation or any punishment causing extended discomfort. One facility's policies and procedures outlined a detailed behavior modification program utilizing an "Active Teaching Treatment Approach". Both of the facilities provide that they utilize a level/point system to motivate children.

The CWLA Standards state that facilities should create an environment in which all staff comprehend positive, proactive interventions; are given adequate training, support and supervision; can perform safely and wisely; and can help children manage their own behaviors. Policies and procedures should implement a behavior support and prevention model that is consistent with the facility's mission, embraced by staff and easily understood by children (i.e.: teaching family model; guided group interaction; positive peer culture; point and level system; positive youth development; risk and resilience; or the caring profile). Consequences for behavior should be delivered in a timely fashion. Prohibited practices to be used for punishment or discipline should include:

- corporal punishment (slapping, spanking, paddling, belting)
- marching, standing or kneeling rigidly in one spot, or any type of physical discomfort
- denial or deprivation of sleep or nutrition
- denial of access to bathroom facilities
- verbal abuse, ridicule, humiliation, shaming or sarcasm
- punishing of group for actions of one or a select few
- withholding family visits
- any other impingements on the basic rights of children to care, protection, safety and security;
- chemical, mechanical, or peer restraint

Treatment

Treatment Plans

One child welfare facility included guidelines in their policies and procedures which stated that each child will have a written treatment plan based on assessments that is updated regularly.

The CWLA Standards state that all youth residential facilities should develop written service delivery (treatment) plans for youth based on assessments which include goals and objectives,

services to be provided, persons responsible and timelines for accomplishment. All delivery/treatment plans should include life-skills training which promote maturity, independence and responsibility. Counseling and therapy should be appropriate to the needs of the child and should assist youth in managing stress and anxiety. Facilities should also develop written discharge plans which include transitional services, community resources and crisis/emergency plans. Facilities should incorporate families into the treatment plans as appropriate with written comprehensive plans for working with and communicating with families; referrals to various family services as appropriate; engaging the family in counseling services with the child; and encouraging family contact as appropriate. The Standards also provide that case management should be provided on site and that case managers should serve no more than 8 children and their families.

Behavioral Treatment

One facility referenced a behavioral treatment program that is used in the facility which is based on and trained by the Boys Town Teaching Family Model. The policies and procedures reference a separate manual for this program.

Substance Abuse Treatment

None of the child welfare facilities provided NICRP with policies and procedures directly related to substance abuse treatment.

Mental Health Treatment

One facility included in their policies and procedures an overview, as well as guidelines regarding the implementation of a program designed to reduce trauma of children who have become victims of sexual abuse.

Civil and Other Rights

Grievances/Complaints

Both facilities have policies and procedures regarding filing grievances against the facility or staff. Both provide that children and/or their representative have a right to file a grievance. The facilities provide policies and procedures for contacting or involving an outside agency to review/investigate complaints. One facility specifically identifies a position responsible to ensure that children do not suffer retribution in response to grievances.

Awareness

Both of the child welfare facilities provided policies and procedures regarding making children aware of their rights while at the facility. Both facilities provided that children will be made aware of their rights during the admission process. One facility included a policy which provides that rights will be explained to children in "age-appropriate language." That facility also

provides additional guidelines for adolescent children age 13 and over who are to acknowledge receipt by signing a copy of the document.

The CWLA Standards provide that facilities should ensure at intake that:

- the civil rights of the child and family are upheld and respected
- participants are informed of their status, rights of grievance and appeal, rules and behavior management policies, and the policies that will be used to determine when to make changes to placement status
- all written information is provided in a language commonly used by the child and family and that translation services are available if needed by the child or family
- all contacts with and services are culturally competent and responsive
- the intake process is applied equally to all children and their families

Protection of Rights

Both child welfare facilities provided policies and procedures related to the protection of children's rights while in the facility. The facilities address confidentiality and/or privacy of records and information pertaining to children in their care. Both facilities include policies regarding specific rights afforded to children. One of those facilities references a specific clients rights policy which lists the clients rights including nourishment, communication, respect, not be given meaningless work, read/review file material, interact with other, goals and objectives, basic clothing, natural elements and their own bed. The facilities specifically provide for the child's right to communication with others including visits, phone calls and mail with approved individuals. One facility also provides that children have a right to access their social worker and that children may not be denied this access during business hours. One facility also has a discrimination/equal access policy which provides that the facility will not discriminate on the basis of race, religion, creed or handicap.

The CWLA Standards state that facilities should have adequate confidentiality and privacy safeguards that are in compliance with local, state and federal law. All facilities should maintain records for seven years from the time of the child's discharge unless otherwise required by law and have procedures in place for retention and disposition of closed service records. Facilities should maintain a clients' rights policy that supports and protects the fundamental human, civil, constitutional, and statutory rights of all children, including, but not limited to:

- Equal access to services regardless of race, religion, ethnicity, sexual orientation, ability or gender
- Dignity of every child and family is recognized & respected in the delivery of services
- Every child and family receives care according to individual need
- Service is provided within the least restrictive & most appropriate setting
- Every child and family has the right to file complaints and grievances

- Every child and family is informed at the time of intake, in a language they commonly use, of the agency's policies and procedures regarding their rights, including the grievance policy
- Every child and family receives a copy of client rights on admission and is given an opportunity to discuss with staff
- Every child and family has the right to review their own case files and service records
- Every child and family has a right to personal privacy and confidentiality
- Every child and family has the right to receive culturally competent and linguistically appropriate services
- Every child and family has the right to be involved, as appropriate, in assessment and service planning
- Every child has the right to receive services that promote his or her growth and development
- Every child has the right to consult with clergy
- Every child and family has the right to refuse treatment
- Every child has the right to safety
- Every child has the right to contact the human rights officer and/or personal advocate
- Every family has a right to give and withhold informed consent
- Every child has a right not to be exploited or have his or her privacy invaded by agency publicity or fundraising efforts
- Every child has a right to private familial and significant other contact unless clinically contraindicated
- Every family is notified following any use of seclusion and restraint, suicide attempt or completed suicide, medical emergency, or any other seminal event in the life of their child

Group Homes

Five group homes were included in the study: Achievement Place West; Family Learning Homes; Oasis Homes; Palmer Home; and the Rite of Passage Qualifying House. Three of the group homes (Family Learning Homes, Achievement Place West and Palmer Home) are under the same organizational management structure. Therefore, one set of policies and procedures were provided that applied to all three group homes. For the purposes of this report, these three group homes are reported individually, although they share the same policies and procedures. The Rite of Passage Qualifying House is a group home associated with the Rite of Passage – Silver State Academy, which is discussed in the "Juvenile Correction Facility" section. The Qualifying House shares policies and procedures with the Rite of Passage – Silver State Academy, therefore those policies are also referenced here.

Health

Assessments

All five group homes provided NICRP with policies and procedures related to the provision of medical and/or mental health assessments. One facility indicates that an intake interview will be conducted of the client and parent/guardian. In addition, the admission summary shall be competed within five working days and a routine physical examination is required. A psychological consultation may be conducted, as well.
Three of the responding facilities indicated that each child will receive an assessment as deemed necessary, that a physical examination is required as part of the intake process, and that the facility may use an outside examination if conducted within six months prior to admission. One facility provided that a physical exam, urinalysis and dental exam will be done at intake and that the facility will request medical records from the referring facility.

The CWLA Standards provide that a comprehensive health assessment should be completed within 30 days of placement in the facility. The assessment should include, but is not limited to, the following elements:

- Current health status – including diagnoses, allergies, medications, medication side effects, emergency health needs and communicable diseases
- tests for anemia
- complete blood count
- TB
- abnormalities in urine
- developmental delays
- sickle cell anemia
- blood lead poisoning
- immunizations
- medications (past and current)
- HIV, STD (for at risk groups)

- dental exam
- medical history from family, if available

The CWLA Standards additionally provide that a comprehensive mental health assessment should be completed within 30 day of placement by a qualified mental health practitioner.

Both assessments, health and mental health, should be comprehensive and should assess the child within his or her social and cultural context. In addition to the elements provided above, assessments should include, at a minimum, the following information:

- Potential physical, or other medical risks to child, including screening for alcohol and drugs
- Family relationships
- Languages spoken by child and family
- Custody and legal status
- Identification of immediate needs
- Experience of trauma, if any
- Risks posed by child to self or others
- Preferential coping strategies
- Religious affiliation
- Cultural issues
- Educational and vocational status

Additional assessments should be provided as deemed relevant and necessary to address:

- Biopsychosocial history of child
- History of physical/sexual abuse or sexual offenses
- Strengths and support systems of family
- Previous experience with child and family services
- As needed, other specialized assessments – developmental & neurological health, nutrition, HIV status, speech & language, substance abuse, toxic metal exposure, psychological status, learning abilities and blood chemistry evaluation
- Risk and protective factors
- History of bullying, harassment, violence or gang involvement

Nutrition and Exercise

Nutritional and Dietary Needs

Four of the five group homes provided policies and procedures regarding nutrition guidelines for juveniles. Three facilities provide that "meals are a vital part of the nutritional program" and "meals will not be used contingently in any treatment program." One facility states that youth will have a balanced meal and may take as much food as they like.

The CWLA Standards provide that Menu planning, preparation and serving should be guided by the nutritional, social, cultural, religious, educational, health and emotional needs of the children. A person familiar with nutrition and food service management should be in charge and a nutritionist or dietician should be available for consultation, if not on staff. Food service records should be kept to ensure compliance with the needs of children. Facilities should also follow procedures to ensure clean and safe food storage and preparation and prevent the exchange of food-borne illnesses and communicable diseases.

Physical Fitness and Exercise

One facility provided policies related to physical fitness and exercise, which requires daily physical activity for the residents.

The CWLA Standards provide that group home residents should have access to a planned program of on site developmentally appropriate recreational activities as well as experiences in the community. Additionally, facilities should have (and/or have access to) recreational facilities, equipment and materials appropriate for the interests, ages, abilities, developmental needs and cultural backgrounds of the youth served. Policies should allow for the provision of adequate free time with little or no staff direction for all youth to have time to engage in solitary or group activities they enjoy. Staff should monitor and/or limit media access as appropriate including movie ratings as well as the amount of time watching TV, on computers and video games.

Access to Medical Care

All five facilities provided policies and procedures that addressed access to medical care. All facilities made accommodations for 24 emergency access to medical care. Documentation from one facility indicates that medical care is provided by the private physician of the client or by the emergency room at the local public hospital. The parent/guardian must sign a statement upon admission authorizing the facility to seek medical care for the client and administer first aid as needed. Documentation from three of the facilities indicates that parents/guardians are responsible for transporting children to routine medical appointments and for obtaining necessary medications. Emergency medical treatments will be provided by the closest emergency room or at the instruction of the parent/guardian.

The CWLA Standards provide that facilities should have medical personnel available on staff or on contract. Larger programs or programs where residents have special medical needs or receive psychotropic or other prescribed medication should employ full-time medical staff on site. Facilities should provide or facilitate the provision of routine medical and dental care according to recommended well-child schedules. All residents should have access to 24 hour medical services and psychiatric services, whether available on site, on call or in the community.

Administration of Medication

Four of the five group homes provided NICRP with policies and procedures regarding the administration of medication. Two facilities provided that only authorized/trained staff will

administer medication and only under a doctor's orders. Two facilities provided for the documentation of medication administered to residents and for the secure storage of medications. Three of the facilities provide that the receipt of informed consent must be received before the administration of medication can occur and outlines procedures for administering medication in the absence of express and informed consent. These three facilities also provide that female clients who are already taking birth control will be allowed to continue taking the medication with the consent of the parent or guardian and that birth control are to be treated like prescription drugs for the purpose of administration and storage.

The CWLA Standards state that where prescribed medication is used, a physician should regularly monitor medication needs, as well as side effects, if any, of such medications. The Standards additionally provide that all medication should be dispensed to residents by nurses or other trained and certified staff members. Medical personnel should also be available to assist with case planning and staff training. Facilities' policies and procedures should include documentation requirements for administration of all prescription and nonprescription medication including child's name, date, medication, who administered, medication administered, documentation of refusal and reason for refusal if applicable. Those policies and procedures should also include a system for documentation and review of medication errors.

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Communicable Diseases

One group home provided policies and procedures on the prevention and control of communicable diseases.

The CWLA Standards provide that residents should be tested for certain communicable diseases during assessment so that facilities may take appropriate measures to prevent the spread of communicable diseases to others. Prevention measures should also include the use of universal precautions.

Safety

Physical Environment

All five facilities provided some policies and procedures regarding the upkeep, maintenance and/or security of the physical environment. Two facilities referenced compliance with state and local codes regarding upkeep and sanitation. Two facilities referenced safeguarding clients from caustic and/or harmful standard household/ hazardous supplies and provided that such supplies will be kept in locked cabinets. Four group homes provided for regular inspections of the facility on at least a monthly basis.

NRS/NAC References:

NRS 477.030 – State Fire Marshal duties and powers which include, in part, enforcing laws and adopting regulations related to the prevention of fire, storage and use of combustibles and flammables, and the safety, access, means and adequacy of exit in case of fire from certain facilities.

NRS 477.120 – State Fire Marshal requirements regarding exits, open stairways and vertical shafts.
NAC 477.560 – State Fire Marshall requirement for installation of device for detection of products of combustion.
NAC 477.915 – State Fire Marshal requirements for existing buildings owned by the State.

Emergency Procedures

All of the five group homes provided NICRP with policies and procedures regarding emergency situations. All five facilities' policies and procedures include some provisions for procedures to follow in the event of a fire in the facility, including evacuation procedures. One facility indicates that the supervisor will ensure that all staff has a thorough knowledge of their role in all relations to a fire. One facilities' policies and procedures outline a 24 hour medical emergency plan which includes emergency phone numbers. Four of the facilities provide procedures for conducting monthly fire drills. Three facilities address procedures for other disaster situations such as bomb threats and provide that emergency medical treatment may be provided by a member of the medical staff or physician without the informed consent of the consumer. Four facilities also provide procedures for dealing with runaway/AWOL youth.

The CWLA Standards provide that youth residential facilities should have policies and procedures which include, but are not limited to the following safety/emergency issues:

- fire prevention and fire safety
- disaster response
- emergency plans, including evacuation
- universal precautions
- suspicious or hazardous materials
- security
- vehicle and driver safety
- on-call, chain of command response system that is well communicated, accessible, and posted in critical locations
- process for handling critical incidents such as death, threats, and escapes
- posting of evacuation routes at all egress locations

Placement

One facility provided policies and procedures related to placing youth within the home. That facility takes into consideration offense history, age, size, maturity level, special management needs, status and possible gang affiliation.

The CWLA Standards provide that consideration should be given to the child's age, gender, social history, behavior and developmental needs, as well as space size and purpose when determining the appropriate placement within the facility.

Staffing

None of the facilities provided policies and procedures related to minimum staffing levels or staff ratios.

The CWLA Standards provide that group homes accommodate 4 to 12 residents. Staff ratios should not exceed 1 worker to 6 children while the children are awake and 1 worker for 10 children while the children are asleep.

Physical Restraint and Use of Force

All five group homes provided policies and procedures which addressed the use of force and physical restraint of youth. All five facilities provide that the physical management of clients is to be used only when lesser restrictive methods have failed and only to protect against harm to self or others. One facility requires staff to be trained in JIREH techniques for the physical management of youth and also requires staff to sign a "restraint asphyxia awareness" statement, as well as the policy for passive restraint.

Documentation from three of the facilities includes policies and procedures regarding the use of restraint, including physical, chemical and manual, which provides that only trained direct care staff are to use restraint. Those facilities also provide that only a physician or registered/licensed practical nurse upon a physician's order may administer chemical restraints and that except in cases of emergency, all restraints must be ordered by a physician and standing or PRN orders will not be used.

The DCFS Statewide Policy on Seclusion/Restraint of Clients provides definitions, legal references and standards for the use of seclusion and restraints. Specifically: these techniques will only be used in emergency situations; all staff with a role in implementation of these techniques must be trained; only the psychiatrist or attending physician can order these interventions; orders are time limited and cannot be standing or PRN; reevaluations need to be conducted according to JCAHO standards; parents/guardians shall be notified of each occurrence; and each occurrence must be documented. Chemical restraints are prohibited to control behavior or to restrict client's movement. The policy also lists prohibited practices, including, but not limited to: pressure or weight on the chest, lungs, sternum, diaphragm, back or abdomen causing chest compression; choking or neck holds; pressure on neck/throat, artery or back of neck/head. Penalties are provided for the use of prohibited practices.

The CWLA Standards provide that restraint and/or seclusion should be used only in emergency situations, when there is imminent risk of harm to the individual or others and no less restrictive intervention has been or is likely to be effective in averting the danger.
Debriefing should occur within 24 hours or as soon as possible after the use of restraint/seclusion. Every case should be documented and undergo administrative review and risk management. Seclusion rooms should be designed and maintained to assure maximum safety for the child and staff. Prohibited practices in restraint & seclusion include:

- Pain compliance, slight discomfort, trigger points, pressure points, or any pain-inducing techniques;
- Hyperextension of any body part beyond normal limits
- Putting the person at risk of hyperextension by placing any part of the person's body in a position that is beyond normal limits
- Joint or skin torsion
- Pressure or weight on head, chest, lungs, sternum, diaphragm, back, or abdomen, causing chest compression
- Straddling or sitting on any part of the body
- Any maneuver that puts pressure, weight, or leverage into or on the neck or throat, on any artery, or on the back of the person's head or neck
- Any position or maneuver that obstructs or restricts circulation of blood or obstructs an airway
- Any type of chokes, hand chokes, arm chokes , or sleeper hold
- Any type of head hold where the head is used as a lever to control movement of other body parts, or any type of full or half nelson or head lock
- Any technique that involves mouth, nose, eyes, or any part of the face, or covering the face or body
- Any maneuver that involves punching, hitting, poking, pinching or shoving.

Suicide Prevention

Five group home facilities included provisions related to suicide and suicide prevention in their policies and procedures. Four facilities provided procedures for special monitoring of suicidal youth that included continuous eye contact and documentation every 15 minutes. One facility provided that a search of the room/belongings will be conducted to remove any unsafe objects. Three facilities provided policies and procedures in regard to suicide assessment, prevention and staff response to suicidal attempts and/or threats. Those facilities indicated that youth identified as suicidal will be admitted to the local hospital with parental consent and if parental consent cannot be obtained, staff will contact child protection services and/or law enforcement as appropriate. One facility provided that staff will be trained in suicide prevention during initial training and annually thereafter.

Lindsay M. Hayes of The National Center on Institutions and Alternatives has developed guidelines and standards regarding suicide prevention in juvenile facilities, which are supported by the Nevada Office for Suicide Prevention. All staff who have regular contact with youth should receive eight hours of initial suicide prevention training followed by two hours of refresher training each year. All staff should also receive first aid and CPR training. The facility should also provide intake screening for suicidal ideations, as well as subsequent screenings as needed. To the extent possible, suicidal youth should be housed in the general population, mental health unit or medical infirmary, located close to staff. The use of physical restraints for suicidal youth should be avoided. All rooms housing suicidal youth should be suicide resistant and provide full visibility of youth to staff. Evidence shows that brain damage from strangulation caused by a suicide attempt can occur in as little as four minutes, therefore, there are two recommended levels of supervision. The first is close observation for youth who are not actively

suicidal, but have expressed mild suicide ideation and/or depression. Close observation requires staff to observe youth at staggered intervals, not to exceed every fifteen minutes. The second level is constant observation which is reserved for youth who are actively suicidal (threatening, engaging in behavior). Constant observation requires continuous observation of the youth by staff. The guidelines also provide intervention procedures, reporting/notification policies and review protocols.

Welfare

Education

Four of the five group homes reference educational programs in the policies and procedures provided to NICRP. These facilities provide that staff will contribute to Individualized Education Plan (IEP) in meetings conducted by the school district. One facility provides that youth will attend school at the facility's charter high school.

The CWLA Standards provide the facility should administer or obtain an educational assessment for each child and provide the most appropriate educational program in accordance with the assessment. Education may be provided on site or in the community (emphasis should be placed on normalization and transition to family/community environment) Facilities should adhere to the needs articulated in the juvenile's IEP, if applicable, and provide special education services as needed. Facilities should also provide educational supports such as tutoring, materials, space and time to complete work and homework. Teachers should have credentials and certification needed to teach in the community school environment. The Education Director, or equivalent position, should have a graduate degree in education or special education, should hold certifications/ credentials as required by law, and have experience working with schools and special education programs. Children should be able to earn credit, and degrees as applicable, while in residential care.

Staff and Youth Interactions

One facility provided policies and procedures regarding staff and youth interactions. The policy outlines the use of the "Proactive Intervention" approach for confrontations and prohibits sexual misconduct, abuse or harassment. The facility also provides procedures for reporting abuse or neglect per state law.

NRS/NAC References:
NRS 432B.220 – Mandatory reporting of child abuse or neglect for certain individuals.

Behavioral Control Systems

All five group homes provided policies and procedures regarding behavioral control systems. All of the facilities' policies and procedures included a section which laid out the rules which youth must follow while in the facility. One facility provided that clients will have special monitoring when considering behaviors that are "special medical problems or treatment, attempted or

suspected attempts of self harm, attempted or suspected runaway, attempted or suspected attempts of self abuse or any other dangers which pose a danger." One facility utilizes the Positive Peer Culture system for most students and applies the Concerns Program for other students. Three of the facilities provides for a behavior management system that utilizes a removal from participation gradient and includes behavioral contracting, environmental time out and the use of seclusion as an emergency measure.

The CWLA Standards state that facilities should create an environment in which all staff comprehend positive, proactive interventions; are given adequate training, support and supervision; can perform safely and wisely; and can help children manage their own behaviors. Policies and procedures should implement a behavior support and prevention model that is consistent with the facility's mission, embraced by staff and easily understood by children (i.e.: teaching family model; guided group interaction; positive peer culture; point and level system; positive youth development; risk and resilience; or the caring profile). Consequences for behavior should be delivered in a timely fashion. Prohibited practices to be used for punishment or discipline should include:

- corporal punishment (slapping, spanking, paddling, belting)
- marching, standing or kneeling rigidly in one spot, or any type of physical discomfort
- denial or deprivation of sleep or nutrition
- denial of access to bathroom facilities
- verbal abuse, ridicule, humiliation, shaming or sarcasm
- punishing of group for actions of one or a select few
- withholding family visits
- any other impingements on the basic rights of children to care, protection, safety and security;
- chemical, mechanical, or peer restraint

Treatment

Treatment Plans

All five group homes provided policies and procedures related to the development of individual youth treatment plans. One facility provides that a comprehensive treatment plan will be written by the treatment team within 30 days of admission. This facility also outlines special treatment plans for youth who have not progressed in routine programmatic treatment. One facility provides that a treatment team will meet weekly to discuss the needs of the residents. Three of the facilities indicate that each child will have a treatment team made up of the case manager and partners in a specific residence and that the treatment plan is to be developed with input from parent and child within 30 days of intake.

The CWLA Standards state that all youth residential facilities should develop written service delivery (treatment) plans for youth based on assessments which include goals and objectives, services to be provided, persons responsible and timelines for accomplishment. All

delivery/treatment plans should include life-skills training which promote maturity, independence and responsibility. Counseling and therapy should be appropriate to the needs of the child and should assist youth in managing stress and anxiety. Facilities should also develop written discharge plans which include transitional services, community resources and crisis/emergency plans. Facilities should incorporate families into the treatment plans as appropriate with written comprehensive plans for working with and communicating with families; referrals to various family services as appropriate; engaging the family in counseling services with the child; and encouraging family contact as appropriate.

