

NYTC QUALITY REVIEW THIRD QUARTERLY QA REPORT SEPTEMBER 22 –23, 2004

The third quality review was completed at the Nevada Youth Training Center (NTYC) on September 22 –23, 2004. This review consisted of

- Revising and updating the QA Performance Improvement Plan (formerly known as the QA Corrective Action Plan),
- Confirming documented evidence of dissemination of new policy revisions to staff, volunteers, and youth,
- Checking for completeness and patterns in Use of Force incidents,
- Noting how grievances are tracked and resolved,
- Examining use of room confinement for compliance with policy and procedures,
- Conducting interviews with staff from each shift and youth from each of the cottages to monitor “practices”.

Previously, the first baseline quality review was completed at the Nevada Youth Training Center (NYTC) on March 24 – 25, 2004 using American Correctional Association (ACA) Standards specific to the areas that had been previously identified by the U.S. Department of Justice. Using the same 84 specific (ACA) Standards related to policy, training, the use of force, the use of restriction and confinement, discipline, the use of restraints, the issuing of medication, grievances, and the censoring of mail, a second quarterly QA Review was completed on June 24 – 25, 2004.

QA REVIEW TEAM PARTICIPANTS

On September 22 - 23, 2004, a quality review team met at the Nevada Youth Training Center (NYTC) to conduct the second quarterly QA Review. The team lead was the Youth Correctional Services Clinical Program Planner I.

Team One

DCFS Social Worker Manager III
Youth Parole Unit Manager

Team Two

Assistant Superintendent at Caliente Youth Center
DCFS Group Home Manager
Assistant Head Group Supervisor

Team Three

Assistant Superintendent at NYTC
YCS Clinical Program Planner I

QA REVIEW TEAM FINDINGS

Review conducted 9-22-04 and 9-23-04

Revised and updated the QA Performance Improvement Plan

The QA Corrective Action Plan, now known as the QA Performance Improvement Plan, was reviewed for updates by the Clinical Program Planner I and NYTC's Assistant Superintendent.

Confirmed documented evidence of dissemination of new policy revisions to staff, volunteers, and youth

During the first 2004 QA Review, references were made regarding the need to develop Statewide Policies. Since that time, new and revised policies were written and then reviewed by a DCFS Policy Review Committee. The Statewide policies were approved on July 23, 2004 and have since been implemented at NYTC. These policies include the following:

- “Use of Force”
- “Time Out/Room, Area or Cottage Restriction/Room Confinement”
- “Administrative Segregation”
- “Disciplinary Process”
- “Off Grounds Pass Policy”

During the September QA Review, the team comprised of the YCS Clinical Program Planner and the Assistant Superintendent at NYTC reviewed the documentation for compliance with ACA Standard 3-JTS-1A-19 - “New and revised policies and procedures are disseminated to staff and volunteers and when appropriate to juveniles prior to implementation.”

Findings:

- In compliance for staff in that each staff received copies of the revised Statewide Policies and forms for review before implementation. Staff signed acknowledgement forms that are maintained in their personnel files.
- Non-compliance for youth – no evidence that policies, such as “Off Grounds Pass Policy”, were disseminated to the juveniles prior to implementation.
- Found three different forms of documentation in staff files that staff had received copies of Statewide Policies that were approved on July 23, 2004 and copies of NYTC policies and/or forms. Suggestion is to combine the forms to contain wording from one form (“I have read and understand the revised policies...”) and the list of actual policies from another form.

Checked for completeness and patterns in Use of Force incidents

The monthly “Use of Force” files were reviewed for compliance. The documentation supported all types of incidents in which staff put hands on youth including guided escorts and “use of force” situations such as justifiable self-defense, protection of youth or others, prevention of property damage, prevention of escape, and substantial disruption of program.

Use of Force 3-JTS-3A-31 MANDATORY Standard

Findings: (reviewed 30 incidents from July and 20 incidents from August)

- Statewide policy on “Use of Force” revised and approved July 23, 2004. Written policy, procedure, and practice restrict the use of physical force to instances of justifiable self-defense, protection of others, protection of property, prevention of escape, and to maintain or regain control in situations of substantial disruption of program.
- In compliance with policy –no evidence of use of force being used as punishment.
- In compliance with policy – written reports prepared and submitted for all use of force incidents including “guided escorts”.
- Standardization of forms needed for outside person to be able to read through paperwork. Had to rely on Assistant Superintendent to interpret sequence of forms and their meaning.
- Recommend use of separation sheets for each packet of information.
- Recommend assigning case numbers to each incident.
- Attention needed regarding quality of writing.
- Follow-up documentation not available for nursing or mental health referrals.
- Staff signatures missing on statements.
- Authorization system needs to be in place.
- If staff gets a Letter of Instruction and is required to participate in re-training, the documentation that the staff completed the re-training should be included in the binder.
- If there is an injury, follow-up documentation should be included/referenced in the binder with the original use of force incident report.

Noted how grievances are tracked and resolved

NYTC is currently tracking the following information:

- ✓ Number of grievances submitted monthly and quarterly
- ✓ Type of complaint
- ✓ Youth name
- ✓ When grievance was received
- ✓ Who the grievance is assigned to
- ✓ Response time to grievance
- ✓ Any appeals

Findings (from reviewing the documentation and interviewing 12 youth and 15 staff)

- Tracking documentation was complete and up-to-date.
- Some dates missing from the forms completed by the youth. In these cases, the date the grievance was received was used as the submittal date.
- All youth and staff knew that there was a policy and procedure on the grievance process.
- Documentation doesn't support "perception" – youth perception is that responses are not timely (5 working days) and feedback not helpful or relevant, whereas the documentation shows youth were satisfied with the results of the response to the grievance
- Good R&C training. Youth knew that the grievance process is spelled out in the Student Handbook. Youth reported getting orientation training while in R&C – however, continuous training needed as youth in other cottages didn't remember the procedure for filing grievances.
- All youth know where the forms are located.
- Ongoing staff training on the process is needed.
- Youth need more training on using informal resolutions, problem solving skills, and understanding their role in grievance situations.

***Examined use of room confinement for compliance
with policy and procedures***

Room Confinement forms reviewed for last three-month period. Forms are maintained in Mountaineer Cottage where there are designated rooms for youth placed in room confinement.

Findings:

- 100% of the files documented the nursing visits and medical services provided
- Thorough documentation of visits, meals, medications, and exercise.
- Access to homework/educational materials not documented.
- If youth started out in medical isolation, some of the forms were missing.
- Files did not document resolution to the original situation, no plan, just release.
- Consistency noted on all room checks being completed at least every 15 minutes.
- Board of Review forms missing from many files. Incomplete forms – missing was the documentation that a review took place.
- No follow-up (i.e., suicide or mental health issues) documentation.
- Documentation missing on "appeals"
- Times "in" and "out" missing.
- Recommend assigning an incident number to the room confinement packet/ link to "use of force" incident if force was used.
- Face Sheet on top, then no pattern of paperwork organization.
- "Rules of Room Confinement" not signed by youth or staff.

Conducted interviews with random staff from each shift (26 staff) & random youth from each of the cottages (18 youth) to monitor “practices” in area of Rules and Discipline

- 3-JTS-3C-01 In compliance – point system in place and both staff and youth are familiar with the practice of how and when points and levels can be earned for positive behaviors.
Reviewers’ comments: numerous youth grievances regarding the point system - make point system more user friendly, too subjective if done weekly.
- 3-JTS-3C-02 In compliance – youth aware that there are written rules of conduct/penalties, youth confirmed that they receive orientation to rules/penalties in R&C from dorm staff and rules are provided in writing in the Student Handbook.
- 3-JTS-3C-03 Staff reported that they haven’t received a copy of the Student Handbook. Some staff reported that they are not familiar with the Handbook. Youth knew that the handbook contained all chargeable offenses, ranges of penalties, and disciplinary procedures. Youth and staff confirmed that staff and other students assist with translating for youth with literacy or language problems.
- 3-JTS-3C-04 In compliance – all personnel who work with juveniles receive sufficient training on rules of juvenile conduct, rationale for rules, and sanctions available. The documentation is maintained in staff personnel files.
- 3-JTS-3C-05 Three staff did not appear to be familiar with written guidelines for informally resolving minor juvenile misbehavior.
- 3-JTS-3C-06 In compliance - Youth and staff confirmed that the youth have the reasons for the restrictions explained to them prior to room confinement and that youth do have the opportunity to explain the behavior leading to the restriction.
- 3-JTS-3C-07 Staff and youth confirmed that during room restriction, staff contact is made at least every 15 minutes (every 5 minutes if suicidal). When the youth were asked about ways they could assist in determining the end of the restriction period, two answered “not possible” and “none”.
- 3-JTS-3C-08 All youth and staff knew that time out is used as a cooling off period/ to gain composure/to calm down. However, youth reported that time out lasts 24 hours.