Behavioral Treatment

One facility states that activity time-out is used as a therapeutic procedure to help divert aggressive behavior. Other facilities did not provide policies directly related to behavioral treatment programs, however, each policy did provide information on behavioral control systems, which is outlined above.

The CWLA Standards provide that facilities should ensure that each child receives age appropriate information and education regarding sexual activity, STDs, reducing risky behavior, pregnancy, sexual orientation and gender identification.

Substance Abuse Treatment

One group home facility included policies and procedures regarding youth in need of substance abuse treatment. This facility provides that clients suspected of alcohol or drug abuse will be referred to their parent/guardian for medical evaluation or referral to detention.

Mental Health Treatment

Two of the five group home facilities have policies and procedures related to the provision of mental health treatment for juvenile residents. One facility provides that all youth must have been evaluated by a psychologist in the year prior to admission and after the first assessment; further psychological treatment may be warranted. One facility states that outside referrals may be utilized as needed. One facility outlines the treatment procedures for services provided by the facility and as indicated in the treatment plan where the techniques will be consistent and periodically reviewed.

The CWLA Standards provide that a comprehensive mental health assessment should be completed within 30 day of placement by a qualified mental health practitioner. All residents should have access to 24 hour psychiatric services, whether available on site, on call or in the community.

Civil and Other Rights

Grievances/Complaints

Four of the five facilities' policies and procedures included information regarding youth grievances and/or complaints. All four provide that the grievance procedure will be explained during orientation. Three group homes revised policies to provide that per statewide policy, youth may file complaints directly with NICRP. One facility provides that youth may file grievances without fear of retaliation and that all complaints will be responded to within 72 hours, with a written response within 5 days.

The CWLA Standards provide that facilities should have policies and procedures in place which address the process for formally reviewing grievances.

Awareness

Four of the five facilities specify in their policies and procedures that youth are made aware of their rights at the facility during orientation. One facility provides that information will provided to youth/parents in a language that they understand.

The CWLA Standards provide that facilities should ensure at intake that:

- the civil rights of the child and family are upheld and respected
- participants are informed of their status, rights of grievance and appeal, rules and behavior management policies, and the policies that will be used to determine when to make changes to placement status
- all written information is provided in a language commonly used by the child and family and that translation services are available if needed by the child or family
- all contacts with and services are culturally competent and responsive
- the intake process is applied equally to all children and their families

Protection of Rights

Four of the five facilities make reference to the protection of rights in their policies and procedures. All four facilities list the client rights which include: to be informed of treatment procedures; to give or withhold informed consent; receive treatment in least restrictive environment; access to treatment regardless of race, religion, sex, ethnicity, or handicap; to communicate with family/friends; and to be free from mechanical restraints, unless prescribed by physician and only as needed. Three facilities include procedures for ensuring confidentiality. Three facilities provide that rights cannot be denied except to protect the health and safety of self or others, or both, and that any denial of rights must be documented.

The CWLA Standards state that facilities should have adequate confidentiality and privacy safeguards that are in compliance with local, state and federal law. All facilities should maintain records for seven years from the time of the child's discharge unless otherwise required by law

and have procedures in place for retention and disposition of closed service records. Facilities should maintain a clients' rights policy that supports and protects the fundamental human, civil, constitutional, and statutory rights of all children, including, but not limited to:

- Equal access to services regardless of race, religion, ethnicity, sexual orientation, ability or gender
- Dignity of every child and family is recognized & respected in the delivery of services
- Every child and family receives care according to individual need
- Service is provided within the least restrictive & most appropriate setting
- Every child and family has the right to file complaints and grievances
- Every child and family is informed at the time of intake, in a language they commonly use, of the agency's policies and procedures regarding their rights, including the grievance policy
- Every child and family receives a copy of client rights on admission and is given an opportunity to discuss with staff
- Every child and family has the right to review their own case files and service records
- Every child and family has a right to personal privacy and confidentiality
- Every child and family has the right to receive culturally competent and linguistically appropriate services
- Every child and family has the right to be involved, as appropriate, in assessment and service planning
- Every child has the right to receive services that promote his or her growth and development
- Every child has the right to consult with clergy
- Every child and family has the right to refuse treatment
- Every child has the right to safety
- Every child has the right to contact the human rights officer and/or personal advocate
- Every family has a right to give and withhold informed consent
- Every child has a right not to be exploited or have his or her privacy invaded by agency publicity or fundraising efforts
- Every child has a right to private familial and significant other contact unless clinically contraindicated
- Every family is notified following any use of seclusion and restraint, suicide attempt or completed suicide, medical emergency, or any other seminal event in the life of their child

RECOMMENDATIONS

After completing the analysis in all sections, recommendations were developed using the results. Recommendations from study participants collected during the interviews are provided as well in the following section.

I. Create a new section in the NRS for "Youth Residential Care Facilities", defined generally to include all residential care facilities, including, but not limited to, the facilities identified for inclusion in the current study.

A. All "youth residential care facilities" should be licensed by an appropriate agency which is not responsible for the administration or operation of the facility.

B. All "youth residential care facilities" should be inspected at least annually by a state or local health department, which includes inspecting all food preparation and service areas, bathrooms, sleeping areas, common areas and outdoor areas used by youth. Reports and/or data of the inspections should be input into data management system and made available to the public upon request.

C. All direct care staff should be required to complete a specified number of hours of initial training, as well as a specified number of hours annually. Training should include, but is not limited to:

1. CPR/First Aid
2. Behavioral Control Techniques
3. Use of Force and Restraint Techniques
4. Clients' Rights
5. Facility Policies and Procedures – including all applicable federal, state and local laws and ordinances
6. Suicide Awareness and Prevention
7. Crisis management and Intervention
8. Behavior Modification Program
9. Medication Administration

D. All "youth residential care facilities" should have in place written policies and procedures which comply with all applicable federal, state and local laws and regulations. Policies and procedures should include, at a minimum, the following elements:

1. An anti-discrimination, equal access policy which provides that youth will not be denied access to programs or services, or be discriminated against in the provision of services on the basis of race, national origin, religion, creed, color, sex, handicap, gender or sexual orientation.
2. A clients' rights policy that supports and protects the fundamental human, civil, constitutional, and statutory rights of all children, including, but not limited to:
    - Dignity of every child and family is recognized & respected in the delivery of services
    - The receipt of care according to individual need

- Service provided within the least restrictive & most appropriate setting
- The right to file complaints and grievances
- To be informed, at the time of intake, in a language they commonly use, of the agency's policies and procedures regarding their rights, including the grievance policy
- Every child and family receives a copy of client rights on admission and is given an opportunity to discuss with staff
- Every child and family has the right to review their own case files and service records
- Every child and family has a right to personal privacy and confidentiality
- Every child and family has the right to receive culturally competent and linguistically appropriate services
- Every child and family has the right to be involved, as appropriate, in assessment and service planning
- Every child has the right to receive services that promote his or her growth and development
- Every child has the right to consult with clergy
- Every child and family has the right to refuse treatment, as appropriate
- Every child has the right to safety
- Every child has the right to contact the human rights officer and/or personal advocate
- Every family has a right to give and withhold informed consent
- Every child has a right not to be exploited or have his or her privacy invaded by agency publicity or fundraising efforts
- Every child has a right to private familial and significant other contact unless clinically contraindicated
- Every family is notified following any use of seclusion and restraint, suicide attempt or completed suicide, medical emergency, or any other seminal event in the life of their child
- Every child has the right not to be subjected to ridicule, humiliation, intimidation or harassment

3. At intake/admission, the provider should ensure that:
    - The civil rights of the child and family are upheld and respected;
    - Participants are informed of their status, rights of grievance and appeal, rules and behavior management policies, and the policies that will be used to determine when to make changes to placement status
    - All written information is provided in a language commonly used by the child and family and that translation services are available if needed by the child or family

- All contacts with and services are culturally competent and responsive
- The intake process is applied equally to all children and their families.

4. Safety precautions and emergency procedures, including, but not limited to:
    - Fire prevention and fire safety – including regular fire drills, inspection of safety equipment and compliance with all fire safety codes
    - Disaster response – including procedures in the event of fire, flood, earthquake, power failure, and other related disasters, including evacuation and placement plans
    - Universal precautions to prevent the transmission of communicable disease
    - Proper handling of suspicious or hazardous materials
    - Security precautions and procedures for handling security breaches including, escapes/runaways, abduction, riots and related threats – require all visitors to sign in and out and require all staff to wear picture identification at all times
    - Emergency medical care as needed, including suicide attempts – requirement that all direct care staff are trained in CPR and first aid
    - Vehicle and driver safety, if youth are transported off-site by the facility
    - An on-call, chain of command response system that is well communicated, accessible, and posted in critical locations
    - Process for formal administrative review of accidents, grievances, physical restraints, use of force, medication errors, attempted and successful suicides, significant internal disturbances, institutional abuse or neglect, or violation of any law, regulation, or policy
    - A list of emergency phone numbers/contacts posted or within reach of every phone
    - Proper and routine maintenance of facility and grounds to repair/replace/remove any hazards or potential hazards
    - Suicide prevention procedures for the identification, observation and treatment of youth exhibiting any signs of suicidal ideation and/or depression, including visual observation not to exceed 15 minute intervals (5 minute intervals for high risk)
5. Provisions for adequate educational services, including:
    - Educational assessments
    - On-site or community based schools which are run in accordance with the laws and regulations governing education, including teacher credentials, ratios and curriculum
    - Curriculum and instruction that is based on individual need and ability

- Access to special education services as needed
- Ability to earn academic credit and/or degrees equivalent to those available in community based public school

6. A comprehensive health assessment should be completed within 30 days of placement including, but not limited to:
    - tests for anemia
    - complete blood count
    - TB
    - abnormalities in urine
    - developmental delays
    - sickle cell anemia
    - blood lead poisoning
    - immunizations
    - medications (past and current)
    - HIV, STD (for at risk groups)
    - dental exam
    - medical history from family, if available

    A comprehensive mental health assessment should be completed within 30 day of placement by a qualified mental health practitioner.
7. Provide initial assessments that are comprehensive and ecological in nature (assesses child within his/her social & cultural context) which include, at a minimum, the following information:
    - Current health status – including diagnoses, allergies, medications, medication side effects, emergency health needs and communicable diseases;
    - Potential physical, or other medical risks to child, including screening for alcohol and drugs;
    - Current mental health status;
    - Family relationships;
    - Languages spoken by child and family;
    - Custody and legal status;
    - Identification of immediate needs
    - Experience of trauma, if any;
    - Risks posed by child to self or others;
    - Preferential coping strategies;
    - Religious affiliation
    - Cultural issues;
    - Educational and vocational status;

    Provide additional assessments as relevant and needed to address:
    - Biopsychosocial history of child;
    - History of physical/sexual abuse or sexual offenses;
    - Strengths and support systems of family;
    - Previous experience with child and family services

- As needed, other specialized assessments – developmental & neurological health, nutrition, HIV status, speech & language, substance abuse, toxic metal exposure, psychological status, learning abilities and blood chemistry evaluation;
- Risk and protective factors
- History of bullying, harassment, violence or gang involvement

8. Provisions for adequate care and treatment based on individual assessments that address the reason(s) the youth is in the facility and have a goal of transitioning the youth back into the community and/or with family. Every child in a youth residential facility should have a written treatment plan, including a discharge plan, reviewed regularly by trained professionals. Plans should include goals and objectives, services to be provided, persons responsible and timelines for accomplishment All facilities should provide on-site, or off-site under contract, treatment by a qualified professional(s), as applicable to the individual child, including:
    - Substance abuse treatment
    - Mental health treatment
    - Behavioral therapy
    - Family therapy
    - Gang and violence resistance
    - Sex offender therapy
    - Sexual victim therapy
9. Provisions for prompt access to routine medical care and 24 hour access to emergency medical and mental health services.
10. Provisions for the safe and proper administration of all medications including over the counter and prescription medications, including:
    - Storage of all medications in a locked area inaccessible to residents
    - Administration of medication only by medically trained and qualified staff Measures to ensure that medication is being dispensed to the correct individual, at the proper times and in the correct quantity/dose
    - Logging of all medications dispensed – prescription and OTC including child's name, date, medication, who administered, medication administered, documentation of refusal and reason for refusal if applicable
    - Documentation and review of all medication errors – including a detailed administrative response for correcting practices that led to the error
11. Policies which prohibit the use of force or physical restraints, except in cases of emergency to protect individuals from imminent threat of harm, and only when other less restrictive measures have proven ineffective. Policies should include practices that are strictly prohibited, including:
    - Pain compliance, slight discomfort, trigger points, pressure points, or any pain-inducing techniques;

- Hyperextension of any body part beyond normal limits
- Putting the person at risk of hyperextension by placing any part of the person's body in a position that is beyond normal limits
- Joint or skin torsion
- Pressure or weight on head, chest, lungs, sternum, diaphragm, back, or abdomen, causing chest compression
- Straddling or sitting on any part of the body
- Any maneuver that puts pressure, weight, or leverage into or on the neck or throat, on any artery, or on the back of the person's head or neck
- Any position or maneuver that obstructs or restricts circulation of blood or obstructs an airway
- Any type of chokes, hand chokes, arm chokes , or sleeper hold
- Any type of head hold where the head is used as a lever to control movement of other body parts, or any type of full or half nelson or head lock
- Any technique that involves mouth, nose, eyes, or any part of the face, or covering the face or body
- Any maneuver that involves punching, hitting, poking, pinching or shoving

12. Punishment and behavior modification techniques that create an environment in which all staff comprehend positive, proactive interventions; are given adequate training, support and supervision; can perform safely and wisely; and can help children manage their own behaviors.
    - Implement a behavior support and prevention model that is consistent with mission, embraced by staff and easily understood by children (i.e.: teaching family model; guided group interaction; positive peer culture; point and level system; positive youth development; risk and resilience; and the caring profile)
    - Consequences for behavior should be delivered in a timely fashion
    - Prohibited practices include:
        a. corporal punishment (slapping, spanking, paddling, belting)
        b. marching, standing or kneeling rigidly in one spot, or any type of physical discomfort
        c. denial or deprivation of sleep or nutrition
        d. denial of access to bathroom facilities
        e. verbal abuse, ridicule, humiliation, shaming or sarcasm
        f. punishing of group for actions of one or a select few
        g. withholding family visits
        h. any other impingements on the basic rights of children to care, protection, safety and security;
        i. chemical, mechanical, or peer restraint

13. Daily physical activity, unless medically restricted, including at least one hour of large muscle exercise and one hour of structured leisure activity. Provide for daily outdoor activity as weather permits.
14. Nutritional and dietary guidelines which provide for at least three meals every day sufficient to meet the nutritional needs and palates of the children being served and which are in compliance with state and federal nutritional guidelines.
    - Meals planned by qualified dietician/nutritionist – either on staff or through consultation – reviewed regularly
    - Menu planning, preparation and serving should be guided by nutritional, social, cultural, religious, educational, health and emotional needs of the children
    - Provide for special diets based on medical, dental and/or religious needs
15. Develop and maintain a management information system for gathering and analyzing data including:
    - Youth demographic data
    - Social and familial history
    - Treatment history
    - Juvenile justice and/or child welfare history, as applicable
    - Individual and family service data
    - Educational assessments and status
16. Grievance/complaint policies and procedures which include access to an outside entity for filing complaints against the facility or staff.
    - Standardized complaint intake forms which provide sufficient detail to conduct investigation if warranted
    - Written responses within 5 days to grievant which provide sufficient detail to explain the response, any action taken or proposed, responsible individual(s)
    - An appeal process that involves administrative review and written response

Discussion of Recommendation I:

A significant finding of this study is that there are no consistent, comprehensive laws regarding facilities, in general, that house youth. Some of the various types of facilities are covered under various sections of the NRS and NAC, such as hospitals and correction facilities. However, other facilities, including child welfare and some aspects of juvenile detention facilities are not covered under current law. In an effort to best protects the health, safety, welfare and rights of youth in these facilities, NICRP recommends that the NRS be revised to include a section which defines the scope and general requirements of all "Youth Residential Care Facilities." This definition should include the facilities that participated in the current study, as well as other facilities in Nevada which serve the same or similar functions as facilities identified for inclusion in the study.

I-A: *All "youth residential care facilities" should be licensed by an appropriate agency which is not responsible for the administration or operation of the facility.*
While most of the facilities included in this study are licensed by some relevant state agency, other facilities are not. In particular, the child welfare facilities are exempt from licensing under current law. Furthermore, many of the facilities that are operated by the State are also licensed by the State within the same administration. At least one administrator stated during interviews that licensing is important, but licenses should not be provided and reviewed by the same agency and/or administration that is in charge of the facility.

I-B: *All "youth residential care facilities" should be inspected at least annually by a state or local health department, which includes inspecting all food preparation and service areas, bathrooms, sleeping areas, common areas and outdoor areas used by youth. Reports and/or data of the inspections should be input into data management system and made available to the public upon request.*
Several facilities were identified during site visits as appearing dirty, unkempt or in need of repair. Facility responses to these observations most often included that the facility had passed it's most recent health inspection. Although not specifically asked, many facilities indicated that they receive regular inspections by the local and/or state health department. When NICRP contacted the State Health Department to collect information regarding these inspections, we were informed that the department did not have any information regarding inspections and that health inspections are usually limited to food preparation and service areas. When NICRP made multiple requests for the Department to identify when and if inspections had been completed at the facilities included in this study, we did not receive a response. Therefore, NICRP is unable to report on conducted inspections, what those inspections entail and what the results of those inspections have been. Several facilities also indicated that inspections were conducted by local health departments. NICRP did not attempt to contact all local health departments for facility specific information. NICRP recommends that annual health inspections should be included as a general requirement for all "Youth Residential Care Facilities" and that inspections include all areas of the facility where youth are allowed.

I-C: *All direct care staff should be required to complete a specified number of hours of initial training, as well as a specified number of hours annually.*
Many of the facilities indicated that staff received both initial and annual training on topics specific to their duties and functions. However, not all facilities included provisions for training. Although NICRP did not specifically look at training issues as a component of this study, training is recognized as an important factor in effectively working with youth. The state recognition of the importance of continual training for employees working with youth is evident in the continuing education requirements and/or training hours for teachers and child care workers. NICRP recommends that staff at "Youth Residential Care Facilities" also be required to participate in a specified number of training hours each year which are approved and regulated by the appropriate licensing entity of the facility.

I-D: *All "youth residential care facilities" should have in place written policies and procedures, which meet specified minimum requirements and which comply with all applicable federal, state and local laws and regulations.*

All of the facilities included in this study provided NICRP with some type of written documents related to rules and/or policies and procedures to be followed at the facility. However, these written documents varied significantly in scope and detail. In an effort to provide the most effective programs and services for children, youth and families, it is essential that all "youth residential care facilities" develop and implement written policies and procedures which support the mission and goals of the individual facility and which are responsive to all relevant federal, state and local laws, regulations and ordinances. The required elements provided in this recommendation were derived from the standards utilized for this study from the Child Welfare League of America, the Silver State Juvenile Detention Association, and the National Center on Institutions and Alternatives, as well as insight gained from interviews, site visits, complaints and the Nevada Revised Statutes and Administrative Code. Below are some selected references to issues identified during the course of this study which provided insight for this recommendation.

- Interviews with youth in one correctional facility indicated that staff and administration treat homosexual youth differently. Examples of differential treatment included derogatory statements and/or references made by staff and other youth as well as allegations that a gay youth was kicked off a sports team because of his sexual preference. Therefore, NICRP recommends that "sexual orientation" and "gender" should be included in all facilities' anti-discrimination/equal access policies.
- During interviews, some staff expressed concern over administering medication without the appropriate training in detention and corrections facilities. Additionally, errors in the administration of medication have been reported in multiple facilities. Therefore, NICRP is recommending that only by medically trained and qualified staff should be permitted to administer medication and that appropriate measures are taken to ensure that medication is being dispensed to the correct individual, at the proper times and in the correct quantity/dose.
- Interviews, complaints and observations during site visits have revealed that many facilities are utilizing behavioral control techniques which may be considered inappropriate or antiquated including: bench and squat thrusts; verbal abuse, ridicule, humiliation, shaming or sarcasm; punishing of group for actions of one or a select few (identified as positive peer culture techniques); and chemical restraints (PRNs used in all hospitals, as prescribed by a physician).
- Complaints from facilities came in all different formats and the complaint process itself differed greatly by facility. Documentation was often missing or limited for responses and when provided, often referenced that something would happen ("will talk to staff") rather than describing what actually happened as a result of the complaint.

II. Establish a statute(s) and/or regulation(s) which provide oversight for youth residential care facilities by an outside agency which is not under an agency, department or division which administers, runs, funds or otherwise oversees any youth residential care facility.

A. The oversight agency functions should include, but may not be limited to:
    1. Receiving, reviewing and following up on complaints made against any of the facilities or staff of those facilities;
    2. Coordinating investigations of complaints as warranted by circumstances of the complaint and/or facility response;
    3. Period review of policies and procedures to ensure compliance with federal, state and local laws, regulations and ordinances;
    4. Conducting site visits, at least biannually of all facilities, which will include interviews, surveys and/or conversations with administration, staff and residents to gauge progress, compliance and satisfaction with all components of the facility;
    5. Collecting and analyzing data from facilities related to demographics, assessments, treatment and programs;
    6. Collect and analyze all incident reports from facilities involving use of force, physical restraint, accident, injury, medication errors and other incidents involving harm, threat of harm or potential for harm to residents;
    7. Conducts studies on various issues related to these facilities as directed by the Legislature.

B. The oversight agency should report activities and findings directly to the Nevada State Legislature, the Legislative Counsel Bureau or a delegated Legislative Committee on a regular basis and provide comprehensive annual reports.

Discussion of Recommendation II:

While this study has identified many aspects of various facilities which are representative of standards that facilities should strive to achieve, this study has also brought to light several areas of deficiencies which facilities should, and have, made efforts to improve. Although many staff and administrators at the participating facilities have demonstrated a desire to develop and implement programs and services which facilitate the effective rehabilitation, treatment and/or welfare of their residents, oversight from an outside agency is often necessary to enhance the ability of the facility to effectuate necessary changes and promote the interests of affected youth. Interviews with correctional facility administration revealed that some felt that oversight was very important to create a proactive, progressive environment for youth in these facilities and that oversight provides the motivation for facilities to create solutions to problems immediately rather than wait for a crisis. Therefore NICRP is recommending that the State implement strategies to have continued oversight of "youth residential care facilities" in an effort to protect and promote the interests of residents while assisting facilities in implementing safe and effective policies, procedures and practices.

III. Support additional research to aid in the development of evidence-based approaches and practices for youth residential care facilities. Suggested areas of further study include:

A. Medication policies and practices – including administration, storage, security, proper dosage, staff training, medication errors, and prescription practices at applicable facilities.
    1. Identify and analyze the frequency and type of errors that are occurring. Identify trends related to policies and procedures, including staff training.
    2. Practices for administering psychotropic medications, behavioral modification medications and mood stabilizers.

B. Placement of and services provided/available to youth with mental health needs within the juvenile justice system.
    1. Identify frequency of youth in juvenile justice system with mental health needs using data from mandatory screening tools and identify trends based on social, familial and juvenile justice histories.
    2. Collect and analyze data regarding the services and treatments available to these youth, including how placement decisions are made and factors that contribute to those decisions.
    3. Analyze recidivism trends for youthful offenders with mental health needs who are participating in various programs as compared to those youth who are not.

C. The provision of rehabilitative programs and services in youth residential care facilities and aftercare.
    1. Identify and analyze the programs that are being offered at facilities and evaluate the effectiveness of programs in different types of facilities.
    2. Cost analysis of providing properly implemented, evidence-based programming.

D. Workforce study of administrative and direct care staff in youth residential facilities.
    1. Staff training and education – identify and analyze the content, purpose and frequency of staff training and education, specifically training related to staff and youth interactions.
    2. Employment and retention requirements for administration and direct care staff, full and part time.
    3. Turnover rates, availability of staff resources (especially in rural areas), and needs of the workforce.

E. Juvenile sex offender study to identify best practices for treatment and rehabilitation.
    1. Demographic and social histories of juvenile sex offenders to identify risk factors.
    2. Placement of juvenile sex offenders in correction versus treatment facilities.
    3. Provision of treatment and services to rehabilitate youth.

F. Disproportionate minority confinement in juvenile justice facilities.
    1. Collect and analyze data regarding minority youth in detention and correction facilities.
    2. Analysis of offenses, detainment, adjudication, placement, length of stay, and recidivism.

G. Restraint and use of force in youth residential care facilities.
    1. Collect and analyze incident reports from all facilities which involve restraint and the use of force.
    2. Analyze trends in youth behavior, programming, and staff training in relation to incidents.
    3. Identify best practices to reduce incidents of restraint and use of force in these facilities.

H. Administration and oversight of child welfare emergency shelter facilities.
    1. Analyze administrative structure of facilities including oversight, licensing, programming, length of stay, staffing requirements, staff training and provision of treatment/therapy to youth.
    2. Identify best practices for administration of child welfare facilities to minimize disruption of children's lives, provide transitional services, and work collaboratively with social service agencies to provide needed treatment and therapy to children and families.

Discussion of Recommendation III:

The current study provided a very broad overview of the issues related to the health, safety, welfare, treatment and rights of youth in the participating facilities. Due to the time constraints and the broad scope of this study, NICRP is recommending that additional research and/or studies be conducted to provide further insight into several areas that were identified by NICRP through interviews, site visits, complaints, and summary analysis. Several facilities identified the need and encouraged the recommendation for more research to inform practice and enhance the ability of the State and individual facilities to identify areas of deficiency and strength.

IV. Open more State funded mental health beds for youth in Nevada to eliminate waiting lists at current facilities and avoid improper placements at other facilities.

- Create temporary mental health care facilities for youth involved with the juvenile justice system with mental health needs while they are waiting to get into a treatment facility.
- Particular need for additional mental health services in Southern Nevada where current facilities do not have enough beds to accept youth and detention facilities are holding youth, who should be in treatment, until a bed becomes available.
- Ensure that youth with mental health needs are being provided with timely and appropriate services for their individual needs.

Discussion of Recommendation IV:

This study has documented the need for more mental health beds for youth in Nevada. While this is not an issue exclusive to youth, many youth are being housed inappropriately in some juvenile detention, corrections and substance abuse treatment facilities because of a lack of mental health treatment beds for youth. Mental health staff in correctional and substance abuse facilities have stated that when youth are determined to be inappropriate for their facility they are immediately referred to a mental health facility, however many times there are no beds available and the youth is placed on a waiting list. While on the waiting list the youth remains in the inappropriate facility which is a disservice to the youth who is now merely being "housed" somewhere and often times can disrupt the treatment and/or rehabilitation of other youth in the facility. Additionally, staff in these facilities are often not equipped and/or qualified to deal with the needs of youth with mental health problems.

OTHER RECOMMENDATIONS:

Corrections Administrator Recommendations

- Create more mid-level county camps for placement
- Create more community based outpatient programs for youth to keep them out of residential care
- Provide more resources in terms of funding to allow for more mental health staff
- Improve aftercare services for youth released from the facility
- Work to decrease commitments so that facility programming is not rushed
- Develop more mid-level placements for girls in the juvenile justice system

Detention Administrator Recommendations

- One recommendation that administrators had was that academic credits earned in detention should be more easily transferable to a student's full-time record to facilitate graduation and academic achievement.
- One administrator stated that he would like to see more efforts in Nevada for community supervision instead of detention.
- One administrator recommended expanding services at the county camp level for girls and expanding the number of state placements for both boys and girls to reduce the time kids spend waiting in detention doing "dead time" while they wait for a bed to open up at the facility to which they've been sentenced. Another administrator commented on the dangers of these youth remaining in detention, because "*they create havoc, they're dangerous, they know its dead time, it doesn't matter, they have nothing to lose*". An outcropping of these discussions was the suggestion that there be a State assessment center where kids can go to complete comprehensive assessments needed before they can be transferred to state institutions.
- One administrator stressed the need for bilingual probation officers and detention officers in the facilities.
- Another administrator reported that they have a "red book" or communication log which allows staff to communicate across shifts and over days, where "all the non-major stuff" is written.
- In discussing the hands-off policies that are becoming common in the detention centers, one administrator shared "*I think that kind of stuff, I think that's going the wrong way. I think kids need to know it's OK to touch appropriately*".
- One administrator astutely shared that he doesn't "*think the average person, or the average politician has any idea what kinda kids are going to detention, they think these are all bad kids who need to be punished and slapped, they don't realize these are kids that have issues ... They're just like your kids, they need emotional support, they need physical support, they need to be cared for, they need to feel that, they need to know their life is important*".

Treatment Facility Administrator Recommendations

- One administrator stated that (s)he was encouraged by this project because there are always opportunities to improve and would like to see more studies like this one to make reforms and improve the quality of care and services for youth in Nevada. Another indicated that it is crucial for children to get outpatient therapy once they leave a facility. This administrator also specifically recommended increased funding for more therapists and other individuals that can treat children and youth, the focus and funding has been on case management and this is ill advised when so many children still need basic treatment. Another administrator indicated that their biggest challenge is dealing with youth in state custody, *"I want to be candid about that. The challenges we face because there are few resources to discharge those kinds of kids to…having enough group homes, having enough foster homes that are appropriate for these kids, those are the challenges that we face."*

APPENDICES

A: Complaint Count by Facility and Year

B: 2006 Complaints and Responses by Facility Type and Category

C: Data Collection Tools

Appendix A: Past and Current Complaint Counts by Facility and Year

		Number of Past Complaints						Current (FWD)	Current (NICRP)	Unknown	TOTALS
ID #	**FACILITY NAME**	**2000**	**2001**	**2002**	**2003**	**2004**	**2005**	**2006**	**2006**		
1	Nevada Youth Training Center	0	0	0	48	99	90	32	4	2	275
2	Caliente Youth Center	0	0	0	0	248	310	231	6	5	800
3	Summit View Correctional Center	0	0	0	0	334	101	239	1	8	683
4	China Spring Youth Camp/ Aurora Pines (girls)	1	5	1	27	8	7	8	19	0	76
5	Spring Mountain Youth Camp	0	0	0	8	0	5	14	0	0	27
6	Western Nevada Regional Youth Center	0	1	0	4	0	12	0	0	4	21
7	Desert Willow Treatment Center	0	0	0	1	2	7	2	3	1	16
8	The Oasis Home										0
9	Child Haven	5	10	9	1	6	11	10	5	0	57
10	Adolescent Treatment Center	0	1	0	1	1	1	0	2	0	6
11	Palmer Home	0	0	0	0	0	1	0	0	0	1
12	Achievement Place West										0
13	Family Learning Center	0	2	1	1	1	1	0	0	0	6
14	Kids Kottage	9	8	1	11	23	16	5	0	0	73
15	Clark County Juvenile Detention	52	42	56	28	12	22	11	20	4	247
16	Carson City Juvenile Detention (Murphy B)	0	2	3	1	0	0	0	2	0	8
17	Douglas County Juvenile Detention (Stateline)	0	0	0	0	1	0	4	1	0	6
18	Elko County Juvenile Detention	0	0	1	0	0	0	0	1	2	4
19	Humboldt County Juvenile Detention (Leighton)	0	0	0	0	4	17	7	0	0	28
20	Mineral County Juvenile Detention (Don Goforth)										0
21	Washoe County Juvenile Detention (Wittenberg)	11	20	3	168	165	189	64	3	47	670
22	Rite Of Passage - Yerington	0	1	0	4	0	0	1	0	0	6
23	Sage Wind	0	0	0	0	0	0	1	0	0	1
24	West Hills	1	2	6	1	0	2	1	0	0	13
25	Willow Springs	0	0	0	0	0	0	0	6	0	6
26	Monte Vista	0	0	0	12	7	7	5	0	0	31
27	Spring Mountain Treatment Center	0	11	272	187	189	134	124	6	77	1000
28	Eagle Valley Children's Home	0	0	0	0	0	0	0	1	0	1
29	Rite of Passage - Minden	N/A - combined with Yerington						0	0	0	0
	ANNUAL TOTALS	79	105	353	503	1100	933	759	80	150	4062

APPENDIX B:

2006 COMPLAINT AND RESPONSE INDEX

Divided by Facility Type and Category

Correctional Facilities
Category: Health

Complaints	Responses
Youth was not allowed to wear his sweater, when other kids were allowed to.	You are permitted to wear coats and sweaters as long as you take off hoods indoors. He spoke to the staff about the issue.
Youth was told to take his sweatshirt off and feels he is being discriminated against.	Youth spoke to the staff and you are allowed to wear sweaters /coats without hoods indoors.
The staff is not regulating the shower, and therefore everyone was able to shower except for youth.	Staff is still learning about manipulators. The youth can assist staff by making them aware of con games.
Youth needed a few minutes to get her things together for a shower, and she said someone could go ahead of her, so she would not be wasting shower time. The staff said she could stay in her room for the night because she was wasting time.	Due to a high number of students, most activities have to be highly structured and follow a tight schedule. Youth's refusal to follow the schedule is why she lost the argument that one night. She did have a shower that night.
Youth was told to take off his sweater.	Sweaters and coats are allowed in the hall. Hoods are not allowed.
A staff member made youth go to breakfast when he was sick and should be on bed rest.	Cottage senior addressed this issue with the entire cottage team. Juvenile scheduled to see the nurse on 4/26 and was prescribed an antibiotic.
A staff member would not give complainant gloves to handle the bio-bag.	Staff was reminded of the need to take proper precautions with bio-bags, bio-spills, etc.
Youth is having problems with a staff member and another youth in being allowed to wash her clothes. (incomplete complaint)	Will discuss with staff and have cottage senior train staff in team meeting to properly redirect youth when they are talking about others and not allow youth to keep making negative comments about others.
Youth is allergic to onions and needs to be on the list for allergies. He did not eat lunch or dinner that day because of onions, and he is not being given anything else to eat.	He is now on the list as to allergies and kitchen instructed to make alternate meals in this case. It is practice to have other meals prepared.
Youth is being denied Vaseline for his scalp.	As evidenced by loggings for 2 different staff, youth was giving Vaseline to other youth. Consequence was appropriate. Youth talked to nurse and it has been resolved.
Youth stated that she did not receive her medication (rash cream).	Staff followed procedure, since she refused medication 3 times. She is now on her medication again.
The snack given to youth was hard and old and made her vomit.	The staff will make sure all snacks are appropriate and edible.
Youth does not agree on the policy of maintaining a clean shaved face because it gives him ingrown hairs and razor burn.	The policy will remain unless it is deemed a medical issue.

Correctional Facilities
Category: Health

Complaints	Responses
Youth complained that he did not get lotion for his peeling skin.	Lotion will be provided when there is a medical need and ordered by the nurse.
Youth complained that a staff member would not give her a sweater even though she was cold.	The employee was told that sweaters or blankets are allowed when it is cold in the rooms.
Youth complained that she did not receive lunch.	There are always 3 meals included, but sometimes they are at different times because of activities.
Youth complained that she did not receive lunch.	There are always 3 meals included, but sometimes they are at different times because of activities.
Youth complained that staff would not allow him to shower.	The staff will allow the youth to shower unless behavior prohibits this.
Youth complained that she did not receive food.	The youth was given food in the dining hall and she threw it on the floor, so she had to return to the cottage.
Youth complained that she was having an anxiety attack and all of the staff just kept trying to talk about something else.	The staff was trying to calm youth down by talking about other things. She started cussing.
Youth complained that she should not have to be in his facility 24-7 and would like time outside.	A meeting with staff will discuss recreation activity.
Youth stated that staff would not provide youth with tooth medication despite nurses order.	Issue will be discussed with staff and nurses' orders will be posted in cottage.
Youth complained that she was not allowed to shower because a staff member refused twice.	Students will be allowed to shower according to policy unless security is an issue and youth was asleep during shower time.
Youth complained that the food was spoiled.	The snack was replaced and the kitchen has been made aware of the issue.
Youth complained that he does not get enough food.	The meals meet the federal guidelines and additional food was provided that day.
Youth complained that the washers do not work properly and could potentially cause a health concern.	The work order is completed and washers are working clothes come out clean.
Youth is upset because staff did not believe that he is on the allergy list for fish and so he did not get any dinner.	Youth is on the allergy list, so allergy list will be made available to cottages and kitchen to prevent this problem. Youth was given ramen noodles much later.
Youth is upset because staff did not believe that she was allergic to fish so she did not get any lunch.	Allergy lists were updated and staff was counseled.

Correctional Facilities
Category: Health

Complaints	Responses
Youth complained that he was not allowed to eat in the dining hall and did not receive enough food.	The work crew will be taken to the dining hall and food amount will be adjusted to prevent spoilage.
Youth was not allowed to go to the bathroom when he asked.	Cottage staff is instructed to allow youth the opportunity to use bathroom facilities as needed unless the youth's behavior would not allow it.
Youth has holes in her teeth and they are bleeding. Youth has requested to see a dentist, but has not been taken.	Nursing instructed to begin dental list and youth will be taken to dentist based on seriousness of need. To begin within the next 2 weeks. Nurse checked, youth was put on antibiotics.
Youth had a piece of rubber in her food tray.	Will make sure staff knows to allow youth a different tray of food when something like this happens. Will also inform kitchen staff.
Patient's teeth hurt a lot and she has repeatedly asked to go to the dentist, but she is continually denied trips to the dentist.	Will address nurses tomorrow about getting youth to the dentist.
Youth says she is "breaking out with genital warts" and has not been allowed to see the doctor in the 3 moths she has been there.	Situation was discussed with nursing. Doctor did not have anything to treat when he saw her a week ago and youth is on the list to see doctor next week.
Youth is upset because she told the staff member that she would not eat the lunch because she was allergic to egg yolk and staff thought she was just being difficult.	This would be taken care of between youth and the staff member.
Youth is upset because dinner was delayed at least 25 minutes.	Dinner time was changed for cottage to allow groups to return from their outing.
Youth is upset that he did not get enough food at lunch (2 chicken nuggets & apple sauce), and all other kids had 9 nuggets.	AHGS will address the matter with the cottage senior.
Youth feels like he is not getting enough to eat, the quantity is not enough, and he has to wait 4-5 hours between meals. Youth is always hungry.	AHGS explained federal guidelines on food consumption and calories.
Youth's teeth hurt badly and she has not been able to go to the dentist, while other youths have gone ahead of her.	AHGS talked with the nurse and she is first on the list.
Youth is being fed a liquid diet when he is on a soft food diet.	AHGS discussed with the nurse and they are going by doctor's orders.
Youth pressed his call button and needed attention but the staff pretended he could not hear them.	Youth was banging continuously on his door and demanding toilet paper, which he was informed on numerous times he must get before he goes down to his room.

Correctional Facilities
Category: Health

Complaints	Responses
Youth is being refused medical treatment and staff say it is a privilege to have medical treatment.	The youth became verbally abusive with the medical staff that was there to see him. Unless your (the youth's) condition is life threatening the staff member is in no way obligated to put up with someone who is being verbally abusive and resistant to medical treatment requests.
Youth did not receive a shower because he kicked the door earlier in the day.	The youth had been acting out for an extended period of time and was deemed too much of a security risk to come out for a shower.
The youth do not have a "proper" razor to shave with and would like a new razor in their unit.	The unit supervisor will inform him of his request. He will inform the youth of his decision.
Youth pressed his button for tissue because he was having a medical emergency (bad bloody nose) and the staff ignored him.	Youth will be discussing the incident with the unit's supervisor. Staff does need to answer the call buttons. The unit supervisor will talk about the situation with him.
Youth has been waiting 2 hours for his breakfast and the staff keeps taunting him to make him snap.	Youth was not ready for breakfast even after several warnings. He continued to make threats and refused to follow directives which became a security issue on opening your door. The superintendent agrees with the assistant superintendent.
Youth was injured and denied the right for medical attention.	Wrong date on grievance. The injury was not life threatening and appropriate medical attention is already in place.
Youth is complaining that his food is cold and there is no salt or pepper.	The child gets to the dining hall late and that is why is food is cold.
Youth is complaining that he does not receive enough food.	The food portions are according to guidelines and the kitchen manager will review the amount of food and portions.
Youth feels that he did not receive enough food.	The food portions are given according to federal guidelines.
The cook told the youth if they do not tell him who threw the tray in the kitchen he is going to "give us just a little bit of food."	The staff threatened to have them eat on the unit, not serve them less, due to inconsistent problems with the unit as a while in dining. The superintendent agrees.
Youth's room has been filled with water and he wants to mop his room and staff keeps putting him off.	The amount of the water in the room was minimal and could have easily been cleaned up using the towel the youth had in his room. The youth was inappropriately demanding of staff.
The kitchen was giving youth liquid food when he was on a soy food diet. The nurse refused to do anything about it.	The youth stated that he was not mad anymore and the HGS apologized for keeping him on the diet longer than was necessary.
Youth was removed from a non-dairy diet, but kitchen is still giving him soy milk. The staff is not giving him his bag of peanuts	Problem has been corrected. Was a miscommunication with order.

Correctional Facilities
Category: Health

Complaints	Responses
Youth was denied over the counter throat spray for sore throat.	Staff is on military leave and unable to respond to complaint. Grievant received throat spray the following morning.
Youth's comb was taken away and she was then refused a request for a grievance form.	She threw away "comb" because she had a hairpik. She is not supposed to have a hairpik. Staff will give her a comb.
Youth was hurt at the gym, and then wanted to go on the slip and slide. Youth was not allowed, then he asked to see the nurse and was told "no."	Youth saw the nurse a couple days later. Spoke to staff about using the nurse list. Staff notified nurse right after incident, and it took her a few days to get an air cast.
During the dayshift when staff goes on their break, they smoke and youth can smell cigarette smoke in her room all the time. She craves cigarettes because of this.	It is the policy and practice at the facility that staff must use designated smoking areas. All staff will be reminded of this policy. The training officer sent out an email to all staff to remind them of this rule.
The youth are being given expired milk.	The kitchen did receive some short dated milk, but the milk remains good after the "sell by" date on the package.
The staff did not offer youth meds because he had refused them on prior occasions. Youth wants his meds.	Meds had been refused for 3 days and per policy had been discontinued pending review with doctor. Nurse did talk with him and explained safety issues relative to inconsistencies in taking this med. Youth will see doctor on 07/28/06.
Youth was not allowed to wash his clothes and a staff member swore at him because it.	The youth needs to follow the scheduled laundry pick-ups if he wants to wear clean clothes. He was provided the chance the night before.
Youth is required to shave or he will receive a major rule violation, but the razors are dirty and a lot of people use them.	Management is looking to find a solution or a replacement for the shavers which do commonly break or get dull.
Youth does not have a bed, sheets, or blankets.	The youth had been expressing suicidal intentions that morning, and proper precautions were taken by removing the items the youth is grieving.
Youth asked staff for a pair of state pants because her pants were dirty. Another staff told her that was a personal problem and she needed to figure something else out.	Will make sure staff gets youth another pair of pants.
Youth was put on bed rest until seen by the doctor. Youth does not know why she is on bed rest.	There was a miscommunication between nursing and cottage staff. Will instruct both that this is to be relayed to youth and why they would be on bed rest.

Correctional Facilities
Category: Health

Complaints	Responses
Youth recently switched rooms and the new room smells like mildew and urine.	Will have staff find another room for youth until the room is taken care of. A work order to maintenance has been completed.
Youth is complaining that he has not been able to go to the gym for 2 weeks, since there are no basketballs.	Basketballs will be made available, and youth was instructed that recreation is not optional.
Youth complained that he was refused medication for not having his shirt on.	The child should have followed the staffs' request and the superintendent is looking into the matter.
The nurse will not set an appointment to allow complainant to get glasses.	Complainant not sent to the facility prior to receiving glasses. The glasses are in the possession of youth. Parole officer will be forwarded today.
Youth only has 4 pairs of socks, and has to wear dirty socks 3 days a week.	Youth received 4 new pairs of socks.

Correctional Facilities
Category: Welfare

Complaints	Response
Two juveniles acted badly causing the group to be stepped in their rooms for long periods of time. The youth requests to move the juveniles who acted inappropriately to another cottage.	One of the youth was moved to another cottage. However, youth acting out does impact programming for others. Staff try to lessen this impact as much as possible.
A staff member kept trying to restart complainant's 24 hour lockdown and was swearing at her.	Will discuss with staff to be mindful of the appropriateness of her language.
A staff member locks down the entire group for no reason.	Grievance unsubstantiated. Youth has been off program and creating problems for staff. Staff acted appropriately.
The staff is rude and disrespectful to the youth.	Grievance unsubstantiated. Staff has not been inappropriate. Juveniles have been attempting to keep staff at odds with each other.
A staff member is trying to give another youth this youth's pants.	Issue has been resolved. Staff issued some pants from state.
Youth feels unfairly treated by a staff member. Youth feels staff lied about her to another staff.	Will have extra training with cottage team on the appropriate ways of dealing with upset youth.
Youth was arguing with another girl and staff took youth to another cottage and put her in a stripped room.	Staff were appropriate in dealing with this situation.
The staff member put down youth repeatedly during group.	Will discuss with this staff to maintain professionalism at all times even when youth may be inappropriate.
A staff member let another youth drink the complainant's soda while the complainant was not in cottage.	Staff will be instructed to look into this situation and if the other youth has money the child is to be reimbursed. If not, perhaps the youth can work enough to pay for it.
Youth feels a staff member is trying to get him to fail out of the program by antagonizing him and punishing him. The staff member tries to get other kids to write statements about him.	Youth was moved to another cottage.
Youth feels that certain songs that were sung were inappropriate and racist.	Will instruct staff to be fair and impartial when letting youth sing songs. If this can not happen in appropriate ways, they should not be singing at all.
Staff called youth a retard.	Respondent spoke with staff, who admitted he was wrong. He was instructed to maintain professionalism at all times.
Staff insulted youth to another youth by saying if he hit his head it would knock because it is empty. When youth said he was offended, staff denied him a pencil so he could write a grievance.	Respondent spoke with staff, who admitted he was wrong. He was instructed to maintain professionalism at all times.