- 3-JTS-3C-10 In compliance – staff reported that Incident Reports are a type of disciplinary report that is prepared when staff has a reasonable belief that a juvenile has committed a major violation of the facility rules or reportable minor violation. Staff were aware of who the report is forwarded to.
- 3-JTS-3C-11 In compliance – staff understood what information is included in a disciplinary report.
- 3-JTS-3C-12 Staff knew who investigates reported incidents and that an investigation begins within 24 hours of the time the violation is reported. One staff reported that the “person involved in the incident” is the one who investigates the incident.
- 3-JTS-3C-13 Staff knew the reasons that youth may be confined for a period of up to 24 hours and how those confinements are documented. Staff reported that an individual staff member (Head group, Assistant Head Group, Mental Health Counselor, whoever is on shift, Mr. Thornton, dorm staff, nurse) or the Board reviews the confinements over 24 hours, instead knowing that the confinement, of over 24 hours, must be reviewed by the superintendent or designee.
- 3-JTS-3C-14 Youth report that they do not get a copy of the alleged rule violation(s) within 24 hours of the infraction(s), but that they read a report with the violations. Staff reported that youth get a copy of the violation. One staff asked, “but why?”
- 3-JTS-3C-15 In compliance – juveniles who are charged with rule violations are scheduled for a hearing within 24 hours at NYTC (ACA states within 7 days).
- 3-JTS-3C-16 Staff do not seem to be aware of who actually is on the Board for disciplinary hearings.
- 3-JTS-3C-17 Staff and youth reported that juveniles charged with rule violations are present at their hearings. One staff answered “most of the time.”
- 3-JTS-3C-18 Staff and youth stated that juveniles have an opportunity to make a statement and present documentary evidence at the hearing. One staff and one youth were not aware that the youth could request a witness/witnesses on their behalf.

- 3-JTS-3C-19 Two youth reported that juveniles are not permitted to question relevant witnesses. One staff was not aware that youth are permitted to question relevant witnesses.
- 3-JTS-3C-20 In compliance – staff and youth report that the disciplinary committee’s decision is based on information obtained in the hearing process, staff reports, youth statements, evidence derived from witnesses and documents.
- 3-JTS-3C-21 Staff report that copies of the hearing decision and the supporting reasons are given to the juvenile; youth report that they do not get copies of the hearing record and the supporting documents.
- 3-JTS-3C-22 Youth did not know what happens to the disciplinary report if they are found not guilty of an alleged rule violation. Four staff incorrectly stated that the report stays in the youth file.
- 3-JTS-3C-23 Staff gave different answers when asked who reviews all disciplinary hearings and disposition. One staff thought that the DCFS Administrator reviews all disciplinary hearings and dispositions.
- 3-JTS-3C-24 Youth did not know that they have the right to file an appeal regarding decisions of the disciplinary committee. They reported “don’t know” regarding who the youth files the appeal with, how many days they have to file the appeal, nor how many days before the youth gets the results of the appeal in writing. Only one staff did not know with whom the youth file an appeal.

Additional comments from staff:

- reasons for room confinements are not consistent
- room confinement is only tool for negative consequences
- staff dissatisfaction with point system
- staff not using commendation process

NEXT STEPS

Complete an updated QA Performance Improvement Plan.

The next quarterly QA Review is scheduled for December 7 and 8, 2004. During this QA Review, a review of the DOJ compliance files will be conducted. Focus will be on data collection functions pertaining to the DOJ compliance files.

Submitted by: Susan Bobby, Clinical Program Planner I
 Reviewed by: Dale Warmuth, Superintendent of NYTC and
 Willie B. Smith, Deputy Administrator