Correctional Facilities
Category: Welfare

Complaints	Response
Youth was called a "jack ass" by another staff member	Already talked to the staff involved regarding the "jackass" comment.
Youth is upset that staff kept him in his room when he was not misbehaving and did not tell him why.	Respondent will discuss with staff.
Staff denied youth the opportunity to clean his room when it was dirty.	Respondent will discuss with staff.
Youth complained that she was on tweezers punishment because she was unaware that she must check them out.	A plan was developed in order for her to earn this privilege back.
Youth complained that an employee of the facility would not allow her to use the restroom and the employee was talking about using drugs.	A meeting with the employee was made to use more professional behavior.
Youth complained that staff was cussing and giving out candy and food when it is not allowed. The staff member would not letting the youth out of their rooms.	A meeting with the staff was set to discuss professional behavior.
Youth complained that another youth stole his chair and cussed at him. When he told a staff member, it was not resolved.	A meeting with the youth to explain that the staff followed procedure.
Youth complained that the boys and girls do not receive the same treatment.	Youth are not to be in windows, but did not receive consequences.
Youth complained that she was punished for supposedly talking.	Youth was not punished.
Youth complained that she was punished for talking to staff.	The supervisor will discuss this with the staff member. The youth will not receive a consequence.
Youth complained that a staff member does not know how to do her job.	No action was taken.
Youth complained that a staff member unfairly punished her.	No punishment was given to the child.
Youth complained that a staff member threw her cravings in her face.	This will be discussed with staff on an individual basis.
Youth complained that a staff member stated that she will not be able to get her tweezers privileges back.	This will be discussed at team meeting.
Youth witnessed another child throw a tray of food at a staff member and the staff member cussed at youth.	Issue will be investigated refer to complaint F2-096.
The youth witnessed another child throw her tray and it hit a staff member, the staff member cussed at youth.	The issue will be investigated.
Youth complained that her teacher took a cigarette break.	The staff said the group was not ready, so staff dealt with other things.

Correctional Facilities
Category: Welfare

Complaints	Response
Youth complained that a staff member left for 10-15 minutes and was not searching youth like she was supposed to.	The staff said the group was not ready due to talking and horseplay, so they dealt with other things first.
Youth complained that a staff member went to smoke which caused the group to be late to school.	The staff said the group was not ready due to talking and horseplay, so they dealt with other things first.
The child complained that a staff member made the group late.	The staff said the group was not ready and the staff dealt with other things.
Youth complained that a staff member made the group late.	The staff member said the group was not ready, so they dealt with other matters.
Youth feels he is being unfairly punished for his past history.	The staff will be trained to prevent singling out of an individual.
Youth feels he was harshly punished for saying a word.	The staff will be trained to prevent singling out and will be advised that this youth feels he is singled out.
Youth is upset because staff keep telling him he is going to Elko, but he is not doing anything wrong.	Staff will be counseled on giving youth accurate information when questioned. The complainant is not scheduled to go to Elko.
She was threatened by another youth and told a staff member who then said to stop "tattle telling."	Will discuss with supervisor to address staff in the next team meeting about more appropriate ways of dealing with this type of issue.
Complainant was threatened by another youth and when she told staff, staff took the other girls' side. This is a pattern with this staff.	During the next team meeting, the supervisor will address staff about using more appropriate ways of redirecting youth.
Youth got into a fight and feels he was more severely punished than the other youth involved.	Admin discussed with youth about how staff give consequences for behavior as they see fit as long as there is no abuse or neglect.
Complainant was asked to "step in." When he asked to talk to staff, he was told "get in your room or I'll put your fat ass on the ground."	Will discuss with staff the inappropriateness of cursing at the youth for any reason.
Staff called youth a baby.	Staff was counseled in more appropriate ways to handle the situation.
Youth is being treated unfairly by a staff member. Youth feels disrespected by staff member.	Talked with cottage senior and he will work with the staff on being more patient when dealing with youth.
Youth feels like she was unfairly punished and that staff have favorites.	Will discuss with the cottage supervisor to make sure all youth are treated fairly. Sent email to staff member.
Youth got kicked out of school and put in a stripped room for no reason. Youth was not allowed a chair when she asked for one.	Will make sure youth are allowed chairs in rooms unless behavior dictates otherwise. Staff indicated that youth did not ask for chair.

Correctional Facilities
Category: Welfare

Complaints	Response
Staff would not let youth do his hygiene because of behavior and would not let him do it later after the behavior issue was done.	Discussed with staff and instructed that youth be allowed the opportunity to use hygiene unless behavior warrants otherwise.
Youth is upset because one staff member told her that their jeans were fine and another staff member told her they were too tight and took them away.	Cottage senior is aware of this issue and is taking steps to correct it through training.
Patient is angry that a staff member grabbed a peer and pushed her in her room, when all she was doing was asking to get water.	Supervisor said the situation is being addressed by administration and is taking steps to correct.
Someone stole youth's snacks, then youth asked staff to look for them and the staff refused.	Staff member will look into the situation.
Youth is upset a staff member is giving certain people (youths) gum and coffee, but not all youths.	They are currently working to connect the problem.
Youth is upset that certain staff members are rude and disrespectful towards her and give preferential treatment to some youths.	Issue has been addressed and steps are being taken to correct it.
Patient is upset that staff member told them to do two different things when there was a code 3 at dinner time.	The issue has been dealt with by the staff.
Youth is upset that a staff member was rude and treated the youth as if she was dumb.	The issue has been taken care of and have been counseled staff on subject.
Youth is upset that he was refused a request to get water.	No rights were violated because the youth had water earlier and was able to get more water later in the evening.
Youth is angry that he was accused of disobeying a staff member and fighting with another peer. However, the other person started the fight first.	Through investigation of the situation, it was clear that the incident did not happen like the youth said it did.
Youth is upset because a staff member put him down, screamed at him, and slammed youth into the wall.	Referred for investigation, abuse unsubstantiated, but inappropriate language was confirmed and appropriate actions were taken.
Youth is upset that staff member swore at him and called him bad names.	Referred for investigation and confirmed for inappropriate language, and appropriate action was taken.
Youth feels she unfairly received an unsatisfactory. Youth feels a staff member treats her unfairly and is trying to get her fired.	Complaint unsubstantiated. Youth was spoken to and was told he needs to work harder.
Another juvenile spit on youth's shirt and staff did nothing about it.	Staff did not witness the incident and was not being unfair.
Youth is upset he is losing points for being allowed to get water.	AHGS said "staff will make sure portions are even for all students."

Correctional Facilities
Category: Welfare

Complaints	Response
Staff is taking points from youth and making her angry when they lie to her just to make her lose points.	Youth talked with staff and resolved the issue.
Youth feels that staff member has been punishing her unfairly ever since youth called her a name.	Youth will discuss with cottage senior about changing case manager.
A staff member made youth stay in his/her room all day because of his/her status as a trainee, "which is not fair because all of her work is done."	AHGS will address the matter with a staff member to clarify proper procedures and make changes where necessary.
Everything youth does is interrupted by other youths talking and then this youth gets in trouble for others behavior.	Explained that staff sometimes have to send all students into rooms to maintain order and security.
Youth feels staff is always putting her down and purposely making youth angry by calling her names.	AHGS will address with staff and have extra training with the treatment team.
Youth is upset that staff members do not give her the points she deserves and they only take them away. She feels the staff does not want her to succeed.	AHGS will address points with staff members.
Youth feels that the rules within the program change depending on the staff member.	AHGS will address the issue with staff and have training with the team.
A group punishment was used for one individual's bad behavior.	AHGS explained staff can send all students to their room to maintain order and security.
Youth was sent to a stripped out room because staff thought he was talking and the other child was not punished.	AHGS will discuss with staff-youth did not receive an MRW for this.
Youth was restrained and hit in the face by a staff member.	Complaint was discussed with staff and youth admits to his actions in the situation.
Youth was supposed to be done with his punishment at 6:30 and the staff says 7:00 and that is youth's bedtime. Also, youth feels the staff member is racist.	Youth admits he knows he was wrong and the complaint will be referred to staff for training.
Youth was denied a request for a clean shirt and told if she wanted one she could get it out of the dirty laundry..	Will discuss with staff, and staff will ensure youths have cleans shirts to wear.
Staff member sent youth to her room and slammed the door in her face for asking a question.	AHGS will discuss with staff and youth will also discuss with staff.
Youth feels she is being picked on by a staff member because she gave her state pants to wear, instead of giving her old pants back.	AHGS said youth does not want to make this an issue any longer.

Correctional Facilities
Category: Welfare

Complaints	Response
A certain staff member always makes her feel bad, since she arrived on that unit.	Youth will discuss with the cottage senior.
A staff member pushed youth in the shins and she did not like the way it felt.	AHGS will discuss with staff and youth will discuss with staff.
Youth is being picked on by staff member and punished for minor offenses when others are not.	Youth said it was other staff members not listed. Supervisor to monitor situation.
Youth feels like the staff is ignoring him and his needs.	Staff is responsive to the child, however he is known for banging continuously when he does not get what he wants at first. Staff ignore him due to his lack of respect and his strong desire to argue with staff.
Youth was not talking and was unfairly punished by staying back from dinner.	Youth has been repeatedly talking in the dining room. Therefore, the minor violation stands.
Youth is not getting credit for doing PTs and not allowed to shower after them.	Youth is allowed to shower if he runs during his PTs. He recently had started running so can receive credit for his PTs and be allowed to shower afterwards.
Youth is not being responded to when asking to speak to a specific counselor.	The complaint was forwarded to the counselor's supervisor.
Another youth is bothering the complainant and he wants youth to be punished.	Youth must tell staff what the problem is so they are aware and can witness the actions. The other youth was recently moved to another unit which will solve some of the problem.
Youth is angry about being given a minor and feels it was unjustified.	Making the comment that youth reported is a minor rule violation and cannot be dismissed because complainant think that another youth got away with making a comment.
Youth is being verbally harassed by another child.	Youth will talk to the staff about the youth who is harassing him. He is doing a good job by keeping himself from fighting. He is denying his request to change the youth.
Youth feels like he is being continually harassed by another youth.	Youth will inform the supervisor of the unit about the youth that is harassing him. He is denying his proposed solution.

Correctional Facilities
Category: Welfare

Complaints	Response
Youth received a minor for horse play, but he was merely pulling a string out of a child's hair not horse playing.	Horseplay is usually considered a major rule violation, so the fact that the youth received a minor rule violation is in fact appropriate and showing that the staff member is using graduated sanctions to deal with the youth. Grievance denied.
Youth claims he does not deserve his punishment because he was not in the same vicinity as the person he supposedly punched.	If a youth makes physical contact, it is a major rule violation. The staff only issued an early bed time and wrote a minor rule violation. The superintendent agreed with the head group supervisor upon closer review.
Youth wants his major rule violation dropped to a minor rule violation for "showing his penis and slapping the butt' of another youth.	Youth's actions would be considered a crime in society and major rule violations already have an appeal process built into them if the youth feels they are unfair.
Youth feels he is unfairly treated by a staff member. The staff member constantly makes fun of him and treats him worse than other youth.	The assistant superintendent is looking into the situation and he will get an answer back to the youth as soon as all of the facts are gathered.
Youth was given an EBT for something that occurred 2 days before and EBT are only allowed within 24 hours. Another staff said fine I'll give you an EBT for talking in line.	Youth is going to have the unit supervisor check into the problem and will have him arrange a meeting for staff, youth, and himself to talk about the problem.
Youth keeps receiving punishments for no reason.	Youth does have the right to be treated fairly. The youth is continually refusing directions while in the day room, on walks, or in the dining room.
Youth's group was put down for the night early even though they were behaving, and other groups were able to stay up.	The head supervisor gave an order to keep all students in their room until showers were done. It started as a security issue and they had to do showers which took longer than it was supposed to in order to resolve the problem. They will look for better solutions.
Youth's group was locked down for no reason and the group that was misbehaving was not.	An order came from the head supervisor to keep all students in their rooms until showers are done for security reasons.
The whole campus was supposed to be on lockdown but another unit was allowed out at the time, which is not fair to others.	The situation started as a security issue and they had to do showers which took longer than it was supposed to in order to resolve the problem.
Youth received a punishment for something that occurred 13 days earlier when the staff are only allowed to punish youths for something that happened 7 days before.	He is sending youth an appeals forum because he must use the disciplinary appeal process.

Correctional Facilities
Category: Welfare

Complaints	Response
Youth wants to move units because the youths in his unit keep trying to get him in trouble and bring his self-esteem down.	Being moved to another unit is a treatment team decision, youth needs to fill out a request form and turn it in to his mental health counselor.
Youth is tired of being harassed by his peers.	There has not been enough evidence of youth's peers "smacking" him, but if youth would give them more detailed situation of the incidents they could investigate the problem with probably better results. He has not turned in a request for transfer yet the assistant superintendent want to turn in the request.
Youth felt unfairly punished for horseplay.	Written discipline is not grievable. If youth feels that the minor rule violation was an error, the youth can request a hearing from the assistant superintendent.
Youth was given an EBT unfairly.	Need more information. Redo the grievance and provide more details and information.
A teacher makes smart remarks and swears.	Will have head group supervisor check into this matter.
Youth received unfair rule violation for sagging pants.	Will take into consideration that pants may be too big. Will reduce discipline to an informational after youth have staff refit him for pants that stay up.
Youth was unfairly given a minor rule violation. Youth requesting it to be changed to an informational.	Request denied. Rule violations are not grievable offenses.
Youth was left in his room, did not get a spoon with his breakfast, and was not on confinement.	Kitchen was running short on spoons that day.
Youth was left in room for dinner and does not know why. Youth tried to ask staff for dinner, but was waved off.	No action taken. Grievance was not signed and grievant did not propose a solution to the problem.
Youth was unfairly kicked out of class.	Grievance denied.
Staff gave youth an EBT and told him it would be removed if he stated that Chinese were the greatest race. If the staff gave a write up, complainant would like to challenge it.	Supervisor will talk to unit staff. Will check with supervisor to see if there was a written minor rule violation.
Youth is confined to eating in his room and not allowed to go to the dining hall because he will not cut his hair. Youth feels this is a violation of his religious and cultural beliefs.	He has not complied with keeping his hair clean and groomed. The nurse has the authority to restrict him from the dining hall if she feels it is a safety issue. If a religion or heritage prohibits him from cutting his hair, he must present proof.

Correctional Facilities
Category: Welfare

Complaints	Response
Youth was punished unfairly for an incident that occurred when the staff member who wrote him up was not on shift.	Due to his continuous dining room violations, he can be written up for a major rule violation. Staff was being more than fair in writing him up for a minor rule violation.
Youth complained that his hygiene items are getting stolen and he received punishment for putting these items in his room.	Youth can not keep hygiene items in his room and he should make a list of things stolen and give it to the unit supervisor.
Youth complained that a staff member cussed at him.	A unit supervisor will speak with the staff.
Youth complains that a staff member cusses at him and then punishes him when he expresses himself.	A unit manager will talk to staff. Youth can discuss his punishment with the disciplinary review hearing.
Youth was unfairly punished. Youth requested removal of minor rule violation off of his record and restore level.	Request denied. Suggests youth work on anger prevention skill.
Youth complained that he does not receive a spoon when he is on confinement.	Finger foods are often given when youth is on confinement, so a spoon is not necessary.
Youth would like to appeal his punishment.	The violations stand because he continues to have problems in the dining room, and did not fully complete the grievance.
Youth complained that the AC is not turned on and it's hot.	The administration is aware that the AC is broken and maintenance is working on the problem. Follow up: Maintenance reports that the AC is fixed.
Youth is complaining that it is hot in his room.	Maintenance is working on the AC problem and it is now fixed.
Youth is complaining that it is hot.	Maintenance is working on the AC problem and it is not fixed.
Youth is complaining that a staff member cusses and he gets punished for cussing.	The supervisor will investigate this issue.
Youth complains that staff will watch TV and is cheating the youth out of youth's time out of his/her room.	The superintendent is looking into the situation.
Complainant feels he unfairly received punishment when another youth hit him and he "just walked away."	The punishment stands because staff witnessed pushing from both sides.
Youth is complaining that he is getting punished for keeping his hygiene items in his room, since it is getting stolen in the bathroom.	Youth cannot keep it in his room because of his level and records do not show any of his things being stolen.
Youth complained that he was unfairly punished because the MRV was filed more than 3 days after the incident which is a violation of policy.	More evidence is necessary and no minor report has been completed upon investigation by administration.
Youth feels he was unfairly punished even though he did not participate in the fight.	Youth must share his case with the disciplinary review and he was punished for using gang slurs.

Correctional Facilities
Category: Welfare

Complaints	Response
Youth complained that he was pushed by a staff member and then staff refused to give the youth a grievance form.	Youth will not be able to switch classrooms, but it will be discussed with the principal and staff who would not give the child a grievance form.
Youth felt that a staff member was being unreasonable by not allowing him to explain himself.	Administration feels his attitude is negative and if he explains why then he can get better results.
Youth feels that the staff will not listen to his problems and that they do not care about his concerns.	Did not provide enough info to get a resolution.
Youth complained that the staff manipulated the policy by only putting them down for 59 minutes to avoid doing paperwork.	The punishment was appropriate and staff still complete reports and unit logs.
Youth feels that he was unfairly punished and the staff member always tries to intimidate him.	The punishment was reduced and a discussion will take place between the staff member and his supervisor.
Youth complained that a staff member was verbally abusing other youth.	The situation has been addressed with staff and both youth involved.
Youth feels that he was unfairly punished by a staff member who discriminates against him.	The punishment was reduced and the staff member has been informed to be professional.
Youth complained that a staff member was being verbally abusive to several youth.	The situation has been addressed with staff and youth involved.
Youth complained that a staff member was being verbally abusive toward youth.	The situation has been addressed with staff and youth involved.
Youth felt that a staff member inappropriately searched him and made a derogatory comment to him.	A meeting will be set with the staff member, youth, and supervisor.
Youth felt that a staff member made several disrespectful comments to him.	A meeting will be set up with staff member, youth, and supervisor.
Youth felt he was unfairly punished.	The case can be discussed with the disciplinary review hearing.
Youth complained that he received a confinement tray during room confinement.	Procedure was followed. Youth received dinner according to policy.
Youth feels he was unfairly punished for the actions of another youth.	The situation is being checked and punishments are put on hold pending investigation.
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Correctional Facilities
Category: Welfare

Complaints	Response
Youth feels he was unfairly punished for the actions of another youth.	The situation is being checked and punishments are put on hold pending investigation.
Youth feels that he was unfairly punished.	The punishment was reduced.
Youth felt he was unfairly punished.	The punishment has been reduced.
Youth forgot his radio outside his room and it was stolen, then when he asked staff about it they gave him a minor and told him it would not replaced.	The punishment was reduced and he was given radio restriction for 1 month.
Youth feels he was unfairly punished because he did not keep the eraser. The youth put the eraser on the teacher's desk.	The punishment stands, since the youth violated a rule and should have given the eraser directly to the teacher.
Youth felt he was unfairly punished.	Proper punishment was given.
Youth feels he was unfairly punished by staff for a problem with the group.	The situation is being checked into further and punishment is pending during the investigation.
Youth felt he was unfairly punished for the actions of a few peers.	The situation was being checked into further and punishment is on hold pending investigation.
Youth feels he was unfairly punished for the actions of other peers.	The situation is being checked into and punishments are on hold pending further investigation.
Youth feels he received an early bed time for something he did not do.	Admin will look into problems in the dining hall and staff should notify youth when they receive an early bed time. However, it seems the early bedtime was warranted in this situation.
Youth states that staff uses inappropriate language, but when youth uses the same language he is punished. Youth feels this is not right.	Staff did not use inappropriate language. The youth is expected to use appropriate language.
Youth was trying to help another youth and received a IR for talking in line.	Youth was advised to choose a better time to counsel a peer.
Staff member used inappropriate language, refused him a grievance form, and retaliated against him with an early bed time.	The situation was rectified by a supervisor. Appropriate measures were taken to ensure that this does not occur again in terms of cursing. Other allegations were unfounded.
Youth was woken up at 6AM on a non school day for PT, when they do not have to do PT on non school days. He thinks the staff woke the youth up because he was mad about grievances.	Staff are supposed to be doing physical training with youth on non school days to promote a healthy lifestyle.

Correctional Facilities
Category: Welfare

Complaints	Response
Youth was punished for sharing food when he states that he was not sharing food.	The youth was directly observed by staff trying to trade food with another youth even though he is well aware of the consequences that will follow upon infractions in dining.
Youth feels he was punished unfairly because he was not talking in the dining hall.	Staff reported to seeing him talking in the dining room. It is also reported that he has been given a number of warnings in the past few weeks.
Youth felt that he received a minor rule violation for no reason other than staff decided to give him one.	It is not enough information to review the rule violation. Need more information.
Youth felt he unfairly received a minor rule violation and EBT.	Staff acted appropriately and are allowed to issue both a minor and EBT.
Youth was given a minor rule violation and he feels he was tricked into it by staff.	Resolved informally: After talking to the youth he said that the youth resolved the issue with the staff member and that a minor rule violation had not been issued.
A staff member lets the level 2s out with the level 4s which the youth finds to be unfair.	Youth resolved this issue informally. Staff allows the youth to come out as an incentive to clean up around the unit at night time, which he is allowed to do.
Youth was provoked and swore at by a staff member.	Youth stated he had resolved the issue between him and the staff member.
Youth received a minor rule violation for not having room clean, but did not have opportunity to clean room.	Youth was warned the night before and had opportunity to clean room.
Youth was given a minor rule violation for yelling out of the door to calm down another youth and wants violation dropped.	Staff will not reduce the violation because other staff and verbal statements say he was involved in the argument not just a bystander as he claims. Superintendent removed violation after reviewing incident.
Youth received a minor rule violation for yelling out door in response to other youth's mentioning his name during a conversation regarding gambling.	Complainant was arguing with another youth about money owed to him. The staff's account was similar to the statements given by youth. The minor will not be reduced.
Youth was punished for not cleaning his room, but he did not have enough time to clean it.	The youth was given a warning the day before. He has been in the program long enough to know his room is expected to be clean or consequences follow. The superintendent denied his grievance also.

Correctional Facilities
Category: Welfare

Complaints	Response
Youth Issued a minor rule violation for saying something under his breath, but it was not disrespectful and he should not have been punished.	The youth could provide no witnesses or evidence to support his claim that staff unfairly punished him.
The staff is taking their time when transporting youth, and the youths are missing out on their time for showers and recreation.	It could not be confirmed or denied that staff was doing it intentionally to stall. Issue will be sent to unit manager to monitor more closely.
Youth was given a major rule violation for kicking a door when he did not do it.	A major rule violation is not a grievable offense - MRVs have their own appeal process.
A staff member punished the youth unfairly for playing in the dining room.	A major rule violation is not a grievable offense - MRVs have their own appeal process
Many youths were arguing and most received minor violations. This complainant received a major rule violation and was therefore punished unfairly.	A major rule violation is not a grievable offense - MRVs have their own appeal process.
Youth has turned in a few grievances and has not heard back from any of them. Youth wants to talk to the superintendent.	Spoke with the unit manager. Will inform the superintendent that the child wants to speak with him.
Youth is not being treated fairly in attaining "levels."	With the leaving of a mental health counselor and a new one coming in, the review duties were changed and child will receive his levels on different days from others. Staff working on a solution to make the youth happy.
Two youths got EBT for arguing on basketball court, but they were just making calls. The youths tried to break up others from fighting.	Youth were counseled that staff has to protect safety of all and that youth should not use inappropriate language ("nigga") even if it is not meant in a derogatory way. Youth agreed with decision.
Youth was moved to a different unit for no reason at all.	Youth has done well at the facility, but that does not make him immune to having to change units when administration decides the move needs to take place for safety and security.
Youth was given a major rule violation for inappropriate sexual behavior, which the person who did it has already admitted to the incident.	A major rule violation is not a grievable offense - MRVs have their own appeal process.
Youth requests that minor rule violation dropped. Youth was given MRV for twisting hair and not taking it out when asked by staff to do so.	Request denied. Youth failed to follow staff directive.
Staff kicked him out of school for horse playing, gave him a minor rule violation, and caused him to lose his level 4. Youth requested level back.	Could not find evidence of the MRV in the youth's behavior log.

Correctional Facilities
Category: Welfare

Complaints	Response
The youth feels that he/she was unfairly given a major rule violation.	A major rule violation is not a grievable offense - MRVs have their own appeal process.
Youth was unfairly given a minor for shaking hands. Youth requests the minor to be dropped.	No rules against shaking hands. The minor rule violation will be dropped.
Mentor has not met with youth for 2 1/2 months and mentor uses foul language.	Complaint unfounded. Records reflect that staff member is meeting with youth. No evidence of foul language being used.
Staff keeps youth locked down in the rooms too long, when they should be allowed out. The youth believes staff are not doing their jobs.	Complaint unsubstantiated. Will have unit manager monitor situation to make sure staff are not inappropriately keeping youth down.
Staff refused to let youth have toothpaste and when youth asked for a grievance form staff refused.	Staff member was on lead and in the middle of a disturbance and could not provide the items. Youth was advised that forms could be kept in the rooms and copies are located in the dining room. Youth had already brushed teeth once this day "this would have been the second time."
Youth needs deodorant, but staff keeps saying "it's on order." Youth is starting to be made fun of because he smells.	Allegation could not be confirmed or denied. Supplies were replenished two weeks ago and deodorant was in stock.
Staff unfairly gave youth a minor and treats him disrespectfully.	No evidence that youth was given a minor.
Youth is being subjected to rude/harassing comments and letters from other juveniles.	Complaint substantiated. Peer interactions were addressed with camp residents.
Youth is receiving threatening and disrespectful comments made by staff.	Complaint substantiated on 2 counts. Staff was counseled on proper interaction with residents.
Youth complained that two staff members were making rude gestures about him and they took him off laundry duty.	Staff was questioned and they stated they did not make any rude remarks, but only non verbal body language. The child was not allowed to do laundry duty because he was negligent.
Youth was not responsible for throwing paper towels and should not be punished.	Youth witnesses interviewed said both boys were throwing items at each other. Both boys then lied about throwing things.
Youth's personal property was taken out of his locker, thrown on the floor, and some items were torn up.	There is no evidence or witnesses that can demonstrate any of the claims made by the child. Officer conducted a routine inspection, but did not tear up items.
Youth is claiming racial discrimination by a staff member who separates black youth but not Mexican youth and punishes the black youth as a group.	Complaint unsubstantiated. It is a camp wide practice to separate youth who congregate along ethnic lines, but will consult with staff member.

Correctional Facilities
Category: Welfare

Complaints	Response
A teacher yelled, used profanity, and slamming his hands on the desk.	Complaint substantiated. Teacher's behavior was inappropriate. Youth was also counseled in regard to his behavior in classroom. Teacher disciplined per CCSD policy.
Staff would not let youth use the restroom and the staff member also used profane language. The staff member crumbled up his paper and spit chewing tobacco on it.	Complaint unsubstantiated.
A staff member would not let youth go to the drinking fountain.	Complaint unsubstantiated; Youth should have gone to caseworker to discuss- "In the future, negative point consequences will be assigned to youth….if he fails to follow the correct procedures in the grievance process."
Youth unfairly received I.R. and point loss..	Complainant did not properly follow the grievance procedure by talking to his caseworker before filing a grievance.
Youth claims that staff does favoritism such as letting some kids go online, using the phone, and smoking. The staff member also acts inappropriately with youth.	Unsubstantiated. Youth upset b/c he was removed from program. Refer child to DCFS intervention specialist.
Youth has unfairly received IR for shaving his eyebrows. Staff alleged it was gang related behavior. Juvenile denies it was gang related.	Explained policy to complainant. IR will be removed with 2 weeks good behavior.
When youth was entering his room, a staff member pushed youth in his room and said "get the fuck in there."	The issue was informally resolved. The youth stated that he had resolved this issue between him and the staff member. The grievance was reported to child protective services.
Staff members were rude to youth.	Relief staff had to adjust to all cottages and the youths need to adjust. She stated they did not violate her rights, they just did not know all of the rules.
Staff sent youth to his room all day for no reason.	It was reported that the cottage was put down due to behaviors.
Youth was kept in his room all day and then he had to go outside and play volleyball in the sun even though he said he had a headache.	The youth were put down due to their behaviors.
Staff member showing differential treatment and making inappropriate statements to youth.	The staff will be instructed these things are inappropriate and if extra food is offered it must be offered to all. Name calling will not be used for any reason. Email sent to staff.

Correctional Facilities
Category: Welfare

Complaints	Response
Youth received a major rule violation for walking slowly back to the unit and feels it should only have been a minor.	Major rule violations are not grievable due to the appeal process already provided per policy in regard to receiving one. The superintendent agreed with the head group supervisor.
Youth was given a minor rule violation for having salt in his room. The nurse had prescribed salt (water) for his sore throat. He thought he was allowed to have it there.	Violation was taken off, but youth should have told staff about salt.
A staff member likes to tease youths about their points and if the youth tell him to stop, then he just takes away more points.	Youth stated he was angry at the time he wrote the grievance, and that he lied in the grievance.
Youth was talking to the teacher and some juvenile lashed out at him (youth) and youth who was just talking to the teacher got in trouble.	Student did not receive an IR he was instructed to calm down and stop disrupting the class, but he continued to argue and was sent out of class. Youth continued to argue and was sent out of class in failing to maintain himself.
Youth was made fun of by staff member who made inappropriate comments.	Staff admits he should not have used the phrase he did. Staff was counseled that if this continues further steps may need to take place.
The staff will not give youth an education even though his behavior warrants it.	Cottage staff need to coordinate with school for his housework until behavior warrants going back to school.
Youth was punished unfairly. Other youth were not given equivalent punishment.	Youth said he discussed the incident with the staff member and they will be addressing this issue in their next team meeting.
Youth had an anxiety attack and was allowed to leave her door open, but staff was playing music and talking loudly while she was trying to sleep.	The staff involved has been told to keep music on a low volume at night and also to keep the music appropriate cottage senior will also be notified.
Youth feels like a lot of people were punished for dirty rooms and while he went to school someone put stuff on his bed, which resulted in a violation.	Youth were told the day before to have their rooms in order to avoid a violation.
Youth lost his level because he received a minor rule violation for having slippers laying around.	All youth were warned that they would receive minor rule violations for not having their rooms in order.
Youth claims his room was not messy and he should not receive a minor rule violation.	All youths were told the day before to have their rooms in order or they would receive a minor rule violation.
A staff member was being disrespectful and gave the youth an early bedtime for writing grievances.	There is no evidence that the staff member denied the youth grievances.

Correctional Facilities
Category: Welfare

Complaints	Response
Youth claims his room was clean when he received a minor rule violation.	All youth were verbally told the day before room inspection that if they did not have their rooms clean they would receive a minor rule violation.
Youth feels like he is being treated unfairly in his current unit and he wants to be moved.	It has been determined by treatment team, and staff psychologist that the youth needs the extra programming that is available to him only on cottage 2. Youth will remain on the unit until otherwise determined.
Youth received a minor rule violation for having a messy room and a staff member said she could only see a dirty sink.	All youths were told they would receive a minor rule violation for not having their room clean. The superintendent dropped the violation because she realizes clean rooms are a matter of opinion and in the past, and she has never seen his room messy enough to warrant a violation.
Youth was kicked out of class for not doing work, but no one in the class was doing work.	It is a reasonable expectation that the youth complete work, while in the classroom setting the youth was not doing work and paying more attention to the lack of work that the others were doing.
Youth had a major rule violation and it was reduced, so he should have been able to go for his level. However, youth was told he could not.	Review was delayed due to counselor leaving and receiving a MRV not eligible for review until 8/10.
Youth made a noise and was give an early bed time as punishment, but youth did not think he deserved it.	The unit manager had given him prior warnings about making annoying sounds. He was given a EBT as a result of his behavior not being appropriate.
All the youth were making noises, but the complainant was the only one who got 2 EBTs and a minor.	Youth stated he had resolved this with the staff member himself.
The juvenile cussed at another juvenile and the staff thought he was cussing at the staff, so the staff cussed back.	Director and program manager met with staff involved, staff was told he needs to respond to proactive training techniques, and if he does not respond appropriately to training, he would jeopardize his employment.
Youth complained that he was not allowed enough time in the shower by an employee.	None attached
Youth feels that his punishment from his teacher is unfair and that the teacher favors other youth.	The teacher met with staff and will discuss a class change.

Correctional Facilities
Category: Welfare

Complaints	Response
A staff member verbally assaulted youth. The staff member made derogatory remarks about his weight, religion, and sexual orientation.	Youth needs to write witnesses names, so it can be properly investigated. The unit supervisor will talk to the unit staff. Youth should turn in a better detailed grievance report, so the superintendent can gain better facts.
Youth received a consequence for sleeping in late due to his medication.	Staff was instructed to discuss with nursing. If his medication causes this, then do not hold him to a consequence.
A staff member used a youth's lotion without permission from youth.	Will notify staff to never use personal items of youth.
Youth's room was striped out and youth is missing her work.	Notify cottage to make sure whenever a room is stripped out that all belongings stay together.
A staff member was arguing with youth and "threw her past in her face."	Will look into this further and collect statements from youth and staff. Further information to follow.
Youth is requesting a room/dorm change.	Will discuss this with cottage senior and assessment team. Youth will also talk with staff about moving groups.
A staff member said something to the grievant, while he was passing out trays.	Youth has discussed this with staff. It was a misunderstanding.
The staff told youth that if they are not dancing or singing they could step in for the day.	During discussion with staff, youth separated themselves from the group and were passing a note between them. When questioned by staff, the youth became defiant. Youth were asked to step in their room.
Youth wanted to make a phone call a day early. Youth was told no, and that she had to wait until tomorrow.	Youth received phone call the next day.
The staff is showing favoritism and calling the grievant by her last name rather than by her first name.	Will have cottage senior address this issue of staff treating youth unfairly.
A teacher made the following remark to youth: "there are enough black people in prison" and thinks that youth is carrying rocks.	Will discuss with staff to treat all youth with fairness and respect.
Youth had to do 2 hours of study hour, and he got sent back to the cottage for cussing and talking with another youth. The other youth only got sent back.	Will have cottage senior address staff on treating all students fairly and not singling out youth.
Youth had to step in her room for not singing or dancing when youth was writing songs on a piece of paper	Will discuss with staff that youth do not have to participate. Staff stated that youth was writing things in code and when asked to stop youth became defiant and aggressive.

Correctional Facilities
Category: Welfare

Complaints	Response
Youth was sent to his room for something that he did not do.	Will have cottage senior address this will the staff involved. Staff stated that youth did do this and then lied about it. This is the reason why he was sent to his room.
Youth wants to speak to his parents to let them know to get a lawyer because he is being denied a proper education.	Youth will talk to his parents on his next phone call home. Will also make sure school provides homework when his is confined to the cottage.
Youth complained that a staff member did not punish students for their behavior.	The staff will look into the situation.
Youth complained that he was unfairly punished by a staff member for not opening the door.	No action: Staff asked youth to open the door, which is a regular practice on unit and youth refused to do so.
Youth complained that a staff member is constantly punishing him unfairly for talking.	The supervisor will have a talk with the staff member youth complained about.
Youth claimed that a staff member threatened the patient with a punishment unless youth made a statement about the grievances against the staff member were false.	None attached
Youth felt he was unfairly punished for playing around with another child.	No action was taken, since major and minor violating are not solved with grievances..
Youth complained that he received unfair punishment for asking a question in church.	No action was taken, since the child threatened a staff member with a grievance and made racist remarks in church.
Youth complained that a staff member unfairly punished him for giggling and did not allow him to go to church.	No action, upon review the staff member gave the right punishment for this behavior.
Youth felt that he was unfairly punished for talking in the dining hall by a staff member.	No action, since many witnesses stated that the youth was talking.
Youth felt that he was unfairly punished for supposedly throwing a pencil at a staff member.	Denied, since rule violating are not solved with grievances.
Youth is complaining that he was unfairly punished for supposedly trading food.	The staff will keep the proposed punishment unless more evidence of the situation is given.
Youth thought the punishment was too harsh for tapping on the desk.	No action, since staff are allowed to punish at their discretion.
Youth complained that he did not have access to water jugs and he had to drink hot water from the fountain.	The jugs were removed because of misuse, and youth was told to make a request for the jugs to the treatment team.

Correctional Facilities
Category: Welfare

Complaints	Response
Youth is complaining that he has to go to bed at 8 PM and if it does not change then he wants to switch units.	Denied, if the child gains higher levels of progress then he can stay up later.
Youth felt that he was being harassed by staff members about his relationships with males in the past.	The superintendent will discuss this with the supervisor, so that this will not continue.
Youth asked a question about recreation time and the staff member stated that he would lock him in his room if he did not keep quiet.	No action, since staff member was allowed to take this action since he was short staffed, and needed to call another youth's parole officers.
Youth complained that his unit was on lockdown for a fight on another unit, which was not on lockdown.	The superintendent stated that the supervisor made the order and he will speak to him to understand the reason, then will provide that feedback to the complainant.
Youth complained that his unit was forced to go in earlier than another unit.	The complaint will be discussed with the supervisor that gave orders and findings will be reported to the youth.
Youth feels that he is constantly getting punished for no reason.	The superintendent found that the child does not follow directives, and he needs to show more evidence to prove his point.
Youth felt he was unfairly punished for banging on his cell door.	No action, the major rule violations are not solved with grievances.
Youth feels that he receives the same punishment for each review, and it is not fair.	No action, he must appeal to the superintendent. The superintendent agreed with the punishment.
Youth felt he was unfairly punished for not having his work.	No action taken, since the punishment was appropriate for the behavior.
Youth did not understand why his level was dropped.	Denied, the level drop was appropriate for the number of violations the youth has.
Youth felt he was unfairly punished for supposedly giving away food, which he claims he did not.	No action, since the violations are not grievable but the situation will be investigated.
Youth felt that he was unfairly punished for cussing.	Denied, his rights were not violated by receipt of the violation.
Youth feels that the staff is always against the youth and the staff does not help them.	No action, the staff must ensure the rules are followed.
Youth states that his teacher had hit him, throws coffee on him, and spraying him.	Addressed complaint with teacher and cautioned youth from using spray or coffee drips to get his students attention. Teacher assured from verbal warning that this would not occur in the future.

Correctional Facilities
Category: Welfare

Complaints	Response
Youth feels that he is being treated unfairly by staff within his cottage, and he wants to be sent to a different cottage.	They talked to staff about using proper language and will be bringing it up in their monthly meeting. Youth will also be sent to a different cottage upon release from "R & C."
Youth was yelled at and lost points for no reason.	Youth jailed that week due to an incident that occurred 3 days later in which he was restrained and placed in confinement for 2 days for AWOL talk/plans.
Youth was punished for not saying the Pledge of Allegiance and argued with staff about it.	Student was punished for his actions and not his belief. Student is instructed to stand during the pledge, remain quiet, and show respect. The student was talking during the pledge and distracting others.
Youth wants to change cottages because he feels like he's being harassed by a staff member.	Youth did not attempt to talk with the staff member prior to writing the grievance. He should talk to the staff member.
Youth feels he was harassed and made fun of by a staff member.	Counseling was offered to reassure the youth that he will be treated fairly and examine why he felt as he did.
Youth feels like he is being discriminated against because of how he used to act.	The child has switched cottages and is no longer having confrontations.
Youth feels he did not deserve punishment because he did not make gang related comments.	Youth admits he communicated with another group but says it was not gang related. Will change the report to reflect that.
Youth wants to talk to someone about concerns he has.	Youth wanted to discuss the refusal of the dorm change. Youth discussed the reasoning behind the refusal. Spent 20 minutes counseling the youth on appropriate behaviors.
Youth does not like the class he is in and would like to be removed. He requests this using threatening language.	They are monitoring the problem. Student forgot why he filed those grievances. The action taken will be immediate removal from the class. He is experiencing visual and auditory hallucinations and he may have a diagnosis of adolescent onset schizophrenia.
Youth is being verbally assaulted by a staff member.	Staff tried to talk with the child but the child said he "does not have time for this shit" and sent him back to class.
A staff member made rude remarks about youth to other children.	Statements could not be confirmed by the witnesses the youth provided. No further action will be taken.

Correctional Facilities
Category: Welfare

Complaints	Response
The staff member put youth on sports restriction, which will get him kicked off the football team.	Youth was placed on sports restriction for failing to participate in cottage PT due to an alleged knee injury. The doctor will determine youth injury and status on SR.
Youth was punished for horseplay, when he thought they were just playing around.	Student understands why action was taken.
Youth is upset that a group consequence was given for an individual's behavior. For example, the patients must go to the bathroom one at a time.	The action taken by staff was not a punishment but an attempt to refocus the group.
Youth feels he was unfairly punished by a staff member, and he felt like the pt's given to him were not fair.	Points were changed back to a normal amount because the action taken by the staff member was inappropriate.
Youth claims a staff member was in his locker, while he was in the shower. Youth believes the staff member planted something in his locker.	Could not prove, so at youth's request he is being moved out of the dorm.
Youth is upset because she was told to go to her room for no reason.	Students need to get permission to talk to other youth who are in their rooms. Youth was sent to her room due to defying staff directions. Her actions in her room were not appropriate.
One youth is mad because he has to go to his room for 3-4 hours at a time, while another youth acts out.	It is unfortunate that the youth has to step into his room while staff deals with youth that are out of control. However due to security issues that is a requirement.
Youth wants her hour out with her group.	Youth's special program has an hour in and an hour out. She was a little early in her program.
Everyday one youth is always misbehaving causing/resulting in punishments for all children.	It is unfortunate they have to be in their room while staff deals with the youth that is out of control- however due to security issues that is a requirement. Sending the child to another facility is not his decision
Youth was punished for yelling at a group member and the staff put in her room.	Youth's attitude and behavior is why she was sent to her room. Her aggressive behavior and behavior in the past is what justified the restraint. Her talking self-harm while in her room prompted the use of mechanical restraints.
Youth was told to take off his sweater. He was called a "jackass" and pushed around by a staff member.	Staff was talked to about the "jackass" remark. Sweaters and jackets are allowed in the dining hall, but hoods however need to be off. Staff received a verbal warning.

Correctional Facilities
Category: Welfare

Complaints	Response
A group member showed youth her "private part." Youth complained and was ignored by a staff member.	The youth worked it out with the staff member. The staff member was reacting to group behavior and not individual behavior.
Youth receives constant undeserved criticism from a staff member.	Will discuss with staff the importance of treating youth fairly and with respect. Email was sent to staff.
Youth feels she was not treated respectfully.	Will discuss with staff about using respectful tone when directing youth.
A staff member is always raising her voice with youth.	The charge was investigated and it seems the youth were slightly out of control and the staff did not act inappropriately. It has been addressed with the staff.
Youth feels like she is being treated unfairly by staff.	Investigation said that youths were acting out and staff was in no way inappropriate at the time.
A teacher insulted youth while in PE.	Will direct this issue to the school principal to address with the teacher.
A staff uses group punishment.	His group was put on strategy to help motivate them to work the program and work as a team.
A staff member disrespects youth all of the time.	Cottage senior will address this issue with staff mentioned.
A staff member flipped youth off.	Staff denied flipping off juvenile.
A staff member came to youth's room and started yelling at him. Youth wants to move to another cottage.	Will have cottage senior address staff on being more appropriate.
Youth was put in room for no reason.	Juvenile was sent to room for a time out. Juvenile does not agree with the action, but agrees her behavior was inappropriate.
A staff member unfairly stepped in youth's room for the day.	Staff can take this step when needed. Juvenile agrees that laughing was inappropriate.
Youth was put in her room for no reason and was not allowed any water.	Staff will be instructed to allow youth water at appropriate times. Youth were sent to their rooms for behavior.

Correctional Facilities
Category: Treatment

Complaints	Response
Youth feels he is not getting enough time with his doctor or counselor.	The complaint was forwarded to the superintendent and additional requests for services were forwarded to mental health staff.
Youth feels that he is not able to see enough of his counselor and psychiatrist, and he would rather talk to his Reno doctor.	Denied, since he has not used the resources available. A referral was made to the summit view psychologist, psychiatrist, and counselor for more sessions.
Youth can not graduate due to continual lockdowns. The staff lockdown the whole group for some people's actions.	Grievant resolved issue by discussing it with his staff.
Youth requests to change cottages because staff are grading him low so he cannot advance in the program.	Youth was moved to another cottage.
Youth is not allowed to go to school because a staff member unfairly accused him of being disrespectful.	Staff did hear a comment and since his door was open, thought it was him. Complainant did talk to the staff about it.
The staff is treating youth unfairly and kept complainant out of school for 3 days.	Will discuss with staff the need to be professional at all times and treat youth with respect. Cottage senior will be instructed to provide training.
Youth was denied a request for paper needed to do his homework.	Will instruct cottage staff that unless youth are acting out they should be allowed opportunity to complete homework.
The staff would not provide youth with Calamine lotion despite nurses orders.	No action - the child asked for lotion at inappropriate time, and received it later.
Youth complained that two group members were laughing and playing and she was stepped into her room.	Will be discussed with staff.
Youth complained that the staff allowed lower level youth out at the same time as the higher level youth.	This is staff's discretion.
Youth is complaining that some youth are moving up levels too easily.	Staff will bring it up in treatment team meeting and the superintendent will follow up.
Youth was unfairly given a minor rule violation causing him to lose level 4. Youth requests a discipline review hearing and reinstatement of level 4.	Request denied. Discipline was justified.
Youth is upset because he was not allowed to shower because staff said he had not done his laps because he walked the laps instead of running.	Administration informed the youth that "PTs" are now graded not in amount but by the effort that youth put into them and what you are capable of doing.
Youth complained that his laps were not counted, since he walked instead of ran.	Youth was informed that PTs are based on effort discuss with assistant head group supervisor.

Correctional Facilities
Category: Treatment

Complaints	Response
Youth does PTs every morning and does not get his levels.	The youth was not making his levels due to poor attitude with some staff. Behavior, attending groups, and working the individual treatment plan plays a role in achieving higher levels.

Correctional Facilities
Category: Safety

Complaints	Response
Youth wants help for a dorm change because he feels like he is being persecuted by peers and staff within that unit.	No dorm change at this time.
Youth complained that he was punished for supposedly threatening a staff member with a grievance. Youth also stated that the staff member makes sexual remarks to the youth as well as using other foul language.	The supervisor is making a change with the specific staff member and all other staff members in this group.
Youth complained that he was not allowed to wrap his wound for an hour.	The child did not want to go through with the grievance and staff made gloves, pants, and eye protection available to the campus improvement team to prevent future injuries
Youth made allegations that staff made sexually related comments to him and touched him inappropriately.	Child protective service was contacted and began an investigation. Staff was rejected from probationary employment.
A staff member slammed youth to the ground and she almost blacked out.	She agrees her behavior was inappropriate and the actions taken by staff were appropriate other than she was injured.
Youth states that gang threats were made by another juvenile.	Youth who made threat was previously threatened by complainant. Staff will investigate thoroughly before giving consequences.
The staff conducted an inappropriate put down without explanation.	Discussed 'put down' policy with complainant and that they can be done at staff's discretion.
Staff would not believe juvenile's claim that she was being threatened by another youth and called her a liar. Juvenile feels her safety is now threatened.	Staff from the other youth's cottage will address the behavior. Staff will also be instructed to look into situations carefully before accusing youth and to always maintain professionalism.
Youth wants to press charges on a staff member for physical restraint.	PRT was applied appropriately. Complainant cannot press charges. Superintendent will talk to staff regarding juvenile concerns.
A staff member pulled youth's hair.	Staff doing a pat down search at the time and accidentally pulled her hair. Will do training in their team meeting on pat down searches.
Youth complained that another child hit him and staff did nothing.	Staff will take steps to prevent any further action.
Youth feels she was restrained inappropriately.	The use of restraint was appropriate.
Youth feels like she was inappropriately and unfairly restrained.	According to IR and statements, youth's behavior and actions were out of control and staff took appropriate steps to protect her and state property.
Youth feels she was inappropriately restrained.	Staff took appropriate steps in response to the youth behaviors. The youth believes the staff did this on purpose to set her up.

Correctional Facilities
Category: Safety

Complaints	Response
Youth felt that a staff member's physical contact with another youth was inappropriate.	The youth states the action taken by the staff member was appropriate due to her behavior. When he picked her up there was nothing inappropriate and he did not grab her by her hair or her throat.
Youth was punished unfairly, and staff acted like he/she was going to hit youth.	Supervisor will advise the staff involved that there should never be punishment of this kind. Also the supervisor will investigate the matter to see if further actions are necessary.
Youth threatened to kill a youth if he did not give up his cake, and then tried to steal the cake.	The staff member will look into the matter and see if further action is needed.
Youth says a staff member planned the fight between the two youths.	Referred for investigation and unconfirmed per CPS investigation.
Youth says a staff member shoved one of his peers and cussed at another youth. Youth's whole group is aware the same staff member let two youths fight a few weeks ago.	Referred for investigation and confirmed for inappropriate language.
Another youth said he was going to sexually harm the complainant.	AHGS said staff will keep a close watch on this type of action.
Youth was jumped, kicked, and punched while walking around the track.	The two youth that he would like to have put in lock down and entitled to a disciplinary review hearing like all of the other youth.
Another juvenile keeps trying to fight youth.	Youth will inform the child's supervisor of the problem and he will have a talk with the youth.
Staff sexually abused juvenile during a strip search.	Grievance unsubstantiated. Grievant was not striped searched, but given a 'pat down'. Grievant asked not to abuse the grievance process and make false allegations. He has the option of filing a report outside this agency though superintendent would like more info on the incident.
Complainant heard staff say that if he saw complainant on the outs that he would kill him. Youth requesting to change units.	Request denied. Investigation revealed that no such comments were made in playing or seriousness (false accusation). Complainant asked to put an appropriate request in writing for review by psychologist.
Youth felt there was inappropriate touching.	Pending further investigation. Youth needs to disclose more information about the kind of touching that occurred.
The complainant complained that another youth was making sexual comments during a strip search and that the other youth was the only one who was not searched.	Youth was informed that different security measures are taken with different youth and staff had no knowledge of inappropriate comments made by another youth.

Correctional Facilities
Category: Safety

Complaints	Response
Staff threatened to hit complainant in the head with handcuffs.	Claim unsubstantiated.
Youth does not feel safe in his current unit, being threatened by other youth, and wants moved.	Youth's request was denied because he seems to only want to move to reside with friends in another unit. Would not name the people who threatened him or supply witness names.
Youth states that staff struck his chest then pulled his shirt to move him backwards.	Statements were taken and there is videotape of the incident that exonerates the staff member. Staff is observed putting out his arm to block youth.
Youth claims he was head-butted by a staff in line after school.	Facility called in Metro for an investigation. There is insufficient evidence for LVMPD abuse/neglect to proceed in this case.
Another youth keeps saying he wants sexual relations with complainant and to "meet him in the showers," which makes complainant really uncomfortable.	The allegation could be neither verified nor denied. Witnesses need to be named if they too heard the proposition, so that an investigation can be performed.
A teacher hit youth on the head with his fist and then hit his knuckles with a ruler.	Teacher was reprimanded and complainant was positively reinforced for using grievance process. Teacher's actions were not done maliciously, but did cross inappropriate boundaries
Grandmother said that while her grandchild was in CH, two other juveniles keep him in a room, and masturbated in front of him. Youth reported to staff at time, but staff did not believe him.	Reported to LVMPD about abuse and neglect.
When a staff member "PRTD" a youth the staff member pulled her hair while physically restraining the girl.	Staff took the step of pulling her head to prevent the youth from biting them any further. Use of force was in self-defense.
Youth felt that he was physically assaulted by a staff member for being on a different computer program.	The staff is allowed to take the necessary steps if youth is not following directions.
Youth claimed that he was jabbed in the head by the teacher for putting his head down because he had a headache.	No action, since the teacher tapped youth not jabbed. He was also told to make the teacher aware he has a headache in the future.
During dinner, two youth were trying to steal the grievant's food and were threatening the grievant.	Staff will address this issue with the group. Further action will be taken if it continues.

Correctional Facilities
Category: Civil and other rights

Complaints	Response
Youth has not received her desk call for 4 days, and a staff member refused to give her a grievance form.	Will have cottage senior instruct all A cottage staff on proper grievance procedure and that youth should not have to ask staff for a grievance unless due to behavior.
A staff member raises her voice all the time and says to talk to her before filing grievances.	Discussed with youth and staff extensively about the issue. Staff has been very direct and firm, but not inappropriate.
Youth feels that he/she is racially discriminated against by another juvenile using racial epithets against him.	Discussed the issue with complainant and informed him that the other juvenile is already on a special program for this type of behavior. Youth complimented for the way he handled it.
Youth feels that he/she does not get the same rights as other youths. Youth does not get out visits.	Due to violating of visitation and being from the local community, an administrative decision was made that visits would be on grounds and supervised.
The staff will not allow juvenile to write letters.	Will discuss with staff that youth have the right to have paper for letters.
Youth feels other staff members are frequently putting down African American youths.	Youth was given appropriate consequences due to her behavior.
Youth complained that her underwear is always missing.	No action, she must be responsible for her laundry.
Youth is upset because she has not been allowed to shave in a month.	Will discuss with cottage supervisor to find out more information, girls were allowed to shave yesterday.
A staff member told the child that her religion is not allowed.	It will be discussed that the religion of WICCA is acceptable.
Youth is complaining that she is missing socks.	Youth will get 2 pairs of socks.
He wants to have a private phone conversation with his mother, not monitored.	Staff is monitoring his phone calls at his mother's request. She asked on this date that staff listen to the entire conversation.
Youth is missing some of his snacks.	Cottage staff instructed to look into this matter and if possible have the guilty party pay for replacing the snacks.
Youth feels that her shoes were ruined in the wash.	Marks on the shoes are from normal wear and/or washing. She can be given a pair of state provided shoes but not a refund. The shoes are in very good condition. Facility will try to get grey polish if it is available.
Youth is upset because staff took and read his letter which was from an approved person.	Staff was advised not to scan mail from approved people unless there is a reason to suspect the youth is receiving unapproved mail.

Correctional Facilities
Category: Civil and other rights

Complaints	Response
Youth's mom called and he was not allowed to talk to her.	The staff involved will be advised of the students' right to receive communication from home.
Youth states that he was stepped into his room for telling staff he was going to write a grievance.	There are numerous logs on the attitude and behavior of the groups and is the reason they were sent into their rooms. Cottage seniors will work with staff to have more patience when working with youth.
Youth is angry that staff is refusing to give him a phone call until a later date.	AHGS explained youth was not allowed to make a phone call because of his bad behavior.
Youth is angry he was denied breakfast because of the fight with another youth..	Food should never be with held as a consequence and this issue has been addressed with staff.
Youth complained that a staff member would not allow youth use the restroom.	The staff was instructed to allow youth to use restroom as needed unless due to behavior.
Youth wants to participate in religious activities and has not been allowed to.	Youth had the right to go to church at any level. However, if he is having a behavioral problem it becomes a security issue. He will inform the unit supervisor that behavior warranted, all youth have the right to attend church.
Youth is not able to call his parents either because the pin number needs to be fixed or there is something wrong with the phones.	Youth will check with staff to see if the problem with the phones can be found. He must also check to see if his parents have not blocked the use of a blue phone system.
Staff refused to give youth his mailing list, so youth could write his family.	If the youth would like addresses of those approved to mail, he should talk to his mental health counselor and not a group supervisor.
Youth did not receive two green buttons up shirts with his name on them. He turned them into be washed but did not get them back in his bag.	Youth will forward the request for his shirts to the Assistant head group supervisor in charge of clothing.
Youth's "girl's number" was not put into the blue phone system.	Youth will personally make sure it is entered in the computer today 4/15/06.
Youth is missing a pair of socks and they have been missing for 2 weeks.	A staff member will get him some socks.
Youth would like to keep his hygiene items in his room, since they are getting stolen.	There are no items stolen and he can not keep these items in his room with his level.
Staff took complainant to the floor for no apparent reason, cuffed him, and gave him an MRV. Staff is supposed to give a verbal directive first before any physical contact.	Staff felt youth grabbed his hand. No action taken. MRVs not a grievable offense.

Correctional Facilities
Category: Civil and other rights

Complaints	Response
Youth held back from school because he had no clothes to wear.	The unit washes clothes 3 times a week. Continuing to wear dirty clothes will result in being held back from school for all youth's safety. Prior discussions about personal hygiene.
Youth is upset because the manual states that he can have access to the library, but currently there is no library.	Admin states that the library is being started and should be finished during the next school year.
Youth complained that his radio is missing.	It will be tracked down and if not a new radio will be issued.
Staff used group punishment, which is against the rules. The staff lied and said it was a new procedure, and then made smart remarks.	Staff should not do group punishment, however, in this situation more than one youth was involved so staff held the unit responsible. Will talk to staff about making unneeded comments.
Youths are being prejudice and discriminatory towards complainant. Youth thinks staff should give anyone who discriminates a major rule violation or a drop level to zero.	Youth will be moved to another unit to determine if his own behavior is creating the problem. Staff cannot be expected to give major rule violations or level drops of anyone who does not respect you. Appeal: can remain on unit per superintendent.
Youth feels discriminated against based on religion. Inappropriate statements by staff were made about youth's presumed religion.	Superintendent will provide youth with a bible.
Youth feels he is being denied his right to "large muscle exercise" and other physical exercise because he is on room confinement.	According to policy, youth may have to earn these privileges and exercise can be denied for some levels of confinement.
Youth complained that his clothes have not been returned from the laundry.	A unit supervisor will find clothing or issue new clothing.
Youth is requesting the facility to find a book that his mom brought in.	The book will be found by assistant head group supervisor, if not then he will be reimbursed.
Some youths threw trash in the kitchen and staff threatened to serve 1/2 meals.	The youth were not threatened with half-meals. They were told that they can eat on their unit until their behavior improves.
Youth claims that the pictures he tried to mail to his mom were removed from the envelope.	Additional postage was required for 2 oversized envelopes. Youth chose to pay for one and the contents of the other envelope was placed with his personal items.
Staff is saying the call to youth's PO counts as his monthly call. This is a violation of the rules and rights of the juveniles.	Complaint unfounded. Could not be confirmed or denied that staff was counting calls to the PO against him. Reminder was sent to staff about this right.
Youth felt that a staff member did not follow procedure when having youth sign and agree to situation he was punished for.	The child must present the case to the disciplinary review board if he does not agree with the actions of the staff.

Correctional Facilities
Category: Civil and other rights

Complaints	Response
Youth complained that a staff member refused to give him toilet paper.	The staff will be notified that toilet paper cannot be used as punishment or discipline.
Youth feels that he is not able to get enough sleep because the staff has not stopped noisy youth.	The complaint will be discussed with staff.
Youth is missing personal items that she came in with such as jewelry.	Will notify both girls' cottages to search cottages and all contraband for missing items. Youth will notify supervisor in one week if items are not found.
Youth is complaining because the staff plays music when he is trying to sleep.	The music will only be allowed in unit bubble and during wake hours.
Youth is complaining that he is missing two of his shirts.	The complaint was forwarded to the assistant head group supervisor in charge of clothing.
The grievant's mail being held and not given to youth.	Staff will be instructed to allow youth mail at appropriate times as program allows.
Youth was in the restroom for personal time and was rushed out because she was yelling.	Youth was directed several times to stop this behavior and step into her room.

Correctional Facilities
Category: Privileges

Complaints	Response
Staff does not acknowledge the privilege of additional calls earned through earned incentive program. This complaint was signed by 7 youths.	The grievance is substantiated. Youth asked to turn in request form for discussion at staff meeting due to problems with tracking and communication.
Two youths received chips, while the others did not for no particular reason.	Supervisor spoke to the staff and the matter has been corrected.
Youth was kicked out of a game for no reason.	Musical chairs has rules that need to be followed.
Youth received shoes in the mail and after he put them on he thought he might have a "fronting" problem. He gave them to a staff member and later they would not give his shoes back to him.	Youth discussed with his staff member and the issue has been resolved.
Youth wants to be able to shave his line and the back of his neck.	The issue was addressed ant they are allowed to line their hair as long as it is appropriate.
Youth complained that she got her hat taken away.	She wore her hat inside the cottage which is in violation of procedure, and it will be returned to her when she leaves.
The staff member would not allow youth to go to church because he had to do laundry.	The groups were told to wash their shirts earlier, but they did not.
Youth complained that he was not allowed to go to church for any apparent reason.	The groups were not allowed to attend church because they did not wash their shirts and they were misbehaving.
Youth is upset because he has not been allowed to go to storage to get his pictures.	Youth was not allowed to get pictures because he was manipulating to get his own way, but he will be taken to get his pictures today.
A staff member read his entire personal letter.	He talked with the child about it. He will review the mail policy with the staff.
Youth was not fed good food like everyone else.	Staff talked with child. The issue was the time dinner was served. He will speak with the staff regarding proper meal times.
Youth was not allowed to visit with the youth's mother when she came.	Youth's visits have been suspended due to the setbacks in her program they cause.
Youth is angry because he does not have any paper to write letters with.	Youth is not allowed to have paper and pencil because of his behavior.
Youth was not allowed to put his name on his socks and later someone stole two pairs of his socks.	The staff will look into the situation to find his socks.
Youth is upset because the kitchen staff gave them chocolates as a Christmas gift and she has not received them yet.	Staff will look into it to see if the gift is still in the cottage. Will give to youth if it is.

Correctional Facilities
Category: Privileges

Complaints	Response
The youth were supposed to have a free day but instead were locked down for the entire day. He feels the staff lied to him.	They had told the youth that he would have to remain in his room. That was done because an unforeseen shortage of staff.
Youth had an orange soda in his room and someone took it and put it in the "bubble fridge," but 1 day later one child asked for the soda and it was gone.	There was no record of a Fanta orange soda being purchased by the youth on 4/1/06 according to Canteen records.
Youth is not able to purchase anything else from the canteen because he has exceeded his limit. Youth says he has not exceeded his limit.	Youth exceeded his hygiene limit, not his canteen limit. He gets $3 for food and $4 for non food items.
Staff disregards earned incentives as a level 2.	Have spoken with youth unit supervisor and he assures the youth gets what they are entitled to for the level of performance.
Youth is complaining that he should have extra phone calls because it's unfair for youth who have to use the pay phones.	The youth must speak with his parents, so that they accept phone calls from pay phone.
Youth has made multiple requests for his pictures and still has not received them.	Pictures are a privilege not a right. Items must be requested before the 1st or 15th of every month if he would like them out of intake.
Youth needs more whites. He has "one pair of underwear, two t-shirts and one pair of socks"	Youth was issued all necessary clothing at intake. He should keep better track of his clothing but staff will replace them when they have time.
Youth was given a salad without dressing and asked for it. They told him it was already on the salad.	Youth needs to address missing food items to staff and not cook. Staff will see that youth gets any missing food.
Youth did not receive his cake at dinner.	Youth needs to inform staff immediately if they are missing food.
Youth puts his letters in the "bubble" and his parents have not received a letter from him in a long time.	The approved mail has to go through a process which takes extra time and it is also sent out as state mail which makes the time even longer.
Youth's mail is not being turned in to be delivered to his sick grandfather.	The youth realized the box in control that he thought was outgoing mail was actually returned mail.
The youth earned the privilege to stay out of their rooms until 9 PM, but the schedule brings them back from recreation at 7:30.	This is compliance with how the unit is to run showers. The superintendent reviewed the case and told him to present his solution to his student council representative.
Another unit gets more canteen money and youth thinks everyone should be treated equally.	The amount that is allowed to be spent is in fact skewed and could appear as preferential treatment to other residents who do not reside on that unit. It will be brought up to management to make the amount fair and consistent across all units.

Correctional Facilities
Category: Privileges

Complaints	Response
Staff member gave youth violation for making a call and lets other youth make phone calls. Youth thinks this staff member is a racist.	A major rule violation must be appealed by the process that is built into disciplinary hearings, if he feels he was treated unfairly.
Youth has been denied requests for his pin number to call his family.	The staff was reminded to assign the youth a pin number.
Youth have not entered his mother's phone number in the system yet.	The staff was reminded to add the number to the system.
Youth was on lockdown and took away privileges for no apparent reason.	The ability to come out and clean is a privilege and not a right, and they were not meeting the standards therefore it was at the staff's discretion to pick who cleans.
Another unit is getting more privileges than other units for no reason.	It will be suggested to administration that the same privileges be permitted for all residents.
Youth was supposed to receive his 10 minute phone call and was only allowed to talk for 30 seconds.	When staff verified with staff that was on duty during the incident, the staff told the youth that he will be given another phone call to make up for the time missed.

Correctional Facilities
Category: Other

Complaints	Response
A staff member took youth's wrist bands.	Policy only allows jewelry or bands that are religious in nature.
Youth is missing socks.	Cottage senior is aware of the child's missing things and they are looking into it and will take steps to prevent it happening in the future. The items will be replaced if not located.
Youth feels food is too spicy, and made it hard for her to breathe.	Talked with food service supervisor and they will make sure they double check the recipe to prevent this from happening in the future. It is suspected youth helping in the kitchen added spice, but they all deny this.
Something happened in the laundry room and youth has no clean clothes for the shower.	The situation has been resolved. Youth's clothing has been returned. He will talk with staff on how to handle situation like that more appropriately in the future.
Youth's lotion is missing.	AHGS will have staff search further and replace lotion if necessary.
During shift change, youth are kept in their rooms longer than they are supposed to be.	Sometimes staff have to leave youth in the rooms longer in order to brief each other on security issues or if the juveniles are out of control on the unit. Will talk to staff supervisor to ensure this practice is not abused.
Youth's mother's phone number still has not been programmed in the blue phones. Youth has waited over a month.	Issue was referred to appropriate staff to make the adjustment.
Youth submitted a request to get his personal items but the slip was not turned in.	It could not be proven that a staff member lied to him about getting his items out of personal belongings. The youth will be allowed to get his things out today.
Youth has filled out several grievance forms that have not been returned in the past.	Resolved informally: It was explained to the youth by the respondent that the reason for the grievance not being answered in a timely manner.
Youth is missing clothes his mother brought him.	Youth's clothes were found in the property room in a bag that was in the corner without a name on it. The items were logged into IMS under the youth's clothing list.
Youth is requesting that a certain staff member be put back on her cottage.	Administration can make staff assignment changes whenever deemed necessary and meet the needs of the facility. Staff assignments are never permanent.

Correctional Facilities
Category: Other

Complaints	Response
Youth is requesting that a certain staff member be put back on her cottage.	Administration can make staff assignment changes whenever deemed necessary and meet the needs of the facility. Staff assignments are never permanent.
Youth is requesting that a certain staff member be put back on her cottage.	Staff assignments are never permanent and administration can move staff whenever they deem it necessary.
Staff cut complainant's shower short as punishment for a behavioral incident reported earlier in the shift.	Complaint unsubstantiated.
Staff took away youth's radio for one month, and then said they lost it. Youth requests radio back or a replacement.	Complaint founded. The youth's radio will be replaced with a used radio.
Staff replaced youth's new radio with a used radio, and the dial changer popped off, the battery cover is broken, the batteries are low, and it's chipped. Youth requests a new radio or his own radio back.	Youth will be given a new radio.
Unknown, since grievance not attached.	Superintendent has not been able to locate radio. If it is not found by 8/24/06, the facility will replace it. Received property on 8/26.
Youth's grandmother brought him some things and the items are missing.	The property had not been properly checked in. The property was located and given to the youth while the rest of it was put back in his personals.
Youth has trouble behaving for a week at a time, and would like to be switched to a daily grading system.	Will prepare daily grad program to submit to board for their approval.
Youth would like to be placed on a daily grading system.	Will prepare daily grad form to submit to board for review for approval.
Youth wants to switch dorms because he gets along better with the kids in the other dorm.	The request will go to the incident review on March 22, 2006.
Youth wants a dorm change or some type of grading.	Daily grading will start Monday.
Youth feels staff should change to be more respectful of youth.	The counselor agrees that good manners should be demonstrated and are appropriate for both youth and staff.

Correctional Facilities
Category: Unknown

Complaints	Response
No complaint listed (response only)	The punishment was reduced from minor to informational.

Detention Facilities
Category: Health

Complaints	Response
Youth allergic to fish and kiwi, and they will not put youth on a no fish list for meals.	Forwarded to administration. Per staff and to their knowledge, prior detainments showed no allergy to fish, unknown about kiwi. Notify parents on allergies.
Nurse not giving grievant her medication.	To be forwarded to nurse. Per nurse medication was old and needed new order in order to use it for safety reasons.
Mental abuse.	Talk to staff involved and will monitor the situation.
Mental abuse. Youth feels he/she was treated unfairly and incurred verbal harassment.	Misunderstanding. Talked it out.
The food is unsatisfactory and not up to code. The youth is losing weight and are always hungry.	Clear and basic education regarding the guidelines of the nutritional standards could be outlined and explained to the youth. The grievance will be passed along to jail administrator for appropriate action if any is warranted.
Youth is finding hairs in the meals and amount of food is inadequate.	Complaint forwarded to food director. Juvenile asked to show any foreign material in food to staff. Observed kitchen staff, read temperatures, and observed meal servings. All kitchen workers were wearing gloves and hairnets.
Youth's bathroom smells like "nasty fish" no matter how much they clean it.	He will have maintenance staff check the shower drain for possible reasons.
Youth wanted dental floss available to the unit.	The floss will become available.

Detention Facilities
Category: Welfare

Complaints	Response
Staff has been extremely grumpy today and was hollering at youth.	Spoke with staff. Staff acknowledges being frustrated today due to the tone of the group and the type of youth we have. Staff counseled.
Youth upset because staff is not doing anything about another youth. The other youth does whatever she wants.	Staff has tried to do everything they can with regards to other youth. Grievance not valid as youth is upset about it.
Staff cussing and being loud towards youth	Supervisor to coach and counsel staff member about being loud. Staff will also attend training..
Youth were told to "deal with it" and flipped off by staff when the staff was asked to be quiet.	Spoke with staff involved. Spoke to her about tolerance, tone of voice, and options available to deal with situations. Staff will attend ODC classes/training to help in this area.
Youth was given a punishment and did not know what the youth was doing wrong.	Youth will continue to monitor situation and will turn in another form if needed.
Youth was not allowed to come out after the youth's punishment was over.	Worked itself out due to a new program.
Youth on informal non association from other youth and she feels that she did nothing for unfair treatment.	Supervisor met with youth and a rationale was given by staff. Youth was told that the decision was not the result of her actions, but those of the male youth involved.
Youth felt very furious and offended because another youth was making very inappropriate and derogatory statements about another youth being restrained.	The offending youth left the following day. Other youth involved here counseled and issued consequences.
Showers are cold on one wing, so they do not get hot showers and this should be fixed.	Maintenance was contacted to fix showers and in the meantime youth will only use showers that work properly.
Youth in another room gets away with more things than other youth such as giving out more bread with meals.	Discussed the age and mental capacities of youth and how we make adjustments for correcting behavior for different youth.
Youth complained that he was unfairly punished for supposedly cussing.	The child understood that his actions required punishment and finished his writing assignment.
Staff favoritism: letting peer get away with inappropriate behavior.	Explained department responses.
staff favoritism: peer verbally abuses complainant, but receives no corrective action.	Resident resolved issue with another staff.
Youth wants risk level reduced and to change rooms.	Will meet with staff about room change. Staff will reduce risk level.
Youth experienced verbal abuse and sexual threats from a male juvenile.	Discussed issue with complainant.
Youth was locked up for bumping someone in line and does not think this is fair.	Staff will talk to the staff about taking the proper steps before placing someone in lock up. Anytime this happens, youth can fill out a fix it sheet and talk to the supervisor on duty and explain what happened.
Complainant feels that this particular staff member belittles the youth and also ignores them and gives out unfair punishments.	None attached

Detention Facilities
Category: Welfare

Complaints	Response
Youth felt threatened by staff and is upset that his points were docked.	The manager stated that the juvenile was not following direction, failed to be held accountable for his actions, and the YA followed appropriate procedures.
Youth does not feel like he deserves punishment even though he tried to spit at staff, since it did not land on him.	The punishment stands, and with one day of good behavior he can be off punishment.
Youth complained that a staff member was physically pushing her, saying that she has no manners, and was given the wrong size underwear.	The manager will speak with the staff about this.
Youth complained that her PO has not come to see her.	The grievance was forwarded to the PO, and a statement was made that the PO contacted her on a weekly basis and will continue to do so.
Youth did not hear the order to line up and was docked points because of it. Staff also asked if he needed a hearing test.	Youth cannot grieve his token economy score, but he will be talking to the staff involved because of the statement made to him.
Youth does not feel comfortable in her new unit and feels she is being treated unfairly.	It seems youth was just uncomfortable with being in the new unit. He hopes youth is feeling better after she came back from the hospital.
Youth felt that there was an unfair 4 hour lockdown.	Staff acted appropriately. If youth wants to reduce hours, fill out a fix it sheet and speak to supervisor on duty to review.
Youth wanted to be taken off punishment and claimed that another staff member was cussing and yelled at her when she was explaining her problem to another staff member.	Taken off "O" status before time is not allowed. Staff denied yelling at her should notify supervisor when having problems with staff.
Youth complained that another peer did not receive harsh enough punishment for her behavior.	Each child receives her own punishment.
Youth complained that the night staff was acting rudely with the youth.	It was addressed to the staff.
Youth complained that he was punished unfairly for dropping plastic ware, a cup, and stepping on someone's foot.	Youth was put on punishment for horse playing not dropping plastic ware.
Youth is complaining that he was moved to another unit.	Youth was moved back to his original unit.
Youth is complaining that he follows the same behavior as another child but he does not receive the same incentives.	The entire group was marked for poor behavior in dining hall. Youth has received an extra job, and he will be moved if necessary.
Youth complained that he was unfairly punished because he is black.	Youth was punished for not following instruction, but was given a second chance. Youth has been released.
Complainant feels he did not deserve the consequences he received because staff knows he did not want to talk and they should not have followed him.	Staff acted appropriately and should do what they can to counsel and redirect youth to maintain the safety and security of the unit.
Youth was making a joke with a staff member and the staff member felt it was disrespectful.	The staff handled the situation as best he could. Youth understands that he was making a joke, but it is not something they can afford to take lightly.

Detention Facilities
Category: Welfare

Complaints	Response
Youth feels he was unfairly given a punishment LVT and wants to talk with the manager.	From all accounts, staff seemed to handle the situation appropriately. Youth made a statement that could be constructed as a threat. He has been removed from LVT status, but remains on "not group meals" because of how specific his threat was.
Youth was punished for laughing during a presentation which she felt was unfair.	The manager will be discussing the incident with the staff involved.
Youth was unfairly locked up and charged with destruction of property because he tagged a mirror in his room.	Staff acted within reason.
Staff favoritism – Youth was not allowed to eat more fruit but others were.	Youth should have been allowed more fruit. Will address this with kitchen manager.
Youth are supposed to be active in school, but staff tells her not to give her information in class but other staff gets mad if she does not participate.	Depends on the information youth volunteering in class. All discussions must be appropriate.
Youth was given 4 hour lockdown and then was told the whole day. Youth not offered a fix it sheet.	Due to the need for restraint and gang overtones, the staff acted appropriately. Will address fix it sheet with staff.
Youth was moved and given 4 hour lockdown for defending himself from another juvenile.	Staff acted appropriately. Next time, inform staff so they can deal with the situation.
Youth is upset because of how severe the punishment was because he was only using a figure of speech.	Explanation for situation was given. Youth was making threats to others.
Youth is upset that staff member was rude to her, made faces at her, and talked to others about her. It made her feel very ashamed about not being able to spell a word.	The detention manager will talk to the staff member involved immediately concerning this behavior.
Youth is upset that she was punished for talking while the other youth involved was not punished.	Youth will discuss it with the supervisor on duty.
Youth feels unsafe around a staff member who threatens him.	Detention manager will speak with staff regarding his treatment of youth.
Youth was refused a request to talk to a staff member.	Manager explained why staff may not be able to respond immediately.
Youth feels she is being unfairly punished by a staff member, continually.	He will speak with staff involved in this incident.
Youth is concerned about staff members showing favoritism to certain youths.	He is addressing her concerns with the staff involved.
Youth was yelled and swore at for asking for help with spelling.	The detention manager will talk to the staff member involved immediately.

Detention Facilities
Category: Treatment

Complaints	Response
Youth feels points were taken unfairly for answering staff's question.	Someone should not ask a question if they are not going to like the answer. Will address this with staff.
Youth is upset that she had to wait 24 hours for a MHE.	The MHE's are done by independent contractors and do always respond quickly and the youth was already on a higher level of supervision.
Youth is upset because he is in trouble, but the other youths were starting things with him and punched him. Youth asked to talk to the supervisor, so he could move and she never came.	Staff handled the situation correctly. He will talk to the supervisor on duty about responding in a timely matter.

Detention Facilities
Category: Safety

Complaints	Response
Youth does not understand why he was still on orientation.	Bedding will continue to be removed, so staff can monitor his actions.
There was swearing and threatening by a staff member to a youth. Then the staff member took points for everyone for calling him "sir."	The staff did not act appropriately in this case and this is not normal behavior of their staff. The type of behavior is not tolerated from staff or juveniles within the facility.
Youth is upset because another youth kicked her.	Staff tries to pay attention and take care of any poor behavior, but they can not see everything. Will look into the situation once he finds out the name of the girl.
Youth does not feel safe in his current unit. Youth is constantly being threatened and excluded by other youths. He feels he is being targeted because of his mental disability.	He will discuss moving the youth to a different unit and staff will try to make sure all youths are behaving.
Youth does not feel safe. She was kicked in line today.	No response attached to complaint.

Detention Facilities
Category: Civil and other rights

Complaints	Response
A teacher acts like she is racist when youth asks her a question.	Have observed teacher respond to questions with "what does it matter" as she continues on with an explanation to the assignment. No observation of her being racist. School principal is to be informed.
The boys complained that they should be able to change clothes as often as girls.	This will be addressed with staff and the boys can request a clean pair of pants.
Youth is upset because he would like to make phone calls using a phone that does not call collect.	The policy states that a phone call can be made if guardian accepts collect calls. The PO was contacted to verify what number to call.
Youth is upset because he does not feel he is allowed adequate access to phones to make calls. Also youth reports that staff retaliated against him for filing grievances. Youth feels he is treated unfairly and feels unsafe.	Administration apologized for problems with the phone. This is being addressed. Certain threatening staff will not work this youth's unit and allegations of abuse or retaliation are being investigated.
Youth is requesting a meeting with his probation officer.	Sent email to probation manager. Probation informed by PD that they are not to talk to youth and that an attorney is supposed to be assigned.

Detention Facilities
Category: Privileges

Complaints	Response
Youth wanted donations from staff for the Easter baskets for the children and he requested basketballs.	The manager will work on his requests.
Female youth wants to be able to hang out with the boys on the weekend if they are a certain level.	They cannot do that because of potential problems they had in the past.
Youth is concerned because she has been unable to contact her P.O and she does not know what's going on.	The detention manager will discuss the issue with her probation officer's supervisor.
Youth is upset because she is cold and wants the heat turned up and she also wants to talk to a male youth for 5-15 minutes from another unit before she leaves the facility.	Heating systems are computerized and should work accordingly. Special visiting privileges for juveniles inside the facility can not be granted.
Youth wants to be allowed to look at boys without being locked up.	He is turning down youth's request.
Youth is upset because another youth does feel safe around him. He is not allowed to attend church.	Youth should have been able to attend church. He will be addressing the situation, so staff understands correctly.
Youth should be allowed to have a self-help book according to the rules, but a staff member has been denying this request.	Actually the staff member is correct. She is not allowed a self help book.
Youth wants to be able to visit with his cousin if they are both good.	He cannot give special privileges that he cannot grant to other juveniles within the facility.
Youth would like to be able to call his girlfriend to at least get her address.	The detention manager cannot allow special privileges, since they are not allowed to other juveniles.
Youth would like to be able to keep his family bible that his family brought for him.	The bible is a bit big to meet their standards of acceptance.

Detention Facilities
Category: Other

Complaints	Response
The juvenile was concerned about where his mail will be forwarded when he is transferred.	The mail that is sent to the current detention center will be forwarded to sender.
Youth wanted information on joining the marine corps when she is released.	The staff will put her in contact with a marine recruiter.
Youth would like to talk to staff about the bible.	As staff is a paid employee of the state and therefore must maintain a separation of church and state. Youth is free to discuss questions with the volunteer chaplain or any of the church group that comes in on a regular basis.
Youth would like to begin a self - awareness class.	Will speak to staff to arrange.
Youth is upset because she is unable to call her CASA worker and social worker because of the certain kinds of phone she needs.	The detention manager will put the numbers and names needed in the collect call system, so it will work without charging her.
Youth is upset that certain night gowns youths are wearing in the facility are see through.	The nightgowns the youth is talking about were put in place accidentally and are not used in that facility any longer.
Youth is concerned because she has never met her new case worker and her case worker said the youth refused to meet with her, which is not true.	The detention manager will forward the grievance to social services to hopefully get a response.

Treatment Facilities
Category: Health

Complaints	Response
Youth was not allowed to go to the bathroom.	One patient was told to wait until another tech could come and take her to the bathroom as the current tech was watching a different patient.
Mother wants to know what's going on with her son and is upset that she has not been able to speak with a doctor.	Mother put in touch with doctor 15 minutes later.
Youth does not agree with the medication he/she prescribed.	Doctor and counselor notified. It was handled by doctor.
A staff member violated HTPAA privacy and read the patients chart and talked about his personal life in front of others which set his treatment back.	Staff member has the right to read the chart, but will be counseled in HIPAA training.
the youth feels that the quality of food served to the youth was poor.	Informed patient that management would be notified.
The quality of the food was very poor.	Informed patient that management would be notified.
The 2nd day in a row youth did not get their medication until at least 10 am.	Nurse said there is an hour "grace" for patients receiving regular meds.
Nurse refused youth's right to have his throat checked. Asked several times and was told no.	Patient was later seen by Dr. and is fine now.
Nurse would not give Benzyl Peroxide when asked. Nurse said she would give it at lunch meds. Youth believes that it is not fair that he does not get his meds because it is inconvenient for the staff at that time.	Spoke with nurse manager. Meds are to be given within the time frame ordered forwarded to the nurse manager.
Staff refused to give PRN and told youth to learn to control himself.	Complaint forwarded to nurse manager.
Youth was given a roll with mold on it and did not give the right foods.	Complaint forwarded to management.
Cafe food is rotten. Cafe staff give level 2 and higher the good food than lower levels.	Other snack was available. Management was notified.
Apples have worms, are punctured, and have holes in them.	Forwarded to dietary. Other snacks are provided.
The cafe gives youth rotten red apples.	Plenty of other apples were available. Dietary stated they had received a "bad" bunch of apples. Other snacks were provided.

Treatment Facilities
Category: Health

Complaints	Response
Staff and nurse would not give Motrin for headache and Jaw. Staff said they did not have any and to go to sleep. Nurse said she was "too busy."	Forwarded to nurse management.
Nurse refused to give P.R.N. causing complainant to have a panic attack and hyperventilate.	Forwarded to nurse manager.
Dentist prescribed pain killers, but the nurse only gave him Tylenol instead of Motrin 800.	Med form was found in packet, med was given at next interval. Nurse manager notified.
Nurse and doctor will not make him a podiatry appointment to examine his left big toe.	Patient told that appointments take a long time and depends on transport. Sr. Management would be informed. -Appointment made.
Nurse gave medications late and gave youth's contacts late too because the night nurse misplaced the case.	Nurse manager notified.
Nurse gave medications 2 hours late.	Nurse manager will be notified.
The youth cannot get their meds.	Forwarded to nurse manager.
Nurse did not give youth his hearing aids.	Nurse manager will be informed.
Nurse would not take out youth's contacts. Youth finally took them out himself at 10:00pm.	Forwarded to nurse manager.
Nurse did not let youth get his meds on time. Youth cannot focus in school. When this nurse works, do not get meds.	Forwarded to nurse management.
Nurse is not giving out meds.	Forwarded to nurse manager.
Nurse will not give youth any pain medication for his teeth and is always late on meds. Youth needs his ADHD pill so he can sit still.	Nurse manager will be notified.
Nurse never gives meds on time. Youth is having a hard time focusing.	Forwarded to nurse manager.
Nurse would not give youth a P.R.N.	Forwarded to nurse manager.

Treatment Facilities
Category: Welfare

Complaints	Response
A staff member tried to make youth go to bed early.	Spoke to patient and stated it would go to program manager.
Staff is making youth go to bed early.	Unable to determine validity of complaint spoke to patient about the issue.
Verbal abuse from staff and always putting youth in the quiet room for no reason.	No response attached.
Staff left hall for 20 minutes. Then got in trouble by another staff for leaving and took her anger out on the youth and would not give PRN for sleep and dropped level for "refusing" to put journal away.	Patient was not unsafe, felt staff was wrong. Forwarded to administration.
Staff fairness - youth is treated differently than another peer at the same level.	Forwarded to administration.
No one is the cafe would give youth a fork.	Patients are not allowed to have forks, but 'sporks' are always available. Forwarded to dietary.
Staff has not worked with youth the whole week. Youth would like it if he would work with them more.	Forwarded to management.
Youth incurred verbal abuse from staff.	Spoke to staff regarding appropriate interactions. Forwarded complaint to management.
Unfair treatment- Staff made B beds go to their rooms early and A beds got to stay up.	Forwarded to management.
Right to dignity and respect - Two staff were discussing a peer in a manner that was not respectful.	Forwarded to management for staff inappropriateness.
Staff fairness - Staff gave whole group consequence.	Spoke to staff - unable to get an understanding of event.
Another boys' behavior is taking away gym time.	Forwarded to management.
Group denied use of the gym, but staff was able to help calm group down.	Forwarded to management.
Staff would not let north unit use the gym even though they are scheduled for it.	Notified management.
Staff refused to let unit use the gym even though it was their time.	Management notified.
Staff would not let unit use the gym. Staff treats unit unfairly due to their status.	Forwarded to management.

Treatment Facilities
Category: Welfare

Complaints	Response
Staff did not allow unit to use the gym at the scheduled time and let another unit use it instead.	Notified management.
Staff did not allow unit to use the gym at the scheduled time.	Notified management.
Staff did not allow unit to use gym at their scheduled time.	No response attached.
Staff unfairness – Youth received a consequence for yelling at peer, but peer did not get one.	Patient did not report the harassment to staff, since he was ok with the consequence.
Staff was verbally disrespectful and unfairly put youth in the quiet room.	Patient felt staff could have handled it differently.
Verbal abuse from staff toward another peer.	Spoke with staff member involved.
Two staff members treat peers in negative ways and are inconsistent with their behavior.	Spoke with staff members involved regarding the incident.
Youth feels he is not being treated well by several staff members.	Resolved
Youth complains that a staff member is being rude to her and other peers.	The complaint was addressed with supervisor.
Youth feels that one staff member is treating others better than him.	The children receiving incentives are in another program.
Youth felt that a staff member extended his group time and wasted his room time and bed prep.	Spoke with staff member.
Youth complained that one staff member was behaving different when another staff member worked.	Staff members were educated by the supervisor and staff assured the supervisor that the issue would be resolved.
Youth complained that he lost hygiene time because another peer was holding up the group.	The patients did receive adequate time for hygiene.
Youth complained that he was punished even though he followed the teacher's orders.	There was staff confusion and the patient blew up.
Youth complained that another youth yelled out "sex offender."	The patient was irritated and upset.
Youth complained that another youth made a racial remark.	Staff will run a group on racial slurs and remind everyone that this is not acceptable.
Youth complained that she saw some incidents with one of her peers and a staff member.	The staff was looking into it.

Treatment Facilities
Category: Welfare

Complaints	Response
Youth complained that another youth was calling him names.	The child was told to inform staff of peers behavior.
Youth felt she was unfairly punished for doing what she was told.	Resolved with staff.
Youth felt that she was unfairly punished, since she was not talking.	Patient advocate spoke to patient.
Youth complained that he was unfairly punished for supposedly opening and closing the door several times.	The patient explained level appeals process and was off level freeze at the time.
Youth complained that a peer cussed and a staff member cussed back.	The patient was off level freeze when patient advocate talked to him.
Youth feels the punishments are unfair when a certain two staff members work together, they gang up on the youths.	Spoke to staff involved.
Youth's unit went to bed first three days in a row.	Spoke to staff member involved.
Youth feels a staff member is treating another child unfairly, being rude, and giving out harsh punishments.	Patient reports staff is not therapeutic with the girls.
Staff member is ignoring patient's needs and rights, making rude comments, and blames one peer for the acts of others.	Patient feels comments were uncalled for and patient states staff just sits and does nothing for them.
Youth was unfairly punished by on staff for doing what another staff member said.	When staff do not know all the rules on each unit the older staff are there to apply them.
Patient was punished for not getting out of bed on time.	Patient resolved problem -said could rip up grievance.
A staff member made derogatory comments to a youth.	Patient talked to the teacher and he misunderstood him.
Patient feels certain staff members are not respectful when they talk to the patients.	Patient feels staff handles the girls in an inappropriate manner and would like them to work on a different unit.
Every time youth tries to do something the staff is "on her ass."	Spoke with patient and situation was resolved.
Youth feels staff members are ganging up on him when they work together and antagonizing youth.	Patient feels staff members are only using level freezes/drops as consequences.
A staff member yelled at the youth, and told him staff is not wrong about it.	Not Provided.

Treatment Facilities
Category: Welfare

Complaints	Response
A staff member was making fun of a youth in front of other youth.	Staff was talking to clients re: consequences given to writer.
Youth asked her teacher for help , and teacher refused and told her to ask one of her peers and she yelled at the youth.	Not provided.
The staff are disrespectful and will not let youth eat the extra food they throw away.	Menu and snack choices changed with addition of appropriate items.
The teacher is disrespectful to her students and does not provide help at work.	Patient would like teachers to be more adaptive. Told patient that supervisor would be notified. Director of ed talked with patients.
Staff making fun of youth for how long he had been at the facility and told him to shut up.	Manager discussed with staff and spoke with therapist about appropriate times to discuss length of stay.
A cleaning person went through youth's stuff while cleaning and was disrespectful to youth's stuff and threw things away.	Cleaning person may have gotten interrupted while cleaning her room and the items that were removed would be seen as trash to cleaning staff. A new toothbrush was given.
Youth complained about a staff members behavior and statements he made.	Staff said he was open to feedback about his behavior and statements.

Treatment Facilities
Category: Treatment

Complaints	Response
Youth felt that a staff member was giving better treatment to another group and not his.	The two groups have different programs and incentives.
Youth complained that one group has not had treatment for 3 days and watch TV instead.	Unsubstantiated since complaint has no merit.
Youth complained that he was punished for allowing one of his peers to use his shoe laces.	The punishment was for behavior issues.
Youth feels that staff is not available to express, and when they are around they threaten her with punishment.	Listened to patient concerns, processed with program director.
Youth complained that he was on punishment for cussing at a staff member, and the staff member cussed back.	The patient is already off punishment.
Youth complained that he does not receive his medication on time.	The staff is working on the issue.

Treatment Facilities
Category: Safety

Complaints	Response
Youth stated that a peer threw a ball at him and cussed at him.	Staff will talk to patient who cussed.
Youth claimed that another peer was calling him names.	Staff will speak with peer about name calling.
Youth complained that her roommate was planning on running away and that she is messy. Youth wants a new roommate.	The child was asked if she would go through with a room change and if staff was aware of her roommate.
A staff member is not properly supervising the youths.	Spoke with staff member involved.
Youth feel unsafe and threatened by another patient.	Patient was discharged.
Youth feels unsafe and threatened by another youth and staff just say to ignore her.	Patient was discharged.
Peer continues to verbally and physically threaten the group.	Patient was discharged.
Verbal abuse and threatening behavior from peers.	Patient was discharged.
Verbal abuse by peer, please do something about this individual.	Patient was discharged.
Fearful of peer, not knowing when she will lash out physically or scream inappropriate things or threats.	Patient was discharged.
Please take peer away, cannot deal with her anymore.	Patient was discharged.
Peer is physically and verbally threatening, very disruptive for the rest of the group.	Patient was discharged.
Feel unsafe with peer. All staff's time is taken up dealing with the youth and we do not get their help when it is needed.	Patient was discharged.
Peer is verbally and physically threatening and disruptive to group.	Patient was discharged.
Another peer threatening youth and called her out.	No response attached.
Youth threatened another youth with physical violence.	Patient feels he is being targeted by a staff member, will counsel staff member about grievance.
Peer was calling him names under his breath.	Staff does not immediately respond to patient, so patient was advised to tell staff whenever this happened so that he felt safe on the unit.

Treatment Facilities
Category: Civil and other rights

Complaints	Response
Staff kept cutting into his phone call and telling him what he can say. Staff cannot tell him what to talk to his mom about.	Patient states he was told he was being inappropriate and staff would end the call. Will speak to management to get clarification.
South unit gives youth dirty looks and calls them "sex offenders." Complainant has the right to confidentiality, privacy, and the right to respect and dignity.	Management notified.
Youth from another unit mumbled "sex offender" under his breath. Youth has right to confidentiality.	Management will be notified.
Youth complained that another youth was breaking confidentiality by saying his last name.	Staff will speak with patient about breaking confidentiality.
Youth complained that another staff member will not allow him to do his hygiene.	The patient needs to follow rules and staff will be notified of patients rights.
A staff member was not careful to protect patient privacy and stated aloud things from youth's file in front of other staff and patients.	Staff will receive HIPPA training and she was counseled on the policy about sensitive information.
Staff assumed someone urinated on complainant's glasses and prohibited the group from participating in treatment or other activities.	Staff made a mistake and apologized to the group.
Staff assumed someone urinated on a peers glasses and prohibited the group from participating in activities without reading any rights.	Staff made a mistake and apologized to the group. Program director was notified and normal programming was resumed.
Peer uses racially discriminating epithets (against the white girls), is disruptive, and inhibits youth from completing school work.	Patient was discharged.

Treatment Facilities
Category: Privileges

Complaints	Response
Cafe did not give double meal.	Will verify name on the doubles list and notify management.
Cafe staff did not give doubles on meat for his meal.	Forwarded to cafe.
Kitchen staff would not give youth peaches and his doubles. Staff said there was not enough.	Unknown.
Youth complained that he did not have enough free time.	The staff is working with his unit to do schedule revision.
Youth has been asking another youth if she would like to use her radio, and that is not allowed.	Patient wants to keep herself out of trouble.
Youth was punished and privileges were taken away. Youth believes staff is just using power and control.	Did counseling with staff involved.
Youth on level 3 and was put on a level freeze and had radio taken away. Other peers have not had their radios taken away. Have the right to radio.	Radio is a privilege and can be removed. Doctor order is also needed to have a radio. Forwarded to administration for staff fairness.
Patient wants to be allowed to wear make-up all the time.	Rules of program received with patient.
Patient was denied gym time.	Patient felt like staff member was yelling at him whenever he asked a question.

Treatment Facilities
Category: Other

Complaints	Response
Youth's make-up cannot be located.	Make-up has not been found- if not found with in 2 weeks facility will purchase more.
A staff member said a youth's name in front of other youth.	Not provided.
Youth is missing 5 pairs of socks and 2 pairs of underwear.	Told patient to ask roommate/staff to look around and if they were not found to let him know so a request could be made.
Youth not allowed to wear sweatshirts because staff said it was gang related. Youth claims that it is not gang related and wants to wear it.	Forwarded to administration.
Youth is missing 3 white undershirts that he got for Christmas and believes someone stole them.	Patient and patient's roommate were asked to search all areas. After 2 days and no shirts, a request was completed to give 3 shirts to the patient.
Mother upset because she is worried about her son and when she called to speak to someone she was hung up on twice and spoken to rudely. Mother felt discriminated against and wanted to go to the media.	Mother contacted. Issue resolved and closed.
Mother is having difficulty scheduling appointments with the doctor and communicating with him. Doctor always seems to be in a hurry and does not take notes. Mother feels disrespected by him.	Mother/Aunt contacted. Complaint discussed and resolved.

Welfare Facilities
Category: Welfare

Complaints	Response
Youth was slapped by a staff member.	Staff member on leave pending investigation. Referred to police, but no case was filed because not enough criminality. Referred to licensing.
During a visit, natural parents noticed a scratch on daughter's cheek, runny nose, and yellow vaginal discharge.	Referred to Metro, caseworker and facility administration.
A staff member "hit on" the pregnant girl.	Incident forwarded to Metro.

Welfare Facilities
Category: Safety

Complaints	Response
Child was punched with a closed fist in the back by a staff member.	Complaint was referred to Police and Child Protective Services for investigations.
There was a 1 year old with extensive bruising on face and legs upon release from facility.	Referred to law enforcement.
Staff grabbed youth's arm making two one-inch scratches on her arm.	Referred to law enforcement.
Mother stated that her daughter had a bite mark on her arm and had not received medical attention.	Facility contacted child protective services for an investigation.
Youth was neglected, due to lack of supervision and left behind on a bus for 40 minutes.	Referred to Child Protective Services for investigation.
Youth "stuck his finger in another youth's buttocks and woke him up." Then the youth made sexual comments to the other youth. There was a lack of supervision.	Children is no longer at facility, and screened out as info only and forwarded to Metro for investigation.
9 month old child has bruises on both of his cheeks, and it is unknown how the injuries were sustained. The parents reported the case after visiting their child.	Case reported to metro abuse and neglect and nurse performed body check on child.
The youth was not following instructions and was in the process of being restrained and was scratched (3in long) by a staff member.	Staff was not aware she had scratched the youth. Staff had verbal counseling with a social worker.
Youth came to staff stating that he thought he was raped by one of the other boys on his cottage.	Youth was removed from that cottage and the law enforcement was contacted for an investigation.
The youth was sexually molested by another youth, and there was a lack of supervision.	Referred to police for investigation. Youth was seen by nurse. No evidence of physical trauma found. Reported to licensing.
From a lack of supervision, a youth was left in building alone while staff took the rest of the youth to the movies.	Several mistakes were made by staff resulting in this issue. Staff will be given written counseling.
Mother stated that her children were not well cared for in the facility. Twin infants had their formula changed and developed severe diaper rash from diarrhea, another child had her fingernails cut too short, another child claimed that she was hit by staff at the facility, and another child was told to stand in the corner when she began to cry for her mother.	The facility manager investigated and found that the child had not been hit by staff, the formula was changed to help the babies get over their existing diarrhea, and the other child was not sent to the corner, she chose to stand there on her own, and staff did admit to "nipping" one finger while trimming fingernails.

Group Home Facilities
Category: Welfare

Complaints	Response
Youth filed a grievance following the loss of RAM status/privileges.	The student was reinstated as a RAM when it was proven that the RAM policy was not being implemented consistently.

ATTACHMENT C:

Data Collection Tools

Administrator Interview
Staff Interview
Youth Advocate Interview
Youth Interview
Adult Informed Consent Form
Parental Consent Form

Complaint Intake Form
Complaint Summary Form
Complaint Checklist Form

Administrator Interview

Date of interview:_____

Demographic Information: CODE:_____

Facility:_____ Type: _____

Position: _____ Level of Education: _____

Length of Time at this Facility: _____ (months) Years In Field: _____

Please describe the programs at this facility.

Health

- Who administers medication? How is medication administration tracked?
- Is there a master log of who is given medication, what medication has been given and when it was given?
- Is there a staff member who is responsible for medication of residents? Is there a nurse/trained personnel available for administration of medication?
- How is medication brought into the facility for each resident who needs it? Who determines medication needs?
- Where is medication stored? Is it secure?
- Do children have access to medical care on-site? If so, with whom and how often?
- Do residents see an off-site physician regularly? How often?
- How does a resident's insurance status affect their health care?
- How are food/meal menus developed for the residents? Who develops the food menus? Are they licensed / trained nutritionists?
- Are accommodations made for residents in need, of a SPECIAL DIET (food allergies or lactose intolerant or other needs)?
- Are residents provided structured times for some form of exercise?

Safety

- How many employees do you need in this facility to be fully staffed for full capacity?
- What is the Max Number of residents your facility can hold? When your facility is over crowded or at max capacity who determines the alternative placement of the residents.
- What do you do when you are short staffed?
- Do you provide additional training to staff on special topics?
- What is the protocol for the prevention of self-harm?

- If resident witnesses a suicide or other attempts at self harm how is that handled?
- What procedures are used to ensure the safety of residents?

Welfare

- Who makes decisions about disciplining residents?
- How is discipline usually handled?
- Are there special procedures for children who have special needs? For example, is discipline different for those residents who may be developmentally delayed or otherwise mentally handicapped?
- What do you think of the living conditions in your facility? (For an example, mentally and physically handicap accessible or equipped).
- Does this facility provide treatment or referrals for substance abuse?
    - If yes, please explain what type of treatment is available and how children are chosen to participate?

Civil and other Rights

- Are you aware of the civil rights of children housed in this facility?
- To the best of your knowledge what are the civil rights of the child house in this facility?
- How do you ensure that residents' rights protected?
- What is your relationship like with the school district, as far as providing academic resources to the children in your care?
- What is the procedure for making a complaint against facility?
- Are the complaints that are made against this facility follow up on?
- Who follows up on these complaints? What is the time frame that the complaints need/should be follow up on? Are you aware of the outcome of the complaints, meaning if the complaints were actually followed up on?
- What is the procedure for making a complaint against another employee/co-worker?
- Who follows up on the complaints? What is the time frame that the complaints need/should be follow up on? Are you aware of the outcome of the complaints, meaning if the complaints were actually followed up on?
- Once a child files a complaint – are they treated any differently.
- Who follows up on the complaints? What is the time frame that the complaints need/should be follow up on? Are you aware of the outcome of the complaints, meaning if the complaints were actually followed up on?
- How are records stored? – Are residents' files stored separately from employee files?
- How many people have access to residents' records?
- What kind of data is collected about children in the facility? What is that data used for?

Staff Interview

Date:_____

Demographic Information: CODE:_____
Facility:_____ Type: _____

Position Title: _____

Level of Education: _____ Special Licenses: _____

Length of Time at this Facility: _____ (months) Years In Field: _____

1. Were you provided with an orientation and/or training re: the policies and procedures when you were hired?
    a. Do you receive updates when revisions are made? How?

2. Do you feel that the policies and procedures give you appropriate guidance on how to perform the duties of your job?
    a. Are they clear and understandable?

3. Do you feel that the policies and procedures are fair and appropriate?
    a. For staff? Please explain.
    b. For residents (children)? Please explain.

4. Do you think that the policies and procedures are regularly followed by staff and administration? If no, explain.

5. Do you think that the policies and practices regarding nutrition and exercise for children in this facility are adequate to ensure their safety, health and well-being?

6. Do you feel that the education services being provided are adequate and appropriate?

7. What happens when the facility is overcrowded?

8. How do you handle administering medication to children?
    a. Do you feel that medication is properly administered to children at this facility?
    b. Do you have any suggestions for improvement?

9. How do you handle misbehavior of children in this facility?

10. While you've worked here, have any children committed or attempted self-harm? How was it handled?

11. Do you think children are aware of the process for filing complaints or grievances?
    a. Do you think children feel comfortable filing a complaint without fear of retaliation?
    b. Do you think the facility and/or administration do a good job in following up with complaints and responding in a timely fashion?

12. Is there anything you are concerned about at this facility?

13. Do you feel safe here? If no, please explain.

14. Have you ever worked in any other facility in Nevada that houses children? Which ones? How does this one compare?

15. Is there any other information that you can provide which you think may be helpful to us in conducting this study on the health, safety, welfare and rights of children in this facility?

Youth Advocate Interview

Date:_____
Demographic Information: CODE:_____
Facility:_____ Type: _____

Position Title: _____

Level of Education: _____ Special Licenses: _____

Length of Time at this Facility: _____ (months) Years In Field: _____

(1) Please describe your role as the youth advocate.
   a. What are some of your primary responsibilities?
   b. How much interaction do you have with youth?
   c. How much interaction do you have with direct care staff and administration?

(2) How long have you been in this position?

(3) What was your position prior to becoming the youth advocate?

(4) Did you receive any specific training before becoming the youth advocate?

(5) What is the process here once a complaint or grievance is filed?
   a. Does this have to be in writing or can it be verbal?

(6) How do you handle complaints or grievances?
   a. What is the process?
   b. How involved are youth and staff?
   c. How do you handle confidentiality issues?

(7) How do you document complaints or grievances if they are verbal?

(8) Do you feel administration is supportive of the grievance process?

(9) How would you describe the types of complaints you receive? On average how many would you say you receive in a week?

(10) In this facility, do you think that the grievance process works to ensure the health, safety, welfare, civil and other rights of the children in the care of this facility?

(11) Do you have any suggestions to improve this process?

(12) Is there anything that you are concerned about at this facility?

Youth Interview

Date: _____

Demographic Information: CODE: _____

Facility:_____ Type: _____

Age: _____ Gender: _____ Race/Ethnicity: _____

Length of Time at Facility: _____ (in months)

1. How is the food here?
    a. Do you get enough to eat?
    b. Do you have any choices about what type of food you eat?
    c. What kinds of food do they serve here? (give general examples)

2. How often do you go outside?

3. Do you participate in any type of physical activities or sports?

4. Do you attend school while you are here?
    a. Do you think the lessons are easy, difficult or just right?

5. Have you seen a medical doctor or nurse since you have been at this facility?
    a. Have you ever asked to see a doctor or nurse and been told that you could not see them? Please explain.

6. Have you ever been diagnosed as having a mental health problem that you know of?
    a. What was the diagnosis?
    b. If yes, are you receiving any treatment or counseling at this facility?
        i. Do you think this treatment/counseling is helpful?

7. Do you take or have you ever taken any type of medication while at this facility?
    a. If yes, how do you get your medicine?
    b. Were you taking this medication before you came to this facility?

8. (If age appropriate) Have you ever used illegal drugs or alcohol?
    a. If yes, are you receiving any treatment or counseling at this facility?
        i. Do you think this treatment/counseling is helpful?

9. Have you been in trouble since you have been at this facility?
    a. If so, for what?
    b. How were you punished?/What were the consequences?
    c. Do you feel you were treated fairly?
    d. Have you ever been restrained (handcuffs, "the chair" or other method)?
    e. Have you ever complained to anyone about this facility or anyone who works here?/Have you field a grievance here?
    f. If yes, about what/who?
    g. How and to whom did you make the complaint?
    h. What happened as a result of the complaint?

    d. If no, would you know how to file a complaint if you wanted to?
    e. Would you have any fears associated with filing a complaint?

10. Do you feel safe here? If no, please explain.

11. Have you ever experienced unequal treatment while you've been in this facility? Against you or someone else? If yes, please explain.

12. Is there anyone here that you feel comfortable talking to about any problems you may have?

13. Do you communicate with friends and/or family outside of this facility?

    a. Are you allowed to use the phone? If so, are there any restrictions on using the phone?
    b. If you have visits, where and how do those take place?

14. Have you ever been in any other facility in Nevada? (detention, correction, mental health, child welfare?)
        a. Which ones?
        a. How does this place compare to other places you have been?

15. Is there anything else that you would like to tell me that you think might be helpful for me to know about how you and other kids are treated here?

ADULT INFORMED CONSENT

TITLE OF STUDY: Study of the Health, Safety, Welfare, Civil and Other Rights of Children in the Care of Certain Governmental Entities or Private Facilities for the Legislative Commission

INVESTIGATOR(S): Denise Tanata, J.D.; Nevada Institute for Children's Research and Policy

CONTACT PHONE NUMBER: (702) 895-1040

Purpose of the Study

You are invited to participate in a research study. The purpose of the proposed study is to analyze and assess the appropriateness of the policies and procedures at selected governmental entities or private facilites operating in the state of Nevada to protect the health, safety, welfare, civil and other rights of the children in their care. The study was mandated in AB 580, passed in the 2005 Legislative Session. The study will asess and evaluate the current complaint process, as well as discussing staff and residents' level of satisfaction with the current systems. This project will allow NICRP to make evidence-based recommendations to improve the methods by which these facilites/entities protect the health, safety, welfare, civil and other rights of the children in their care.

Participants

You are being asked to participate in the study because you are a current staff member of one of the facilities/entities responsible for the care of children.

Procedures

Your participation in this study is voluntary. You may refuse to participate in this study or in any part of this study. You may withdraw at any time without prejudice to your relations with the university. If you volunteer to participate in this study, you will be asked to complete an interview lasting no longer than one hour about your satisfaction with the current complaint process as well as existing policies and procedures at the facility. You are encouraged to ask questions about this study at the beginning or any time during the research study.

Benefits of Participation

There may not be direct benefits to you as a participant in this study. However, the results of this research will inform facilities and entities that are responsible for the health, safety, welfare, civil and other rights of children in their care about how best to improve their policies and procedures to promote the most positive outcomes for these children. Recommendations will be made to facilities in general as well as facility specific recommendations.

Risks of Participation

There are risks involved in all research studies. This study may include only minimal risks. You may become uncomfortable during the course of the interview when

discussing your workplace, co-workers, supervisors, and incidents. You may also become fatigued during the interview process.

Cost /Compensation

There will be no financial cost to you for participating in this study. The study will take no more than one hour of your time. There will be no additional compensation for your time. *The University of Nevada, Las Vegas may not provide compensation or free medical care for an unanticipated injury sustained as a result of participating in this research study.*

Contact Information

If you have any questions or concerns about the study, you may contact **Denise Tanata** at **(702) 895-1040.** For questions regarding the rights of research subjects, any complaints or comments regarding the manner in which the study is being conducted you may contact **the UNLV Office for the Protection of Research Subjects at 702-895-2794.**

Confidentiality

All information gathered in this study will be kept completely confidential. No reference will be made in written or oral materials that could link you to this study. All records will be stored in a locked facility at UNLV for at least 3 years after completion of the study. After the storage time the information gathered will be destroyed.

Participant Consent:

I have read the above information and agree to participate in this study. I am at least 18 years of age. A copy of this form has been given to me.

_____ _____

Signature of Participant Date

_____

Participant Name (Please Print)

PARENTAL CONSENT

TITLE OF STUDY: Study of the Health, Safety, Welfare, Civil and Other Rights of Children in the Care of Certain Governmental Entities or Private Facilities for the Legislative Commission

INVESTIGATOR(S): Denise Tanata, J.D.; Nevada Institute for Children's Research and Policy

CONTACT PHONE NUMBER: (702) 895-1040

Purpose of the Study

Your child has been invited to participate in a research study. The purpose of the proposed study is to analyze and assess the appropriateness of the policies and procedures at selected governmental entities or private facilites operating in the state of Nevada to protect the health, safety, welfare, civil and other rights of the children in their care. The study was mandated in AB 580, passed in the 2005 Legislative Session. The study will assess and evaluate the current complaint process, as well as discussing staff and residents' level of satisfaction with the current systems. This project will allow NICRP to make evidence-based recommendations to improve the methods by which these facilites/entities protect the health, safety, welfare, civil and other rights of the children in their care.

Participants

Your child is being asked to participate in the study because he or she is a current resident of one of the facilities/entities responsible for the care of children. Your child has been selected by staff at the facility who are knowledgeable about the project as an appropriate participant.

Procedures

Your child's participation in this study is voluntary. He/she may refuse to participate in this study or in any part of this study. He/she may withdraw at any time without prejudice to his/her relations with the university. If he/she agrees to participate in this study, he/she will be asked to complete an interview lasting no longer than thirty minutes about his/her satisfaction with the current complaint process as well as existing policies and procedures at the facility. You and your child are encouraged to ask questions about this study at the beginning or any time during the research study. Please feel free to call NICRP at the number listed above.

Benefits of Participation

There may not be direct benefits to your child as a participant in this study. However, the results of this research will inform facilities and entities that are responsible for the health, safety, welfare, civil and other rights of children in their care about how best to improve their policies and procedures to promote the most positive outcomes for these children. Recommendations will be made to facilities in general as well as facility specific recommendations.

Risks of Participation
There are risks involved in all research studies. This study may include only minimal risks. Your child may become uncomfortable during the course of the interview when discussing the facility in specific terms. Your child may also become fatigued during the interview process.

Cost /Compensation
There will be no financial cost to you or your child for participating in this study. The study will take no more than thirty minutes of your child's time. There will be no additional compensation for your child's time. *The University of Nevada, Las Vegas may not provide compensation or free medical care for an unanticipated injury sustained as a result of participating in this research study.*

Contact Information
If you or your child have any questions or concerns about the study, you may contact **Denise Tanata** at **(702) 895-1040.** For questions regarding the rights of research subjects, any complaints or comments regarding the manner in which the study is being conducted you may contact **the UNLV Office for the Protection of Research Subjects at 702-895-2794.**

Confidentiality
All information gathered in this study will be kept completely confidential. No reference will be made in written or oral materials that could link your child to this study. All records will be stored in a locked facility at UNLV for at least 3 years after completion of the study. After the storage time the information gathered will be destroyed.

Participant Consent:
I have read the above information and give my consent for my child to participate in this study. I am at least 18 years of age and am the legal guardian of the child whose name appears below. A copy of this form has been given to me.

_____ _____
Signature of Parent Date

_____
Parent Name (Please Print)

_____
Child's Name (Please Print)

Complaints about a Facility in the State of Nevada
January 1, 2006 – September 30, 2006

Between January 1, 2006 and September 30, 2006 the Nevada Institute for Children's Research and Policy (NICRP) at UNLV will be collecting complaints made about facilities in the state of Nevada by or on the behalf of children in these facilities.

These complaints can be anonymous and will be kept confidential.

Date of Report: ____/_____/____ Time of Report: _____
AM PM

Method of Report: ☐ *E-mail* ☐ *Voicemail* ☐ *Fax* ☐ *Mailed Letter* ☐ *Phone Conversation*

Name of Facility _____

Is complaint against a facility employee? ☐ Yes ☐ No

If yes, please list his or her name: _____

Please provide a complete description of the incident or complaint:
(Note: please provide details about facility personnel or other residents involved, whether the complaint is about an ongoing problem, if so, how long has it been going on, location within the facility of the incident, etc)

If applicable, date the incident occurred: ____/_____/____

If applicable, time of day when the incident occurred:
□ 1201am to 6am, □ 601am to Noon, □ 1201pm to 6pm, □ 601pm to 1200am

Your Name (the person making the complaint)
(You may leave this blank to make an anonymous complaint):

_____

What is your relationship to the resident:
□ Self □ Parent/Guardian □ Other family member □ Child advocate □ Friend
□ Other (specify): _____

Do you know what happened at the facility as a result of the incident? □ Yes □ No
If yes, please describe in as much detail as you can:

Would you feel comfortable with a follow-up contact from NICRP about this complaint?
□ Y □ N

If yes, please provide your preferred mode of contact (phone #, email address):

_____

□ NICRP □ Forwarded □ Past

Complaint Analysis

Summary Tool

Name of Facility: _____ Complaint # _____

Analyst #1 Name:_____
Analyst # 2 Name: _____ Date of Complaint :_____

Type of Facility:
□ Detention □ Substance Abuse Treatment Date of Resolution: _____
□ Correction □ Welfare Total Resolution Time: _____days
□ Mental Health □ Group Home

Complainant: (select one) Title: _____

(1) Child
(2) Person on behalf of a child (specify)
   a. Parent/Legal Guardian
   b. Friend
   c. Child Advocate
   d. Other (specify) _____

(3) Gender of complainant
   a. Male
   b. Female
   c. Unknown

Type of Complaint (select one)

(1) Health
(2) Safety
(3) Welfare
(4) Treatment
(5) Civil and other rights
(6) Privileges _____
(7) Other _____

Was the complaint made generally or about an individual?
(1) Generally
(2) Individual (specify)
   a. Child
   b. Employee of the facility

Describe the Complaint:

In a sentence, what was the initial complaint?

Was this complaint investigated? □ Yes □ No □ Unknown

Resolution/Response to the Complaint:

******Please attach all other comments to this form******

Complaint number: _____

Analyst Name: _____

The following categories will be used to aggregately describe complaints. Please indicate a yes or a no as to whether or not the complaint contained certain elements. Some complaints may have all elements while some may have none.

All of these responses should be based solely on the alleged complaint without any reference to the provided explanation or resolution.

Physical Harm	Yes	No
Lack of Supervision	Yes	No
Inappropriate verbal contact by staff	Yes	No
Inappropriate verbal contact by another youth	Yes	No
Inappropriate physical contact by staff	Yes	No
Inappropriate physical contact by another youth	Yes	No
Sexual in nature	Yes	No
Disagreement with staff/administrative decision	Yes	No
Medical in nature (medication, doctors visits, etc)	Yes	No
Differential treatment by staff	Yes	No
Unsatisfactory physical environment (building, clothing, room, facility location etc – only the actual physical environment)	Yes	No

Response to the complaint:

☐ Action Oriented – the facility actually did something in response to this complaint. (counseling, policy change, termination, new placement, etc)

☐ Explanatory – The facility only provides an explanation for the complaint, or the circumstances of the complaint. No action is taken.

☐ Unknown